

# INTERNET 3368 SCREENSHOTS



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## 1. Pages

### 1.1. Welcome

#### 1.1.1. Not From iClaim



### Welcome to the Social Security Adult Disability Report

Form Approved: OMB No. xxx-xxxx Expires xx/xx/xxxx

Thank you for using our online Disability report.

#### Before you begin...

Before you start this report, you should read [Using This Report](#) in order to understand the information and documents that may be needed.

You may also want to review the following related links:

Information About This Internet Report

- \* [Special Instructions For Blind Users](#)
- \* [Other Ways To Complete The Disability Report](#)

Disability Information

- \* [Social Security's Definition of Disability](#)
- \* [How the Disability Application Process Works](#)
- \* [Information about Social Security's Disability Programs](#)

Legal and Official Information

- \* [Internet Security Policy](#)
- \* [Website Policies & Other Important Information](#)
- \* [Social Security Accessibility Policy](#)

We estimate that it will take approximately 90 minutes to read the instructions, gather the facts, and answer the questions, but this will depend on the number of questions you need to answer. For more information about estimates, go to the [Paperwork Reduction Act](#).

#### To Start the Report...

If you want to start a new Disability Report, first refer to the instructions under [Using This Report](#).

I have read the [Privacy Act Statement](#).

Start Report

#### To Continue Working on the Report...

If you want to finish a Disability Report that you already started:

Go Back to Report I Already Started

## 1.1.2. From iClaim



### Welcome to the Social Security Adult Disability Report

Form Approved: OMB No. xxxx-xxxx Expires xx/xx/xxxx

Thank you for completing part of your online application for Social Security benefits. If you are applying for disability benefits, we will need additional information about your personal, medical, work, and education history. To protect your privacy, we will ask you to repeat some information you already entered in the form that you already completed.

#### Before you begin...

Before you start this report, you should read [Using this report](#) in order to understand the information and documents that may be needed.

You may also want to review the following related links:

#### Information About This Internet Report

- \* [Special Instructions For Blind Users](#)
- \* [Other Ways To Complete The Disability Report](#)

#### Disability Information

- \* [Social Security's Definition of Disability](#)
- \* [How the Disability Application Process Works](#)
- \* [Information about Social Security's Disability Programs](#)

#### Legal and Official Information

- \* [Internet Security Policy](#)
- \* [Website Policies & Other Important Information](#)
- \* [Social Security Accessibility Policy](#)

We estimate that it will take approximately 90 minutes to read the instructions, gather the facts, and answer the questions, but this will depend on the number of questions you need to answer. For more information about estimates, go to the [Paperwork Reduction Act](#).

#### To Start the Report...

If you want to start a new Disability Report, first refer to the instructions under [Using This Report](#).

I have read the [Privacy Act Statement](#)

Start Report

## 1.2. Reentry

Once a user receives a Reentry Number, the user can log out of the report and come back at a later time. This is the screen the user sees if user goes to the web site that is given when user gets reentry number (on Reentry Number page).



### Welcome Back

Enter your Social Security Number and Reentry Number to return to the report.

Review [Using this Report](#) to understand how to navigate and work with the Disability Report.

|  |
|--|
| <b>Social Security Number</b>  |
| <input type="text"/>   |
| <b>Reentry Number</b>  |
| Beginning with a D, this number was provided to you when you began your Disability Report. <a href="#">More Info</a> |
| <input type="text"/>   |

### 1.3. Screening Questions

#### Should You Complete This Report?

<< [P]revious

[N]ext >>

Not everyone will be able to complete an Adult Disability Report online. You must answer all of the following questions to help determine if you should use this Internet Report or if it would be better for you to speak with a Social Security representative first. If you are helping another person fill out this Report, answer all the questions as they apply to the person you are helping.

#### General Information

**Applicant's Name** [More info](#)  
Please provide the name as it appears on the most recent Social Security card or [Statement](#).

First Name Middle Name Last Name Suffix

\_\_\_\_\_

**Social Security Number**

\_\_\_\_\_

**Date of Birth**

Month Day Year

\_\_\_\_\_

**Do you live in the United States or its territories or possessions?**

Yes  No

#### Any Prior Applications

**Have you previously been denied for Social Security or SSI disability benefits?**

Yes, more than 60 days ago  
 Yes, less than 60 days ago  
 No

#### Your Condition

**Does your condition keep you from working or seriously limit your ability to work?**

Yes  No

**Will you be unable to work because of your condition for at least a year?**

Yes  
 No  
 I am not sure

**Have you been diagnosed with a condition that is expected to end in death?**

Yes  
 No  
 I am not sure

**Are you currently working?**

No, I have never worked  
 No, I have stopped working  
 Yes, I am currently working

<< [P]revious

[N]ext >>

## 1.4. Overview

### 1.4.1. Not From iClaim

The screenshot shows the 'Adult Disability Report' page on Social Security Online. The user is Kelly G. Anderson with ID xxx-xx-1234. The navigation tabs are Overview, Identification, Medical, Work/Education, Remarks, Review, and Submit. The 'Overview' tab is selected. Below the tabs, there are two buttons: '<< [P]revious' and '[N]ext >>'. The main content area is titled 'Overview' and contains the following text:

This Disability Report is one step in the disability claim process described below. After you submit this report electronically, we will give you the opportunity to complete the application for Social Security benefits online.

**Steps in the Disability Claim Process:**

- **Disability Report** - you provide us with your medical and work history
- **Medical Release Form with Cover Sheet** - you allow us to get information from your doctors
- **Disability Application** - you provide us with information regarding your eligibility for payment

**Note:** Print and review this [checklist](#) so you know what information you need to begin the Disability Report.

If you have not already done so, refer to [Using This Report](#) to understand how to navigate and work with the Disability Report.

At the bottom of the page, there are two buttons: '<< [P]revious' and '[N]ext >>'.

### 1.4.2. From iClaim

The screenshot shows the 'Adult Disability Report' page on Social Security Online. The user is Kelly G. Anderson with ID xxx-xx-1234. The navigation tabs are Overview, Identification, Medical, Work/Education, Remarks, Review, and Submit. The 'Overview' tab is selected. Below the tabs, there are two buttons: '<< [P]revious' and '[N]ext >>'. The main content area is titled 'Overview' and contains the following text:

This Disability Report is one step in the disability claim process described below. You have already completed the Disability Application.

**Steps in the Disability Claim Process:**

- **Disability Application** - you provide us with information regarding your eligibility for payment
- **Disability Report** - you provide us with your medical and work history
- **Medical Release Form with Cover Sheet** - you allow us to get information from your doctors

**Note:** Print and review this [checklist](#) so you know what information you need to begin the Disability Report.

If you have not already done so, refer to [Using This Report](#) to understand how to navigate and work with the Disability Report.

At the bottom of the page, there are two buttons: '<< [P]revious' and '[N]ext >>'.



## 1.5. Report Completer

### 1.5.1. Completing report for myself

If user selects the first radio button, the next step is to click the Next button

The screenshot shows the 'Adult Disability Report' interface on Social Security Online. At the top, the user is identified as Kelly G. Anderson with a masked Social Security Number (xxx-xx-1234). The main navigation bar includes tabs for Overview, Identification, Medical, Work/Education, Remarks, Review, and Submit. Below this, a secondary bar highlights 'Report Completer' and includes sub-sections for Personal Information, Reentry Number, and Other Contact. The 'Report Completer' section is active, displaying the question 'Who is completing this disability report?' with three radio button options: 'I am completing this disability report for myself.', 'I represent an organization helping someone complete this disability report.', and 'I am an individual helping someone complete this disability report.'. Navigation buttons '<< [P]revious' and '[N]ext >>' are visible above and below the question area.

Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson xxx-xx-1234

Overview Identification Medical Work/Education Remarks Review Submit

Report Completer Personal Information Reentry Number Other Contact

Report Completer << [P]revious [N]ext >>

Who is completing this disability report?

- I am completing this disability report for myself.
- I represent an organization helping someone complete this disability report.
- I am an individual helping someone complete this disability report.

<< [P]revious [N]ext >>

## 1.5.2. I represent an organization helping someone complete the report

If user selects the second radio button, the following fields appear.

### Report Completer Information

---

The information entered on this page refers to the person completing the report, **not** the person applying for benefits.

|   |                      |                      |                      |
|---|----------------------|----------------------|----------------------|
| <b>Organization Name</b>  |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |
| <b>Which of the following best describes your organization?</b> |                      |                      |                      |
| <input type="text" value="Select"/>                             |                      |                      |                      |
| <b>Report Completer's Name</b> <a href="#">More Info</a>        |                      |                      |                      |
| <i>First Name</i>   | <i>Middle Name</i>   | <i>Last Name</i>     | <i>Suffix</i>        |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Daytime Phone Number</b>                                     |                      |                      |                      |
| <i>Phone Number</i>   | <i>Extension</i>     |                      |                      |
| <input type="text"/>  | <input type="text"/> |                      |                      |
| <b>Address</b>  |                      |                      |                      |
| <i>Country</i>  |                      |                      |                      |
| <input type="text" value="United States"/>                      |                      |                      |                      |
| <i>Street Address 1</i>   |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |
| <i>Street Address 2</i>   |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |
| <i>Street Address 3</i>   |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |
| <i>Street Address 4</i>   |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |
| <i>City</i>   | <i>State</i>         | <i>ZIP</i>           |                      |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |                      |

Relationship dropdown options

- Select
- Government Agency
- Law Firm/Attorney
- Non-attorney Representative
- Not-for-Profit Social Agency
- Health Services Agency/Hospital
- Insurance Company
- For Profit Organization
- Nursing care facility
- Homeless shelter

### 1.5.3. I am an individual helping someone complete report

If user selects the third radio button, the following fields appear.

#### Report Completer Information

---

The information entered on this page refers to the person completing the report, **not** the person applying for benefits.

|  |                      |                      |                      |
|--|----------------------|----------------------|----------------------|
| <b>Report Completer's Name</b> <a href="#">More Info</a> |                      |                      |                      |
| <i>First Name</i>  | <i>Middle Name</i>   | <i>Last Name</i>     | <i>Suffix</i>        |
| <input type="text"/>                                     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Relationship to Applicant</b>                         |                      |                      |                      |
| <input type="text" value="Select Relationship"/>         |                      |                      |                      |
| <b>Daytime Phone Number</b>                              |                      |                      |                      |
| <i>Phone Number</i>                                      | <i>Extension</i>     |                      |                      |
| <input type="text"/>                                     | <input type="text"/> |                      |                      |
| <b>Address</b>   |                      |                      |                      |
| <i>Country</i>   |                      |                      |                      |
| <input type="text" value="United States"/>               |                      |                      |                      |
| <i>Street Address 1</i>                                  |                      |                      |                      |
| <input type="text"/>                                     |                      |                      |                      |
| <i>Street Address 2</i>                                  |                      |                      |                      |
| <input type="text"/>                                     |                      |                      |                      |
| <i>Street Address 3</i>                                  |                      |                      |                      |
| <input type="text"/>                                     |                      |                      |                      |
| <i>Street Address 4</i>                                  |                      |                      |                      |
| <input type="text"/>                                     |                      |                      |                      |
| <i>City</i>  | <i>State</i>         | <i>ZIP</i>           |                      |
| <input type="text"/>                                     | <input type="text"/> | <input type="text"/> |                      |

Relationship dropdown options:


- Select Relationship
- Husband or Wife
- Father
- Mother
- Child
- Brother
- Sister
- Other Family Member (e.g. aunt)
- Friend
- Social Service Agency Worker
- Legal Representative or Attorney
- Other

**1.5.3.1. If "Other" option is chosen**

If user selects the "Other" option, the following field appears below the Relationship dropdown.

You selected "Other", please explain:

## 1.6. Personal Information



Social Security Online  
www.socialsecurity.gov

# Adult Disability Report

Kelly G. Anderson    xxx-xx-1234

**Overview**    **Identification**    Medical    Work/Education    Remarks    Review    Submit

Report Completer    **Personal Information**    Reentry Number    Other Contact

[<< \[P\]revious](#)    [\[N\]ext >>](#)

### Personal Information

Please tell us about yourself.

**Gender**  
 Female     Male

### Contact Information

**Address**

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City    State    ZIP  
       

**Daytime Phone Number**  
Please include the area code.

Phone Number    Extension  
   

**Is there another number where we may reach you?**  
 Yes     No

**Email Address**  
Enter your email address.

Please confirm your email address.

### Other Names

**Have you used any other names on your medical or educational records?**  
*Examples: Maiden name, other married name, or nickname*  
 Yes     No

### Preferred Language

**Can you speak and understand English?**  
If you cannot speak and understand English, we will provide an interpreter free of charge.  
 Yes     No

**Can you read and understand English?**  
 Yes     No

**Can you write more than your name in English?**  
 Yes     No

[<< \[P\]revious](#)    [\[N\]ext >>](#)

### 1.6.1. If user has another phone number

If user says there is another number where user can be reached, the following fields appear below the question.

Please include the area code.

|                      |                      |
|----------------------|----------------------|
| <i>Phone Number</i>  | <i>Extension</i>     |
| <input type="text"/> | <input type="text"/> |

### 1.6.2. If user has other names

If user says he has other names, the following fields appear below the question.

**List any other names you have used in your medical or educational records.** [More Info](#)

|    | <i>First Name</i>    | <i>Middle Name</i>   | <i>Last Name</i>     | <i>Suffix</i>        |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |


### 1.6.3. If user prefers another language

If user says he prefers another language, the following field appears below the question.

**I prefer this language:**

## 1.7. Reentry Number

### 1.7.1. Not From iClaim



Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

Overview    Identification    Medical    Work/Education    Remarks    Review    Submit

Report Completer    Personal Information    **Reentry Number**    Other Contact

<< [P]previous    [N]ext >>

### Reentry Number

Print or save this page for your records. Note: If you choose to save this page, save it as a file and not as a bookmark. [More Info](#)  
[Print this page...](#)

You have successfully started your Disability report. We are providing you with a Reentry Number. This number can be used only to come back to an incomplete report.

**Your Reentry Number is: D94217143**

**The Reentry web site is: www.socialsecurity.gov/disabilityreport**

**Print or save this page, or write down the number and web site, so you will have what you need to return to your report at a later time.**

If you are unable to complete your online report for any reason, use the "Sign Off (finish this later)" option at the bottom left corner of each page. We will save all the information you provided.

**To Come Back to This Report Later**

1. Wait at least 5 minutes
2. Go to this web site: [www.socialsecurity.gov/disabilityreport](http://www.socialsecurity.gov/disabilityreport).
3. Select the "Go back to the Report I Already Started" button.
4. Type in your Social Security Number and Reentry Number shown above.

**If you lose your Reentry Number before you submit the report, you will not be able to go back to this report and finish.** You can start a new report and we will give you a new Reentry Number, but all of the information you previously entered will be lost. Social Security employees will not be able to access your Reentry Number.

This report is part of the disability application process and we must have it to make a medical decision. You may **lose Social Security benefits** if we do not receive this report and an application by <dynamic date>. After you have submitted this report, we will give you the opportunity to file your claim for Social Security benefits online.

Supplemental Security Income or SSI is a federal program that provides monthly payments to people who have limited income and assets and who are age 65 or older, or blind or have a disability. For more information about the SSI program, please read the pamphlet, Supplemental Security Income.


If you intend to file an SSI application you need to file your application with us by <dynamic date> or you may lose **SSI benefits**. Call us at the number below to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.

If you need assistance, please call us at 1-800-772-1213 (TTY number, 1-800-325-0778. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

[Print this page..](#)

[S]ign Off (finish later)    << [P]previous    [N]ext >>

## 1.7.2. From iClaim



Social Security Online  
www.socialsecurity.gov

# Adult Disability Report

Kelly G. Anderson    xxx-xx-1234

[Overview](#)   [Identification](#)   [Medical](#)   [Work/Education](#)   [Remarks](#)   [Review](#)   [Submit](#)

[Report Completer](#)   [Personal Information](#)   **[Reentry Number](#)**   [Other Contact](#)

[<< \[P\]previous](#)   [\[N\]ext >>](#)

### Reentry Number

Print or save this page for your records. Note: If you choose to save this page, save it as a file and not as a bookmark. [More Info](#)  
[Print this page...](#)

You have successfully started your Disability report. We are providing you with a Reentry Number. This number can be used only to come back to an incomplete report.

**Your Reentry Number is: D94217143**

**The Reentry web site is: [www.socialsecurity.gov/disabilityreport](http://www.socialsecurity.gov/disabilityreport)**

**Print or save this page, or write down the number and web site, so you will have what you need to return to your report at a later time.**

If you are unable to complete your online report for any reason, use the "Sign Off (finish this later)" option at the bottom left corner of each page. We will save all the information you provided.

#### To Come Back to This Report Later

1. Wait at least 5 minutes
2. Go to this web site: [www.socialsecurity.gov/disabilityreport](http://www.socialsecurity.gov/disabilityreport).
3. Select the "Go back to the Report I Already Started" button.
4. Type in your Social Security Number and Reentry Number shown above.

**If you lose your Reentry Number before you submit the report, you will not be able to go back to this report and finish.** You can start a new report and we will give you a new Reentry Number, but all of the information you previously entered will be lost. Social Security employees will not be able to access your Reentry Number.

Supplemental Security Income or SSI is a federal program that provides monthly payments to people who have limited income and assets and who are age 65 or older, or blind or have a disability. For more information about the SSI program, please read the pamphlet, Supplemental Security Income.

If you intend to file an SSI application you need to file your application with us by **<dynamic date>** or you may lose **SSI benefits**. Call us at the number below to arrange an appointment to file for SSI. You **cannot** apply for SSI over the Internet.


If you need assistance, please call us at 1-800-772-1213 (TTY number, 1-800-325-0778. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

[Print this page...](#)

[\[S\]ign Off \(finish later\)](#)   [<< \[P\]previous](#)   [\[N\]ext >>](#)



## 1.8. Someone We Can Contact About Your Conditions

 Social Security Online **Adult Disability Report**  
www.socialsecurity.gov

Kelly G. Anderson xxx-xx-1234

[Overview](#) [Identification](#) [Medical](#) [Work/Education](#) [Remarks](#) [Review](#) [Submit](#)

[Report Completer](#) [Personal Information](#) [Reentry Number](#) [Other Contact](#)

[<< \[P\]previous](#) [\[N\]ext >>](#)

### Someone We Can Contact About Your Conditions

Contact Person's Information

Give the name of someone (other than your doctors) we can contact who knows about your medical conditions and can help you with your claim.

I don't have a contact.

Contact Person's Name [More Info](#)

First Name Middle Name Last Name Suffix

Relationship to You

Select Relationship

Address

This person's address is the same as my address: <Claimant's address appears here>

Country  
United States

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City State ZIP

Daytime Phone Number

This person's phone number is the same as my phone number: <Claimant's phone appears here>

Phone Number Extension

Preferred Language

Can this person speak and understand English?

Yes  No

[\[S\]ign Off \(finish later\)](#) [<< \[P\]previous](#) [\[N\]ext >>](#)

### Relationship dropdown options

Select Relationship  
Husband or Wife  
Father  
Mother  
Child  
Brother  
Sister  
Other Family Member (e.g. aunt)  
Friend  
Social Service Agency Worker  
Legal Representative or Attorney  
Other

### 1.8.1. If no other contact checkbox is selected



**Please provide a contact person.** We may need to talk with someone who knows you and knows about your conditions. Doctors and hospitals may not have a complete picture of how your conditions may affect your daily life and your work.

### 1.8.2. If “other” relationship is selected

If user selects “Other” from the Relationship dropdown, the following field appears below the question.

You selected "Other", please explain:

[S]ign Off (finish later)

<< [P]revious

[N]ext >>

### 1.8.3. If contact person prefers another language

If user prefers another language, the following field appears below the question.

What language does this person prefer?

## 1.9. Your Conditions

 Social Security Online **Adult Disability Report**  
www.socialsecurity.gov

Kelly G. Anderson xxx-xx-1234

Overview Identification **Medical** Work/Education Remarks Review Submit

Conditions Doctors Hospitals/Clinics Tests Medicines Other Records

### Your Conditions

<<[P]revious

[N]ext >>

Please tell us about all of your conditions that limit your ability to work.

- If you have more than one condition, list each of them.
- Use your own words if you do not know the medical names.
- Include all physical, mental, or emotional conditions.
- We will consider these conditions whether or not you have been receiving treatment.

List ALL the physical or mental conditions that limit your ability to work. Enter one condition per line.

Examples: 1. back injury, 2. arthritis, 3. diabetes, 4. glaucoma, 5. depression, 6. blind

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

I have more than 10 conditions that limit my ability to work.

What is your height without shoes?

Feet  Inches

What is your weight without shoes?

Pounds

Do your conditions cause you pain or other symptoms?

Yes  No

### Treatment

Have you seen a doctor or other healthcare professional or received treatment at a hospital or clinic or do you have a future appointment scheduled?

For any physical condition(s):

Yes  No

For any mental condition(s):

Yes  No

[S]ign Off (finish later)

<<[P]revious

[N]ext >>

## 1.10. Doctors

This screenshot shows the screen with all the “yes” radio buttons answered to show all the possible entry fields that appear when “yes” is selected.

The screenshot displays the Social Security Online 'Adult Disability Report' interface. At the top, the user is identified as Kelly G. Anderson with a masked SSN (xxx-xx-1234). The navigation menu includes Overview, Identification, Medical, Work/Education, Remarks, Review, and Submit. The 'Medical' section is active, with sub-tabs for Conditions, Doctors, Hospitals/Clinics, Tests, Medicines, and Other Records. The 'Doctors' sub-tab is selected, leading to the 'Doctors and Other Healthcare Professionals' section. This section includes instructions, a list of bullet points, a 'Doctor/Healthcare Professional details' form, and a 'Remove This Doctor' button.

**Doctors and Other Healthcare Professionals**

If you do not have any more **doctors/healthcare professionals** to enter, click the **Next** button.

- If you were an inpatient or outpatient at a hospital or clinic, do not list staff doctors. We will ask about them later.
- Include only the people who have treated you for the conditions related to your disability.
- Give each person's first and last name if possible.

**Doctor/Healthcare Professional details** Remove This Doctor

**Name of Doctor/Healthcare Professional:** [More Info](#)

| Prefix                   | First Name           | Last Name            | Suffix               |
|--------------------------|----------------------|----------------------|----------------------|
| Dr. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Office Name or Clinic, if applicable:**

**Address:**

Country:

Street Address 1:

Street Address 2:

Street Address 3:

Street Address 4:

City  State  ZIP

**Doctor/Healthcare Professional Phone Number:**  
Phone Number  Extension

**Patient ID Number, if known:**

**Treatment Dates with this Doctor/Healthcare Professional** [More Info](#)

Please give us the closest date(s) you can remember.

**First visit:**

**Last visit:**

**Next visit:**

Leave blank if no appointment scheduled.

**Tests Ordered by this Doctor/Healthcare Professional**

**Has this doctor/healthcare professional ordered any tests for you?**

Yes  No

Please provide information about up to two tests this doctor/healthcare professional ordered for you. You will be able to enter more tests later.

**Kind of Test**

**When was this test most recently done?**

This doctor/healthcare professional ordered this test for me more than once.

**Kind of Test**  
Select one

**When was this test most recently done?**

This doctor/healthcare professional ordered this test for me more than once.

**Medicines Recommended or Prescribed by this Doctor/Healthcare Professional**

**Has this doctor/healthcare professional prescribed any medicines for you?**  
 Yes  No

**List the name of the medicine you are currently taking and the reason why you are taking it.**  
List only one medicine at a time. Look at the medicine container if necessary.  
You will be able to enter more medicines later.

1.  Reason:

2.  Reason:

3.  Reason:

**Medical conditions treated by this Doctor/Healthcare Professional**

**What medical conditions were treated or evaluated by this doctor/healthcare professional?**  
*Examples: back injury, arthritis, diabetes, depression, blind.*  
900 character maximum. This is about 18 lines of typing.  
If you need more space, continue in the Remarks section at the end of this report.

**Treatment from this Doctor/Healthcare Professional**

**What treatment did you receive for the above conditions from this doctor/healthcare professional?**  
You DO NOT need to enter the information that you have already told us.  
*Examples: physical therapy, chemotherapy, counseling, heat treatments, massage.*  
1000 characters maximum. This is about 20 lines of typing.  
If you need more space, continue in the Remarks section at the end of this report.

### 1.10.1. Tests

If user selects a test that requires specifying a body part, an extra field appears named "Enter Body Part" in which the user must enter the body part that was tested.

**Enter Body Part**  
*Body Part Examples: Right arm, head, lower back, liver, lung*

**Date of Most Recent Test**

**Who sent you or will send you for this test?**  
If the provider's name is not in the list, select "Other Medical Professional."

Select one

I have had this test more than once.

### 1.10.2. If user selects "Other" test

User will be asked to describe the test and the body part.

**Enter Body Part**  
*Body Part Examples: Right arm, head, lower back, liver, lung*

**Describe Other**

**Date of Most Recent Test**

**Who sent you or will send you for this test?**  
If the provider's name is not in the list, select "Other Medical Professional."

Select one

I have had this test more than once.

### 1.10.3. After user selects Done with this Doctor button

A table is shown with the entered data. User can add another doctor by selecting the Add Doctor button below the table.

The screenshot shows the 'Adult Disability Report' interface on Social Security Online. The user is logged in as Kelly G. Anderson with ID xxx-xx-1234. The 'Medical' tab is selected, and the 'Doctors' sub-tab is active. The page displays instructions for entering healthcare professionals, a table with one entry for Dr. Samantha Gupta, and buttons for adding more doctors, signing off, and navigating between sections.

**Doctors and Other Healthcare Professionals**

If you do not have any more **doctors/healthcare professionals** to enter, click the **Next** button.

- If you were an inpatient or outpatient at a hospital or clinic, do not list staff doctors. We will ask about them later
- Include only the people who have treated you for the conditions related to your disability.
- Give each person's first and last name if possible.

**Summary of Doctors and Other Healthcare Professionals**

|                                     | Doctors/Healthcare Professionals | City      | Phone        |
|-------------------------------------|----------------------------------|-----------|--------------|
| <input type="button" value="Edit"/> | Dr. Samantha Gupta               | Baltimore | 410-496-9643 |



## 1.11. Hospitals

This screenshot shows the Hospitals page when all of the radio button questions are answered “yes” to show all the possible entry fields that appear when “yes” is selected.

The screenshot shows the top navigation bar of the Social Security Online Adult Disability Report. The header includes the Social Security Administration logo, the text "Social Security Online" and "www.socialsecurity.gov", and the title "Adult Disability Report". Below the header, the user's name "Kelly G. Anderson" and a partial SSN "xxx-xx-1234" are displayed. A series of tabs are visible: Overview, Identification, Medical, Work/Education, Remarks, Review, and Submit. Below these, a secondary set of tabs includes Conditions, Doctors, Hospitals/Clinics (which is currently selected), Tests, Medicines, and Other Records.

<<[P]revious

[N]ext >>

### Hospitals and Clinics

If you do not have any more **hospitals/clinics** to enter, click the **Next** button.

Include all hospitals and clinics where you have been treated for the condition(s) related to your disability.

#### Hospital/Clinic details

Remove This Hospital

The form for entering hospital/clinic details includes the following fields:

- Name of Hospital/Clinic:** A text input field.
- Name of Healthcare Professional who treated you, if known:** A text input field.
- Address:** A link labeled "More Info".
- Country:** A dropdown menu currently set to "United States of America".
- Street Address 1:** A text input field.
- Street Address 2:** A text input field.
- Street Address 3:** A text input field.
- Street Address 4:** A text input field.
- City:** A text input field.
- State:** A dropdown menu currently set to "Select".
- ZIP:** A text input field.

**Hospital/Clinic Phone Number:**

Phone Number      Extension

**Hospital/Clinic Record Number (if any):**

**Treatment Dates at this Hospital/Clinic** [More Info](#)

**Did you have an emergency room (ER) visit at this hospital/clinic?**

ER Visit means you went to the ER and then went home.

Yes       No

**Dates of Emergency Room visits to this Hospital or clinic**

Please give us the dates of three most recent Emergency Room visits you can remember.

*Examples: June 2001; 6/2/01; June 2, 2001; Dec 2, 2001; summer 2001; 6/??/02, etc.*

100 characters maximum. This is about 2 lines of typing.

If you need more space, continue in the Remarks section at the end of this report.

**Did you have an inpatient stay at this hospital/clinic?**

Inpatient stay means you have stayed at least one night.

Yes       No

Give us the dates of your three most recent stays.

**Admission Date 1:**

**Discharge Date 1:**

**Admission Date 2:**

**Discharge Date 2:**

**Admission Date 3:**

**Discharge Date 3:**

**Did you have an outpatient visit at this hospital/clinic?**

Outpatient visit means you went home the same day.

Yes    No

**Dates of outpatient visits to this Hospital or clinic.** [More Info](#)

Please give us the closest dates you can remember.

**First outpatient visit:**

**Last outpatient visit:**

**Next scheduled outpatient visit:**

Leave blank if no appointment scheduled.

**Tests Ordered by this Hospital/Clinic**

**Has the doctor(s) from this hospital/clinic ordered any tests for you?**

Yes    No

Please provide information about up to two tests ordered for you by doctors at this hospital or clinic. You will be able to enter more tests later.

**Kind of Test**

**When was this test most recently done?**

The doctor(s) at this hospital ordered this test for me more than once.

**Kind of Test**

**When was this test most recently done?**

The doctor(s) at this hospital ordered this test for me more than once.

### Medicines Recommended or Prescribed by this Hospital/Clinic

Has the doctor(s) from this hospital/clinic ordered any medicines for you?

Yes  No

List the name of the medicine you are currently taking and the reason why you are taking it.

List only one medicine at a time. Look at the medicine container if necessary.

You will be able to enter more medicines later.

|    |                      |         |                      |
|----|----------------------|---------|----------------------|
| 1. | <input type="text"/> | Reason: | <input type="text"/> |
| 2. | <input type="text"/> | Reason: | <input type="text"/> |
| 3. | <input type="text"/> | Reason: | <input type="text"/> |

### Medical conditions treated by this Hospital/Clinic

What medical conditions were treated or evaluated by this hospital/clinic?

*Examples: back injury, arthritis, diabetes, depression, blind*

900 character maximum. This is about 18 lines of typing.

If you need more space, continue in the Remarks section at the end of this report.

Check Spelling

### Treatment from this Hospital/Clinic

What treatment did you receive for the above conditions at this hospital/clinic?

You DO NOT need to enter the information that you have already told us.

*Examples: physical therapy, chemotherapy, counseling, heat treatments, massage.*

1000 characters maximum. This is about 20 lines of typing.

If you need more space, continue in the Remarks section at the end of this report.

Check Spelling

[Sign Off (finish later)]

Done with this Hospital

#### 1.11.1. If user selects a test that requires a body part description

Refer to "Tests" section under the Doctors screens

#### 1.11.2. If user selects "Other" test

Refer to "Tests" section under the Doctors screens

### 1.11.3. Hospital Table

After clicking the Done with this Hospital button, the user will see a table that lists all the hospitals and clinics that the user has entered so far.

The screenshot shows the 'Adult Disability Report' interface on Social Security Online. The user is logged in as Kelly G. Anderson with a Social Security Number of xxx-xx-1234. The 'Medical' tab is selected, and the 'Hospitals/Clinics' sub-tab is active. The page displays instructions for entering hospital and clinic information, a table with one entry for 'Union Memorial Hospital' in Baltimore, and buttons for adding more entries, signing off, and navigating between sections.

**Hospitals and Clinics**


If you do not have any more **hospitals/clinics** to enter, click the **Next** button.  
Include all hospitals and clinics where you have been treated for the condition(s) related to your disability.

**Summary of Hospitals/Clinics**

|                                     | Hospital/Clinic         | City      | Phone        |
|-------------------------------------|-------------------------|-----------|--------------|
| <input type="button" value="Edit"/> | Union Memorial Hospital | Baltimore | 410-554-2532 |

## 1.12. Tests

If user did enter tests on the previous pages, the Tests tab will appear with a table listing the information that was previously entered. To add another test to the list, click the Add Test button.



Social Security Online  
www.socialsecurity.gov

# Adult Disability Report

Kelly G. Anderson    xxx-xx-1234

- Overview
- Identification
- Medical**
- Work/Education
- Remarks
- Review
- Submit

- Conditions
- Doctors
- Hospitals/Clinics
- Tests**
- Medicines
- Other Records

[<<\[P\]revious](#)    [\[N\]ext >>](#)

### About Your Medical Tests

If you have had or expect to have medical tests that you have not already mentioned, add those tests on this page. The more information you are able to give us, the better we will understand your condition and be able to request your records.

#### Summary of Medical Tests

|                      | Name of Test      | Test Ordered By                         |
|----------------------|-------------------|---|
| <a href="#">Edit</a> | EKG               | Doctor(s) at Vancouver General Hospital |
| <a href="#">Edit</a> | X-ray (body part) | Doctor(s) at Vancouver General Hospital |

[Add Test](#)

[\[S\]ign Off \(finish later\)](#)    [<<\[P\]revious](#)    [\[N\]ext >>](#)

If a user did not enter tests on the previous pages, the Tests tab will appear like the following screen. Once a user selects Done with this Test button, the user sees the Tests screen with the filled in table.

**Social Security Online** **Adult Disability Report**  
www.socialsecurity.gov

Kelly G. Anderson xxx-xx-1234

Overview Identification **Medical** Work/Education Remarks Review Submit

Conditions Doctors Hospitals/Clinics **Tests** Medicines Other Records

<<[P]revious [N]ext >>

### About Your Medical Tests

If you have had or expect to have medical tests that you have not already mentioned, add those tests on this page. The more information you are able to give us, the better we will understand your condition and be able to request your records.

**Test details** Remove this Test

Please provide the name and dates of past and future tests as well as the body part that was tested.

**Kind of Test**  
Select one

**Date of Most Recent Test**  
[Text Box]

**Who sent you or will send you for this test?**  
If the provider's name is not in the list, select "Other Medical Professional."  
Select one

I have had this test more than once.

[S]ign Off (finish later) Done with this Test

## 1.12.1. Test Details

### 1.12.1.1. Enter Body Part

Refer to "Tests" section under the Doctors screens

### 1.12.1.2. Other Test

Refer to "Tests" section under the Doctors screens

### 1.12.1.3. If "Other" doctor sent user for the test

If user selects "other" option under the "Who sent you or will send you for this test" question, user sees the following buttons that allow user to take user back to Doctor or Hospital page and add an additional doctor or hospital that user may have forgotten to enter.

Add Doctor/Healthcare Professional

Add Hospital/Clinic

### 1.13. Medicines

If user did not enter any medicines on previous pages, the Medicines tab looks like this.

The screenshot shows the 'Medicines' tab in the 'Adult Disability Report' interface. At the top, there is a red header with the Social Security Online logo and the text 'Social Security Online' and 'www.socialsecurity.gov'. Below this, the user's name 'Kelly G. Anderson' and ID 'xxx-xx-1234' are displayed. A navigation bar contains tabs for 'Overview', 'Identification', 'Medical', 'Work/Education', 'Remarks', 'Review', and 'Submit'. Underneath, a sub-navigation bar highlights 'Medicines' among other options like 'Conditions', 'Doctors', 'Hospitals/Clinics', 'Tests', and 'Other Records'. The main content area has '<<[P]revious' and '[N]ext >>' buttons. The 'Medicines' section includes a heading, a brief instruction, and a 'Remove this Medicine' button. The form fields are: 'List the name of the additional medicine you are currently taking.' with a text input; 'What is the reason you are taking this medicine?' with a text input; and 'Who prescribed or suggested this medicine?' with a dropdown menu. At the bottom, there are '[S]ign Off (finish later)' and 'Done with this Medicine' buttons.

#### 1.13.1. If user enters "Other Doctor"

If user selects "other" option under the "Who prescribed or suggested this medicine" question, user sees the following buttons that allow user to take user back to Doctor or Hospital page and add an additional doctor or hospital that user may have forgotten to enter.

The screenshot shows two buttons: 'Add Doctor/Healthcare Professional' and 'Add Hospital/Clinic'.



### 1.13.2. Medicines Table

If user did enter medicines on previous pages, the Medicines tab will appear with a table listing the information that was previously entered. To add another medicine to the list, click the Add Medicine button.

The screenshot shows the 'Medicines' tab in the 'Adult Disability Report' interface. At the top, there is a red header with the Social Security Online logo and the text 'Social Security Online www.socialsecurity.gov' and 'Adult Disability Report'. Below the header, the user's name 'Kelly G. Anderson' and a masked ID 'xxx-xx-1234' are displayed. A navigation bar contains tabs for 'Overview', 'Identification', 'Medical', 'Work/Education', 'Remarks', 'Review', and 'Submit'. Below this, a secondary navigation bar includes 'Conditions', 'Doctors', 'Hospitals/Clinics', 'Tests', 'Medicines' (which is highlighted), and 'Other Records'. To the right of the 'Medicines' tab are two buttons: '<<[P]revious' and '[N]ext >>'. The main content area is titled 'Medicines' and includes a sub-header 'Summary of Medicines'. Below this is a table with four columns: 'Name of Medicine', 'Reason', and 'Prescribed/Recommended by'. The table contains four rows of data, each with an 'Edit' button in the first column. Below the table is an 'Add Medicine' button. At the bottom of the page, there is a '[S]ign Off (finish later)' button on the left and '<<[P]revious' and '[N]ext >>' buttons on the right.

Kelly G. Anderson xxx-xx-1234

Overview Identification **Medical** Work/Education Remarks Review Submit

Conditions Doctors Hospitals/Clinics Tests **Medicines** Other Records

<<[P]revious [N]ext >>

#### Medicines


If you are taking prescription medicines or non-prescription medicines for your conditions that you have not already mentioned, add those medicines on this page.

#### Summary of Medicines

|                                     | Name of Medicine | Reason          | Prescribed/Recommended by |
|-------------------------------------|------------------|-----------------|---------------------------|
| <input type="button" value="Edit"/> | Singulair        | for breathing   | Dr. Samantha Gupta        |
| <input type="button" value="Edit"/> | Plavix           | a blood thinner | Dr. Samantha Gupta        |
| <input type="button" value="Edit"/> | Cymbalta         | for depression  | Dr. Elijah Saunders       |
| <input type="button" value="Edit"/> | Tylenol          | for pain        | Dr. Elijah Saunders       |

[S]ign Off (finish later) <<[P]revious [N]ext >>

## 1.14. Other Medical Records



Social Security Online  
www.socialsecurity.gov

# Adult Disability Report

Kelly G. Anderson xxx-xx-1234

**Overview** Identification Medical Work/Education Remarks Review Submit

Conditions Doctors Hospitals/Clinics Tests Medicines **Other Records**

### Other Medical Records

If you do not have any **other medical records** to enter, click the **Next** button.

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may include:

- Vocational Rehabilitation services, including:
  - employment or other support services
  - the Ticket to Work program
  - an individualized education program (if a student age 18-21)
- Worker's Compensation
- public welfare
- doctors in a prison or jail
- private insurance company
- records held by an attorney or lawyer; or
- medical records at another place

These other records may contain important information that we need to consider in evaluating the disability application.

**Note:** You do not need to list any organizations that you have already mentioned.

#### Other Medical Record Details

**Name of Organization**

**Name of Contact**

First Name Last Name

**Address:**  
If you don't have the full street address, give us as much as you can, and be sure to include the city and state.  
*Example: "On Main St next to the Courthouse"*

Country:

Street Address 1

Street Address 2

Street Address 3

Street Address 4

City  State  ZIP

**Phone Number**  
Be sure to give us the area code.

**First Visit:**  
Please give us the closest date you can remember.


**Last Visit:**  
Please give us the closest date you can remember.

**Next visit:**  
Leave blank if no appointment scheduled.

**Case Number, if any**

**Reasons for Visits or Services**  
1000 characters maximum. This is about 20 lines of typing.  
If you need more space, continue in the Remarks section at the end of this report.

### 1.14.1. Other Medical Records table


Social Security Online  
www.socialsecurity.gov
Adult Disability Report

Kelly G. Anderson    xxx-xx-1234

Overview
Identification
Medical
Work/Education
Remarks
Review
Submit

Conditions
Doctors
Hospitals/Clinics
Tests
Medicines
Other Records

<<[P]revious
[N]ext >>

#### Other Medical Records

If you do not have any **other medical records** to enter, click the **Next** button.

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may include:

- Vocational Rehabilitation services, including:
  - employment or other support services
  - the Ticket to Work program
  - an individualized education program (if a student age 18-21)
- Worker's Compensation
- public welfare
- doctors in a prison or jail
- private insurance company
- records held by an attorney or lawyer, or
- medical records at another place

These other records may contain important information that we need to consider in evaluating the disability application.

**Note:** You do not need to list any organizations that you have already mentioned.

#### Summary of Other Medical Records

|                                     | Name of Organization/Office | City      | Phone        |
|-------------------------------------|-----------------------------|-----------|--------------|
| <input type="button" value="Edit"/> | United Healthcare           | Baltimore | 410-554-2532 |

Add Other Medical Record

[S]ign Off (finish later)

<<[P]revious
[N]ext >>

## 1.15. Work/Education Introduction



### Work/Education Introduction

In determining whether you meet the requirements for receiving disability benefits, we must consider your work experience and job skills. [More Info](#)

This section of the report asks for information about:

- When your condition(s) began to affect your ability to work
- Each of the 5 most recent jobs you held before you became unable to work because of your conditions
- Your education and training

Please give as much information as you can. We will contact you later if we need more information.

### Work Status


Are you currently working?

- No, I have never worked
- No, I have stopped working
- Yes, I am currently working



## 1.16. Work Activity

### 1.16.1. Work Activity if user never worked



Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

Overview   Identification   Medical   **Work/Education**   Remarks   Review   Submit

Introduction   **Work Activity**   Job History   Education

<<[P]revious   [N]ext >>

**Work Activity**

When do you believe your condition(s) became severe enough to keep you from working (even though you have never worked)?


If you don't know the exact date, enter the closest date you can remember.

Month   Day   Year

[S]ignoff (finish later)   <<[P]revious   [N]ext >>

### 1.16.2. Work Activity if user stopped working



Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

Overview   Identification   Medical   **Work/Education**   Remarks   Review   Submit

Introduction   **Work Activity**   Job History   Education

<<[P]revious   [N]ext >>

**Work Activity**

We need to know more about your reasons for stopping work and whether you made any changes in your work as a result of your condition.

When did you stop working?

If you don't know the exact date, enter the closest date you can remember.

Month   Day   Year

Why did you stop working? [More Info](#)

Because of my condition  
 Because of my condition AND other reasons  
 Because of other reasons

Did your condition(s) cause you to make changes in your work activity before you stopped working? [More Info](#)

Yes    No

[S]ign Off (finish later)   <<[P]revious   [N]ext >>

#### 1.16.2.1. Other reasons

If user selects last two radio button options under "Why did you stop working" they will see this:

### Please explain why you stopped working.

Examples: I'm a teacher and school was over for the year. By the end of the summer I was too sick to go back to work. I stopped work to raise my children.

900 characters maximum. This is about 18 lines of typing.

If you need more space, continue in the Remarks section at the end of this report.

Check spelling

### Even though you stopped for other reasons, when do you believe that your condition(s) became severe enough to keep you from working?

Month Day Year

#### 1.16.2.2. Changes in work activity

If user says condition caused changes in work activity, user is asked

### When did you make changes?

If you don't know the exact date, enter the closest date you can remember.

Month Day Year

#### 1.16.3. Work Activity if user is currently working

Social Security Online **Adult Disability Report**  
www.socialsecurity.gov

Kelly G. Anderson xxx-xx-1234

Overview Identification Medical **Work/Education** Remarks Review Submit

Introduction **Work Activity** Job History Education

<<[P]revious [N]ext >>

### Work Activity

We need to know if you made any changes in your work as a result of your condition. If so, this may help show how your ability to work was limited because of a disability. [More Info](#)

**Has your condition(s) caused you to make changes in your work activity? (for example, job duties, hours, or rate of pay)**

Yes  No

[S]ign Off (finish later) <<[P]revious [N]ext >>

#### 1.16.3.1. If user says conditions did cause changes to work activity:

**When did you condition(s) first start bothering you?**

If you don't know the exact date, enter the closest date you can remember.

Month Day Year

**When did you make changes?**


If you don't know the exact date, enter the closest date you can remember.

Month Day Year



## 1.17. Job History

### 1.17.1. Job History if user never worked

 Social Security Online **Adult Disability Report**  
www.socialsecurity.gov

Kelly G. Anderson xxx-xx-1234

Overview Identification Medical **Work/Education** Remarks Review Submit

Introduction Work Activity **Job History** Education

### Job History

<<[P]revious [N]ext >>

In an earlier question, you indicated that you **have never worked**.

If this is incorrect, please [Change Your Answer](#)

Based upon your previous answer, you do not need to enter information on this page.

[\[Sign Off \(finish later\)\]](#) <<[P]revious [N]ext >>

## 1.17.2. Job History if user stopped working



Social Security Online  
www.socialsecurity.gov

# Adult Disability Report

Kelly G. Anderson    xxx-xx-1234

**Overview**   Identification   Medical   **Work/Education**   Remarks   Review   Submit

Introduction   **Work Activity**   **Job History**   Education

[<<\[P\]revious](#)   [\[N\]ext >>](#)

### Job History

#### Earnings

We need to know how your earnings were affected after you made changes in your work activity before you stopped working.

**Since March 3, 2009, have you had gross earnings greater than \$980 in any month? Do not count sick leave, vacation or disability pay.**

Yes    No

**Note :** If you answer yes, we may contact you for more information.

#### Job Listing

List the jobs (up to 5) that you have had in the past 15 years before you became unable to work because of your physical and/or mental conditions. Start with your most recent job.


**Select the number of jobs you have had in the past 15 years before you became unable to work.**

Select.. ▾

[\[S\]ign Off \(finish later\)](#)   [<<\[P\]revious](#)   [\[N\]ext >>](#)

### 1.17.2.1. User selects 1 job

Only when a user selects one job does the report ask for job details. When other job amounts are selected, only brief job descriptions are asked.



Social SecurityOnline  
www.socialsecurity.gov

Kelly G. Anderson xxx-xx-1234

Overview Identification Medical **Work/Education** Remarks Review Submit

Introduction Work Activity **Job History** Education

<<[P]revious [N]ext >>

## Job History

### Earnings

We need to know how your earnings were affected after you made changes in your work activity before you stopped working.

Since March 3, 2009, have you had gross earnings greater than \$980 in any month? Do not count sick leave, vacation or disability pay.

Yes  No

**Note :** If you answer yes, we may contact you for more information.

### Job Listing

List the jobs (up to 5) that you have had in the past 15 years before you became unable to work because of your physical and/or mental conditions. Start with your most recent job.

Select the number of jobs you have had in the past 15 years before you became unable to work.

1

### Most Recent Job

**Job Title**

**Type of Business**

**Start Date**  
Month  Year

**End Date**  
Month  Year

Hours per Day

Days per Week

Rate of Pay

\$

### Job Details

**Describe the job you previously listed. What did you do all day?**

1000 Characters Maximum. This is about 20 lines of typing. If you need more space, continue in the Remarks section.

**In this job, did you use machines, tools, or equipment?**

Yes  No

**In this job did you use technical knowledge or skills?**

Yes  No

**In this job did you do any writing, complete reports, or perform any duties like this?**

Yes  No

**In this job, how many total hours each day did you do each of the tasks listed?**

Do not include breaks and lunch.

**Walking**

**Standing**

**Sitting**

**Climbing**

**Stooping**   
(Bending down & forward at the waist)

**Kneeling** (Bending legs to rest on knees)

**Crouching** (Bend legs & back down & forward)

**Crawling** (Move on hands & knees)

**Handle large objects** Handling, grabbing, or grasping big objects

**Handle small objects** Writing, typing or handling small objects

**Please describe how you lifted and carried things on the job:**  
1000 Characters Maximum. This is about 20 lines of typing. If you need more space, continue in the Remarks section.

**How heavy were the items you frequently lifted (1/3 to 2/3 of the work day) on this job?**

**What was the heaviest weight you ever lifted on this job?**

**Did you supervise other people in this job?:**  
 Yes  No

**Were you a lead worker?**  
 Yes  No

**1.17.2.2. If user selected "Other" for weight lifted amounts**

**Describe 'Other':**

### 1.17.2.3. If user Supervised People

How many people did you supervise?

What part of your time did you spend supervising people?

Did you hire and fire employees?

Yes  No

### 1.17.2.4. If user selects 2-5 jobs

User is asked to enter information based upon the number of jobs selected. If two jobs are selected, two areas appear to enter brief descriptions of those jobs.

### 1.17.2.5. If a user selects “more than 5” jobs

User sees 5 areas to enter job descriptions as well as a confirmation at the bottom of the screen that user has had more than 5 jobs.

The screenshot shows the 'Adult Disability Report' form on the Social Security Online website. The user is logged in as Kelly G. Anderson with ID xxx-xx-1234. The 'Work/Education' tab is selected, and the 'Job History' sub-tab is active. The 'Job History' section includes a 'Job Listing' form where the user has selected 'More than 5 jobs' in the past 15 years. Below this is the 'Most Recent Job' section with input fields for Job Title, Type of Business, Start Date (Month and Year), and End Date (Month and Year). Navigation buttons for 'Previous' and 'Next' are visible at the top right of the Job History section.

**Job History** <<[P]revious [N]ext >>

**Earnings**

We need to know how your earnings were affected after you made changes in your work activity before you stopped working.

Since March 3, 2009, have you had gross earnings greater than \$980 in any month? Do not count sick leave, vacation or disability pay.

Yes  No

**Note :** If you answer yes, we may contact you for more information.

**Job Listing**

List the jobs (up to 5) that you have had in the past 15 years before you became unable to work because of your physical and/or mental conditions. Start with your most recent job.

Select the number of jobs you have had in the past 15 years before you became unable to work.

More than 5 jobs

**Most Recent Job**

**Job Title**  
[Text Input Field]

**Type of Business**  
[Text Input Field]

**Start Date**  
Month: [Dropdown] Year: [Dropdown]

**End Date**  
Month: [Dropdown] Year: [Dropdown]

Hours per Day

Days per Week

Rate of Pay

\$

**Previous Job**

Job Title

Type of Business

Start Date

Month  Year

End Date

Month  Year

Hours per Day

Days per Week

Rate of Pay

\$

**Previous Job**

Job Title

Type of Business



**Start Date**  
Month  Year

**End Date**  
Month  Year

**Hours per Day**

**Days per Week**

**Rate of Pay**  
\$

**Previous Job**

**Job Title**

**Type of Business**

**Start Date**  
Month  Year

**End Date**  
Month  Year

**Hours per Day**

**Days per Week**

**Rate of Pay**  
\$


## Previous Job

|   |   |  |
|---|---|--|
| <b>Job Title</b>  |   |  |
| <input type="text"/>  |   |  |
| <b>Type of Business</b>   |   |  |
| <input type="text"/>  |   |  |
| <b>Start Date</b>   |   |  |
| <i>Month</i>  | <i>Year</i>                                       |  |
| <input type="text"/>  | <input type="text"/>                              |  |
| <b>End Date</b>   |   |  |
| <i>Month</i>  | <i>Year</i>                                       |  |
| <input type="text"/>  | <input type="text"/>                              |  |
| <b>Hours per Day</b>  |   |  |
| <input type="text"/>  |   |  |
| <b>Days per Week</b>  |   |  |
| <input type="text"/>  |   |  |
| <b>Rate of Pay</b>  |   |  |
| \$ <input type="text"/>   | <input type="text" value="Annually"/>             |  |
| I acknowledge that I have had more than 5 jobs in the last 15 years before I became unable of work. |   |  |
| <input type="button" value="[Sign Off (finish later)]"/>  | <input type="button" value="&lt;&lt;[P]revious"/> | <input type="button" value="[N]ext &gt;&gt;"/> |

### 1.17.3. Job History currently working

Refer to Job History stopped working for screenshots.

## 1.18. Education



Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

Overview   Identification   Medical   **Work/Education**   Remarks   Review   Submit

Introduction   Work Activity   Job History   **Education**

[<<\[P\]previous](#)   [\[N\]ext >>](#)

### Your Education and Training

We may need to consider many factors including your education and job skills you have learned when evaluating your condition.

**What is the highest grade of school you have completed?**  
If you did not complete the entire school year, select the previous year that you completed.  
*Example: If you started, but did not complete, 10th grade, select 9th grade as the highest grade completed.*

**Approximately when did you complete your education?**  
Enter the date when you most recently completed a school year as close as you can remember.

**Have you completed any type of special job training, trade, or vocational school?**  
*Examples: auto mechanics, electronics, cosmetology, heating and air conditioning, computer repair, data entry or word processing courses.*

Yes    No

**Did you attend special education classes or receive other education services beyond what is done in a regular classroom?**  
*Examples: Special classes for a learning disability, for the hearing or sight impaired, or for an emotional problem; special reading instruction; a teacher's aide worked with you "one on one," on a regular basis*

Yes    No

[\[S\]ign Off \(finish later\)](#)   [<<\[P\]previous](#)   [\[N\]ext >>](#)

### 1.18.1. Special Training

If user answers “yes” to special training question, the following fields appear:

**Have you completed any type of special job training, trade, or vocational school?**  
*Examples: auto mechanics, electronics, cosmetology, heating and air conditioning, computer repair, data entry or word processing courses.*

Yes  No

**Type of Program:**  
*Examples: carpentry, cosmetology, plumbing, electronics, data entry or word processing courses.*  
1000 characters maximum. This is about 20 lines of typing.  
If you need more space, continue in the Remarks section at the end of this report.

**Approximately when did you complete this training?**  
Enter the most recent date when you completed this training.

### 1.18.2. Special Education

If user answers “yes” to special education question, the following fields appear:

**Please describe your Special Education:**

**School Name:**

**City** **State, if in USA**

Select ▼

**Country, if not USA**

**Dates Attended:**  
Enter the dates when you attended this school. If you can't remember the exact dates, try to give us approximate dates.

**From:** **To:**

**Have you had special education at more than one school?**

Yes  No

## 1.19. Remarks



Social Security Online  
www.socialsecurity.gov

John Q. Public    xxx-xx-1234

[Overview](#)   [Identification](#)   [Medical](#)   [Work/Education](#)   **Remarks**   [Review](#)   [Submit](#)

**Remarks**

[<<\[P\]revious](#)   [\[N\]ext >>](#)

**Remarks**


Please provide additional information you want to include with this report that you haven't already provided.  
2000 characters maximum. This is about 40 lines of typing.

[Check Spelling](#)

[\[S\]ign Off \(finish later\)](#)   [<<\[P\]revious](#)   [\[N\]ext >>](#)

## 1.20. Review

The Review page shows all of the data that a user has entered in the following format. The edit buttons take the user back to the original page on which the user entered the information. If a user does click the Edit button on this page, a "Return to Review" button will appear on the bottom of the page that the user is editing so the user can easily return to the Review page after editing the necessary data.



Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

[Overview](#)   [Identification](#)   [Medical](#)   [Work/Education](#)   [Remarks](#)   **Review**   [Submit](#)

**Review**

### Review

This is an opportunity to review the answers you have provided thus far. You will be given an opportunity to print your information after you submit your report.

If any sections are not complete, please see if you have the information to complete them. If not, go ahead and submit the report as it is and we'll help you with the rest.

**Note:** You will have to complete information for the fields marked with .

**Skip down to:**

- [Identification](#)
- [Medical](#)
- [Work/Education](#)
- [Remarks](#)

#### Identification

Applicant Name: **Kelly G. Anderson**  
Social Security Number: **988-77-1234**  
Date of birth: **February 19, 1968**

---

**Report Completer**

  **I am completing this disability report for myself**

---

**Applicant's Personal Information**

  Other Names Used on Medical or Educational Records: **No**  
Preferred Language: **English**  
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, MD 21201**  
Daytime Phone: **410-644-3211**  
Alternate Phone: **443-799-6692**

---

**Reentry Number**

Reentry Number#: **D94217143**

| Other Contact                       |  |
|-------------------------------------|--|
| <input type="button" value="Edit"/> | Name: <b>Chris Anderson</b><br>Relationship: <b>Husband or Wife</b><br>Mailing Address: <b>400 Cathedral Street, Apt 7A, Baltimore, MD 21201</b><br>Daytime Phone: <b>866-867-5309</b><br>Preferred Language: <b>English</b> |

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| Medical                                    |   |
|--|---|
| Introduction                               |   |
| <input type="button" value="Edit"/>        | Seen a healthcare provider or received treatment, or have an appointment scheduled:<br>For physical conditions: <b>Yes</b><br>For mental conditions: <b>Yes</b>   |
| Conditions                                 |   |
| <input type="button" value="Edit"/>        | List of physical and mental conditions:<br>1: <b>type 2 diabetes</b><br>2: <b>heart disease</b><br>3: <b>COPD</b><br>4: <b>depression</b><br>Height without shoes: <b>5 feet, 8 inches</b><br>Weight without shoes: <b>260 pounds</b>   |
| Doctors and Other Healthcare Professionals |   |
| <input type="button" value="Edit"/>        | Doctor/Professional #1: <b>Dr. Samantha Gupta</b><br>Office Name: <b>Physicians Associate Group</b><br>Address: <b>900 Caton Avenue, Suite 301, Catonsville, MD 21229</b><br>Phone: <b>410-496-9643</b><br>Reason for visits: <b>diabetes, heart disease, COPD</b><br>Treatments received: <b>blood pressure and breathing monitored</b><br>First visit: <b>1999</b><br>Last visit: <b>03/2009</b><br>Next scheduled appointment: <b>None</b> |
| <input type="button" value="Edit"/>        | Doctor/Professional #2: <b>Dr. Elijah Saunders</b><br>Address: <b>2200 Kernan Drive, Room 4611, Baltimore, MD 21207</b><br>Phone: <b>410-328-4266</b><br>Reason for visits: <b>depression, pain management</b><br>Treatments received: <b>therapy</b><br>First visit: <b>11/2008</b><br>Last visit: <b>04/2009</b><br>Next scheduled appointment: <b>05/2009</b>  |

|   |  |
|---|--|
| <input type="button" value="Add Doctor/Healthcare Professional"/> |  |
| <b>Hospitals and Clinics</b>                                      |  |
| <input type="button" value="Edit"/>                               | Hospital/Clinic #1: <b>Union Memorial Hospital</b><br>Address: <b>201 East University Parkway, Suite 226, Baltimore, MD 21218</b><br>Phone: <b>410-554-2532</b><br>Inpatient Stays: Date In: <b>03/2009</b> Date Out: <b>03/2009</b><br>Outpatient Visits: <b>None</b><br>Emergency Room Visits: First visit: <b>2007</b> Last Visit: <b>2008</b><br>Reason for visits: <b>heart surgery, couldn't breathe well</b><br>Treatments received: <b>surgery</b> |
| <input type="button" value="Edit"/>                               | Hospital/Clinic #2: <b>Vancouver General Hospital</b><br>Address: <b>855 West 12th Avenue, Vancouver, Canada V5Z 1M9</b><br>Phone: <b>604-875-4111</b><br>Inpatient Stays: <b>None</b><br>Outpatient Visits: <b>None</b><br>Emergency Room Visits: <b>10/2008</b><br>Reason for visits: <b>thought I was having a heart attack</b><br>Treatments received: <b>observation</b>  |
| <input type="button" value="Add Hospital/Clinic"/>                |  |
| <b>Tests</b>  |  |
| <input type="button" value="Edit"/>                               | Test #1: <b>EKG</b><br>Sent for test by: <b>Doctor at Vancouver General Hospital</b><br>Date of test: <b>10/2008</b>   |
| <input type="button" value="Edit"/>                               | Test #2: <b>X-Ray</b><br>Test Description: <b>chest</b><br>Sent for test by: <b>Doctor at Vancouver General Hospital</b><br>Date of test: <b>10/2008</b>   |
| <input type="button" value="Add Test"/>                           |  |
| <b>Medicines</b>  |  |
| <input type="button" value="Edit"/>                               | Medicine #1: <b>Singulair</b><br>Reason: <b>for breathing</b><br>Prescribed by: <b>Dr. Samantha Gupta</b>  |
| <input type="button" value="Edit"/>                               | Medicine #2: <b>Plavix</b><br>Reason: <b>a blood thinner</b><br>Prescribed by: <b>Dr. Samantha Gupta</b>   |
| <input type="button" value="Edit"/>                               | Medicine #3: <b>Cymbalta</b><br>Reason: <b>for depression</b><br>Prescribed by: <b>Dr. Elijah Saunders</b>   |



|   |  |
|---|--|
| <input type="button" value="Edit"/>               | Medicine #3: <b>Cymbalta</b><br>Reason: <b>for depression</b><br>Prescribed by: <b>Dr. Elijah Saunders</b> |
| <input type="button" value="Edit"/>               | Medicine #4: <b>Tylenol</b><br>Reason: <b>for pain</b><br>Prescribed by: <b>Dr. Elijah Saunders</b>        |
| <input type="button" value="Add Medicine"/>       |  |
| <b>Other Medical Records</b>                      |  |
| <input type="button" value="Edit"/>               | No Other Medical Records listed  |
| <input type="button" value="Add Medical Record"/> |  |

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| <b>Work/Education</b>               |   |
|-------------------------------------|---|
| <b>Introduction</b>                 |   |
| <input type="button" value="Edit"/> | Currently working? <b>No, I have never worked</b>   |
| <b>Work Activity</b>                |   |
| <input type="button" value="Edit"/> | Date became unable to work: <b>03/04/2009</b>   |
| <b>Job History</b>                  |   |
| Not applicable                      |   |
| <b>Education</b>                    |   |
| <input type="button" value="Edit"/> | Highest grade of school completed: <b>12th grade</b><br>Approximate date completed: <b>1986</b><br>Any special training, trade, or vocational school: <b>No</b><br>Special education classes or other education services: <b>No</b> |

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| <b>Remarks</b>                      |      |
|-------------------------------------|------|
| <b>Remarks</b>                      |      |
| <input type="button" value="Edit"/> | None |

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## 1.21. Printing Instructions

The screenshot shows the 'Adult Disability Report' interface on Social Security Online. At the top, there is a red header with the Social Security Administration logo, the text 'Social Security Online', the URL 'www.socialsecurity.gov', and the title 'Adult Disability Report'. Below the header is a navigation bar with buttons for 'Overview', 'Identification', 'Medical', 'Work/Education', 'Remarks', 'Review', and 'Submit'. A secondary navigation bar contains 'Printing Instructions', 'Submit', 'Receipt', and 'Next Steps'. The 'Printing Instructions' section includes a question: 'Do you have a working printer right now?' with radio buttons for 'Yes' and 'No'. Navigation buttons include '<< [P]revious', '[N]ext >>', and '[S]ign Off (finish later)'. There are also numbered buttons '3' and '4' next to the previous and next navigation buttons respectively.

Social Security Online  
www.socialsecurity.gov

# Adult Disability Report

Overview Identification Medical Work/Education Remarks Review Submit

Printing Instructions Submit Receipt Next Steps

Printing Instructions << [P]revious [N]ext >>

Do you have a working printer right now?  
 Yes  No

[S]ign Off (finish later) << [P]revious 3 [N]ext >> 4

### 1.21.1. If user answers yes to printer question

The following text will appear below the question.

#### Directions

---

Print or save this page for your records. Note: If you choose to save this page, save it as a file and not as a bookmark. [More Info](#)

 [Print this page...](#)

Your claim for disability benefits is very important to us. Help us start work on your claim as soon as possible by taking all the following steps. Even though this is an online report, there is still paperwork involved. [More Info](#)

#### What You Need To Do Next:

1. Print the [Cover Sheet](#).
2. Print, sign, and date the [Medical Release Form](#). You must print and return BOTH pages. (The Medical Release form requires Adobe Reader to open and print it. [More Info](#))
3. Read the [instructions](#) for completing the medical release form. Note: All adults are required to sign and date the medical release forms for themselves, even if someone else is helping them with the application process. The only exceptions are when the disabled person has a legal guardian or is deceased.
4. Mail or bring the Cover Sheet and Medical Release Form to your local Social Security office listed below. DO NOT take these forms to your doctor.

#### Your local Social Security office:

**SOCIAL SECURITY ADMINISTRATION**  
1010 Park Ave  
Suite 200  
Baltimore, MD 21201  
(866) 931-9942

You can mail or bring these documents to a different Social Security office if you want. You can use the [Office Locator](#) to find another Social Security office.

If you already have copies of any medical records from your doctor, you can send or bring them to us. However, we do not recommend that you delay your case by requesting medical records yourself. We can do this for you.

#### If you have printing problems:

Please try again. If you still are unable to print, continue on. Contact Social Security at the address and phone number listed above to tell us that you could not print the medical release forms.

 [Print this page...](#)

[Sign Off (finish later)]

<< [P]revious

[N]ext >>

### 1.21.2. If user answers no

The following text will appear below the question.

#### Directions

---

**Since you do not have a printer right now, you can do one of the following:**

- You may continue on and submit this report. We will then contact you about your submitted information and send you documents to sign OR
- You can Sign Off then log back into this report when you do have access to a printer.  
Note: If you sign off you will need your SSN and Reentry Number, which is **D94217143**, to sign back in to [www.socialsecurity.gov/disabilityreport](http://www.socialsecurity.gov/disabilityreport).

[Sign Off (finish later)]

<< [P]revious

[N]ext >>

### 1.22. Submit

There is no Submit button at the top to encourage users to read the page.

The screenshot shows the top of the Social Security Online 'Adult Disability Report' page. The header includes the Social Security Administration logo, the text 'Social Security Online' and 'www.socialsecurity.gov', and the title 'Adult Disability Report'. Below the header, the user's name 'Kelly G. Anderson' and a masked SSN 'xxx-xx-1234' are displayed. A navigation bar contains buttons for 'Overview', 'Identification', 'Medical', 'Work/Education', 'Remarks', 'Review', and 'Submit'. Below this is a secondary bar with 'Printing Instructions', 'Submit', 'Receipt', and 'Next Steps'. A '<< [P]revious' button is visible. The main content area is titled 'Submit Report' and contains the following text:

You are ready to submit this report electronically to Social Security. If you were not able to complete all parts of the report, don't worry. We will contact you if we need any more information.

**IMPORTANT:** You will NOT be able to come back to this report online after you press the Submit button.


If you want to make changes after submitting the online Disability Report, you can contact the Social Security office.

If you are ready to submit this report, use the Submit button.

At the bottom of the screenshot, there are two buttons: '<< [P]revious' and 'Submit'.

### 1.23. Receipt

This page will be very similar to the Review page. Two exceptions are: the text at the top is only on the Receipt page, and this page is formatted differently for optimal printing. Users will see all the information that they have entered and submitted on this page.



Social Security Online  
www.socialsecurity.gov

## Adult Disability Report

Kelly G. Anderson    xxx-xx-1234

**Overview**   Identification   Medical   Work/Education   Remarks   Review   **Submit**

Printing Instructions   Submit   **Receipt**   Next Steps

### Receipt for Your Records

Thank you for completing this disability report.  
Print or save this page for your records. This is your receipt for your Disability Report submission.  
Note: If you choose to save this page, save it as a file and not as a bookmark. [More Info](#)  
[Print this page...](#)

**Your Online Adult Disability Report was received on May 8, 2009 at hh:mm:ss Eastern Time.**  
We will process it at your local Social Security office.

**Contact us immediately if you:**

- Change your address or phone number
- Go to a new doctor
- Have a new medical test
- Have a change in your condition
- Go back to work or stop work

**Contact information:**

- Call our toll-free number, 1-800-772-1213. Call 1-800-325-0778 if you are deaf or hard of hearing and have "TTY" services. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Eastern Standard Time
- Contact your local Social Security office at the address below

SOCIAL SECURITY ADMINISTRATION  
1010 Park Ave  
Suite 200  
Baltimore, MD 21201  
(866) 931-9942

| Identification  |
|---|
| Applicant Name: <b>Kelly G. Anderson</b><br>Social Security Number: <b>988-77-1234</b><br>Date of birth: <b>February 19, 1968</b> |
| Report Completer  |
| <b>I am completing this disability report for myself</b>  |

| Applicant's Personal Information  |
|---|
| <p>Other Names Used on Medical or Educational Records: <b>No</b><br/>           Preferred Language: <b>English</b><br/>           Mailing Address: <b>400 Cathedral Street, Apt 7A, Baltimore, MD 21201</b><br/>           Daytime Phone: <b>410-644-3211</b><br/>           Alternate Phone: <b>443-799-6692</b></p> |
| Other Contact   |
| <p>Name: <b>Chris Anderson</b><br/>           Relationship: <b>Husband or Wife</b><br/>           Mailing Address: <b>400 Cathedral Street, Apt 7A, Baltimore, MD 21201</b><br/>           Daytime Phone: <b>866-867-5309</b><br/>           Preferred Language: <b>English</b></p>                                   |

[Back to Top](#)

| Medical   |
|---|
| Introduction  |
| <p>Seen a healthcare provider or received treatment, or have an appointment scheduled:<br/>           For physical conditions: <b>Yes</b><br/>           For mental conditions: <b>Yes</b></p>  |
| Conditions  |
| <p>List of physical and mental conditions:<br/>           1: <b>type 2 diabetes</b><br/>           2: <b>heart disease</b><br/>           3: <b>COPD</b><br/>           4: <b>depression</b><br/>           Height without shoes: <b>5 feet, 8 inches</b><br/>           Weight without shoes: <b>260 pounds</b></p>  |
| Doctors and Other Healthcare Professionals  |
| <p>Doctor/Professional #1: <b>Dr. Samantha Gupta</b><br/>           Office Name: <b>Physicians Associate Group</b><br/>           Address: <b>900 Caton Avenue, Suite 301, Catonsville, MD 21229</b><br/>           Phone: <b>410-496-9643</b><br/>           First visit: <b>1999</b><br/>           Last visit: <b>03/2009</b><br/>           Next scheduled appointment: <b>None</b><br/>           Tests: <b>None</b><br/>           Medicines: <b>Plavix, Singulair</b><br/>           Reason for visits: <b>diabetes, heart disease, COPD</b><br/>           Treatments received: <b>blood pressure and breathing monitored</b></p> |

|   |
|---|
| <p>           Doctor/Professional #2: <b>Dr. Elijah Saunders</b><br/>           Address: <b>2200 Kernan Drive, Room 4611, Baltimore, MD 21207</b><br/>           Phone: <b>410-328-4266</b><br/>           Reason for visits: <b>depression, pain management</b><br/>           Treatments received: <b>therapy</b><br/>           First visit: <b>11/2008</b><br/>           Last visit: <b>04/2009</b><br/>           Next scheduled appointment: <b>05/2009</b> </p>   |
| <p><b>Hospitals and Clinics</b></p>   |
| <p>           Hospital/Clinic #1: <b>Union Memorial Hospital</b><br/>           Address: <b>201 East University Parkway, Suite 226, Baltimore, MD 21218</b><br/>           Phone: <b>410-554-2532</b><br/>           Inpatient Stays: Date In: <b>03/2009</b> Date Out: <b>03/2009</b><br/>           Outpatient Visits: <b>None</b><br/>           Emergency Room Visits: First visit: <b>2007</b> Last Visit: <b>2008</b><br/>           Reason for visits: <b>heart surgery, couldn't breathe well</b><br/>           Treatments received: <b>surgery</b> </p> |
| <p>           Hospital/Clinic #2: <b>Vancouver General Hospital</b><br/>           Address: <b>855 West 12th Avenue, Vancouver, Canada V5Z 1M9</b><br/>           Phone: <b>604-875-4111</b><br/>           Inpatient Stays: <b>None</b><br/>           Outpatient Visits: <b>None</b><br/>           Emergency Room Visits: <b>10/2008</b><br/>           Reason for visits: <b>thought I was having a heart attack</b><br/>           Treatments received: <b>observation</b> </p>  |
| <p><b>Tests</b></p>   |
| <p>           Test #1: <b>EKG</b><br/>           Sent for test by: <b>Doctor at Vancouver General Hospital</b><br/>           Date of test: <b>10/2008</b> </p>   |
| <p>           Test #2: <b>X-Ray</b><br/>           Test Description: <b>chest</b><br/>           Sent for test by: <b>Doctor at Vancouver General Hospital</b><br/>           Date of test: <b>10/2008</b> </p>   |
| <p><b>Medicines</b></p>   |
| <p>           Medicine #1: <b>Singulair</b><br/>           Reason: <b>for breathing</b><br/>           Prescribed by: <b>Dr. Samantha Gupta</b> </p>  |
| <p>           Medicine #2: <b>Plavix</b><br/>           Reason: <b>a blood thinner</b><br/>           Prescribed by: <b>Dr. Samantha Gupta</b> </p>   |

|  |
|--|
| Medicine #3: <b>Cymbalta</b><br>Reason: <b>for depression</b><br>Prescribed by: <b>Dr. Elijah Saunders</b> |
| Medicine #4: <b>Tylenol</b><br>Reason: <b>for pain</b><br>Prescribed by: <b>Dr. Elijah Saunders</b>        |
| <b>Other Medical Records</b>   |
| No Other Medical Records listed  |

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|   |
|---|
| <b>Work/Education</b>   |
| <b>Introduction</b>   |
| Currently working? <b>No, I have never worked</b>   |
| <b>Work Activity</b>  |
| Date became unable to work: <b>03/04/2009</b>   |
| <b>Job History</b>  |
| Not applicable  |
| <b>Education</b>  |
| Highest grade of school completed: <b>12th grade</b><br>Approximate date completed: <b>1986</b><br>Any special training, trade, or vocational school: <b>No</b><br>Special education classes or other education services: <b>No</b> |

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|                |
|----------------|
| <b>Remarks</b> |
| <b>Remarks</b> |
| None           |

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[N]ext >>



## 1.24. Next Steps

### 1.24.1. Not From iClaim



Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

Overview    Identification    Medical    Work/Education    Remarks    Review    **Submit**

Printing Instructions    Submit    Receipt    **Next Steps**

#### What's Next



**The disability report you just completed is one step in the Disability Application Process. You will need to complete the other two steps as well.**

- Complete the Disability Report.
- Sign and send the Medical Release Form with the Cover Sheet. If you do not have a printer, we will send the Medical Release Form and Cover Sheet to you.
- Complete the Disability Application by selecting the **Go to Application** button at the bottom of this page.

We do not start work on your claim until you complete all three of the above steps. For more information about the disability process, go to [How the Disability Application Process Works](#).

If you do not want to file your application online, contact us :

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Eastern Standard Time, or
- Contact your local Social Security office at the address below.

SOCIAL SECURITY ADMINISTRATION  
1010 Park Ave  
Suite 200  
Baltimore, MD 21201  
(866) 931-9942

#### What to Expect After Completing the Application For Disability Benefits

- It takes about 120 days to process applications for disability benefits. Every claim is different. We may take more or less time on your claim.
- We may contact you for more information while we work on your claim.
- If we need more medical evidence, we may ask you to see a doctor for a special exam. We will pay for this.

[Return to Receipt](#)

[Go to Application](#)

## 1.24.2. From iClaim



Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

Overview    Identification    Medical    Work/Education    Remarks    Review    **Submit**

Printing Instructions    Submit    **Receipt**    **Next Steps**

### What's Next

The disability report you just completed is part 2 of a 3 step process to apply for disability benefits.

- According to our records, you have also completed Step 1 and filed an application.
- Please make sure you follow through with Step 3 of this process: Printing, signing and mailing your Medical Release Form with the Cover Sheet. If you do not have a printer, we will send the Medical Release Form and Cover Sheet to you.

We do not start work on your claim until you complete all three of the above steps. For more information about the disability process, go to [How the Disability Application Process Works](#).

To leave this page, select the **Finished** button at the bottom of this page.

If you have further questions regarding this process and would like to speak with a Social Security Representative:

- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Eastern Standard Time, or
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[Return to Receipt](#)

[Finished](#)