



## Apply Online For Disability Benefits

Social Security offers an online disability application you can complete at your convenience. Apply from the comfort of your home or any location at a time most convenient for you. You do not need to drive to your local Social Security office or wait for an appointment with a Social Security representative.

- [Who can apply for adult disability benefits online?](#)
- [How do I apply for benefits?](#)
- [What information do I need to apply for benefits?](#)
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- [What are the advantages of applying using our online disability application process?](#)
- [What happens after I apply?](#)
- [What other ways can I apply?](#)

### Note

Select "Return to a Saved Application" if before January 25, 2014, you started but did not finish:

- An Application for Disability Benefits and have an "Application Number," or
- An "Adult Disability Report" and have a "Reentry Number."

Once you enter your "Application Number" or "Reentry Number" and your Social Security Number, you will return to your saved information.

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### What about SSI?

Supplemental Security Income (SSI) pays benefits to disabled adults and children with limited income and resources.

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## Information For Statutorily Excluded Medical Sources

Section 812 of the Bipartisan Budget Act of 2015 revised section 223(d)(5) of the Social Security Act (Act) by adding a paragraph (C). Under section 223(d)(5)(C) of the Act, as amended, we may not consider evidence furnished by certain medical sources unless we have good cause to do so. We call medical sources that qualify under section 223(d)(5)(C) of the Act, "statutorily excluded medical sources." These sources must report their status to us in writing each time they submit evidence (directly or indirectly) in relation to a claim for Social Security disability benefits. Sources that do not report their status to us may be referred to our Office of the Inspector General (SSA's OIG) for any action it deems necessary, including investigation and civil monetary penalty (CMP) pursuit.

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### Background & Consideration of Evidence

Under section 223(d)(5)(C) of the Act, we cannot consider evidence furnished by a medical source who:

- was convicted of a felony under sections 208 or 1632 of the Act; or
- was excluded from participating in any Federal health care program under section 1128 of the Act; or
- was imposed with a CMP, assessment, or both, for submitting false evidence under section 1129 of the Act.

However, we may consider evidence from these medical sources if we find good cause, as defined in sections 404.1503b and 416.903b of our regulations.

We received information from the Secretary of the Department of Health & Human Services (HHS) or from SSA's OIG that you are a medical source who falls within one of the categories of statutorily excluded medical sources.

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> Background & Consideration of Evidence

▼ What We Need From You

To administer our programs, we need information from medical sources that will help us determine if an individual is disabled or continues to be disabled under our rules.

If a request has been made for you to submit records (or you submit them on your own) for an individual who has applied for disability benefits, it is very important that you still submit your evidence. We will examine the evidence and determine whether good cause exists to use it when determining disability.

For as long as you meet one of these categories of exclusion, each time you submit evidence for a Social Security disability claim, you must attach a written statement indicating that you are a medical source who falls within one of the categories of statutorily excluded medical sources.

Please provide this statement with your evidence, whether you submit the evidence to us directly or through a representative, claimant, or other individual or entity.

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> Background & Consideration of Evidence

> What We Need From You

▼ What Your Statement Should Include

Under our rules, your written statement must include your name, title, and following heading:

**"WRITTEN STATEMENT REGARDING SECTION 223(d)(5)(C) OF THE SOCIAL SECURITY ACT - DO NOT REMOVE"**

You must also include the following information, as it applies to your situation:

- the date of your felony conviction, under sections 208 or 1632 of the Act,
- the reason, effective date, and expected length of your exclusion under section 1128 of the Act, and whether it was waived by HHS' Office of Inspector General, and
- the date of the CMP, assessment, or both, under section 1129 of the Act.

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No individual or entity may remove the written statement before submitting the evidence to us.

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If you do not provide the written statement with your evidence, we may refer you to SSA's OIG for potential further action, including investigation and CMP pursuit.

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Visit our website at [www.ssa.gov](http://www.ssa.gov) for more information. You may also call us at 1-800-269-0271 (TTY 1-800-325-0078).

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Sections 208, 221, 223(d)(5)(C), 1128, 1129, 1631(e), 1632, and 1633 of the Act allow us to collect this information. Furnishing us this information is mandatory. Failing to provide all or part of the information may result in referral to SSA's OIG for further action. We will use the information to determine if an individual is disabled or continues to be disabled under our rules. We may also share your information for the following purposes, called routine uses: (1) to private medical and vocational consultants for use in making preparation for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by SSA or State agency acting in accord with sections 221 or 1633 of the Act; and, (2) to specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits under section 1631(e) of the Act. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folder System, and 60-0320, entitled Electronic Disability (eDIB) Claim File. Additional information and a full listing of all our SORNs are available on our website at [www.ssa.gov/foia/bluebook](http://www.ssa.gov/foia/bluebook).

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This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. Send or bring the completed form to your local Social Security Office. You can find your local Social Security office through our website at [www.ssa.gov](http://www.ssa.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call us at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

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