

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Information About You

Please tell us about yourself, as the person providing information for Frank Doe. You must complete this page before continuing.

Your Name:

Suffix (if any)

(First, Middle Initial,  
Last)

Agency Name (if  
applicable):

If you work for an  
agency that is assisting  
the child, please provide  
the agency's name.

Your Relationship  
to Frank Doe:

Mother

Father

Sister

Brother

Grandparent

Aunt

Uncle

Cousin

Stepmother

Stepfather

Neighbor

Friend

Husband or Wife

Significant Other

If the relationship is "Other" (such as Social Worker, Attorney, Legal Representative), please specify: :

Your Mailing Address:

Please provide your complete mailing address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas.

Example: 528 Dawn St Apt 101

(Street Address  
Line 1)

(Street Address  
Line 2)

(Street Address  
Line 3)

(City, State, ZIP)

Your Daytime Phone Number: (     )     -  
Extension:

This is my phone number

I don't have a phone, but you can leave a message at this number

Your Email Address  
(Optional):

### Your Language Information

Can you speak and understand English?     Yes     No, my preferred language is

If you cannot speak and understand English, we will provide an interpreter, free of charge.

Can you read and understand English?     Yes     No

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Someone We Can Contact Who Speaks and Understands English

You told us that you do not speak and understand English. Please give us the name of someone in the United States who speaks and understands English and will give you messages. If there is no one who will do that, please check the box below and do not enter any other information.

Check if there is no English-speaking person we can contact

Contact Person's Name:

Suffix (if any)

(First, Middle Initial, Last)

Your Relationship to Frank Doe:

- Mother
- Father
- Sister
- Brother
- Grandparent
- Aunt
- Uncle
- Cousin
- Stepmother
- Stepfather
- Neighbor
- Friend
- Husband or Wife
- Significant Other
- Other (such as Social Worker, Attorney, Legal Representative) :

Mailing Address:

Please provide this person's complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas.

Check if same as Eric Doe's address

(Street Address  
Line 1)

(Street Address  
Line 2)

(Street Address  
Line 3)

(City, State, ZIP)

Daytime Phone  
Number:

We need to be able to  
contact this person  
during the day.

Check if the contact's phone number is the same as Eric Doe's phone number

(     )     -

Extension:

No phone or unknown

Name: **Frank Doe**SSN: **xxx-xx-4170**

## Print Your Reentry Number

### Keep Your Reentry Number

Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to work on the Report again later, you will need this number. It will allow you to come back to the Report and continue where you left off without losing any information you already entered.

Your Reentry Number is:

**91745313**

Print or save this page, or write down the number, so you will have a copy of your Reentry Number.

If you lose or forget your Reentry Number, you will have to begin this Disability Report over again, and you will lose all the information you already entered. You can start a new Disability Report only 3 times. To protect your privacy, no one else can have access to your Reentry Number. Social Security can help you start the process over again, but we cannot look up your Reentry Number for you.

### To Come Back to This Report Later:

1. Go to this web site: <http://www.socialsecurity.gov/childdisabilityreport>
2. Choose "Go Back to the Report I Already Started."
3. Enter your Social Security Number and Reentry Number shown above.
4. You can choose to go back to the page of the report where you were when you left or to another section.

### 60 Day Time Limit

We need a signed formal application for disability benefits before we can process the child's claim. This Disability Report is NOT a formal application, but it is a required part of the claims process. The child may lose benefits if we do not receive a signed formal application within 60 days from when you first started completing an online disability report for Supplemental Security Income (SSI) for the child.

To print or save this page, please use your browser's print function or the File menu commands.

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[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
 SSN: **xxx-xx-4170**



## About the Child: Information About Frank Doe

Please give us some basic information about Frank Doe. You must complete this page before continuing.

Does Frank Doe live with you (or an institution you represent)?

Yes No

Does Frank Doe have a custodian or legal guardian other than you?

Yes No

Is there another adult who helps care for Frank Doe and can help us get information about the child if necessary?

Yes No

Can Frank Doe speak and understand English?

Yes No, Frank Doe speaks these languages

If the child cannot speak yet, select No and enter None

If Frank Doe understands any other languages, enter them here.

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[Contact SSA](#) | [How to Move Around This Report](#)





Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## About the Child: Custodian or Legal Guardian

You told us earlier that Frank Doe has a custodian or legal guardian.  
Please tell us about this legal guardian or custodian.

Custodian or  
Legal Guardian's  
Name:

Suffix (if any)

(First, Middle Initial,  
Last)

Relationship to  
Frank Doe:

- Mother
- Father
- Sister
- Brother
- Grandparent
- Aunt
- Uncle
- Cousin
- Stepmother
- Stepfather
- Neighbor
- Friend
- Husband or Wife
- Significant Other
- Other (such as Social Worker, Attorney, Legal Representative) :

Mailing Address:

Please provide the custodian or legal guardian's complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas.

Check if the same as Eric Doe's address

(Street Address  
Line 1)

(Street Address  
Line 2)

(Street Address  
Line 3)

(City, State, ZIP)

Daytime Phone Number:  Check if the same as Eric Doe's phone number

(     )     -

We need to be able to contact this person during the day.     Extension:     No phone or unknown

Language Information:

Can this person speak and understand English?     Yes     No, she/he prefers this language

Can this person read and understand English?     Yes     No

# Social Security Online Child Disability Report

www.socialsecurity.gov

About the Child

Education and Work

Medical History

Review and Send

Name: **Frank Doe**

SSN: **xxx-xx-4170**

## About the Child: Adult Who Lives With Frank Doe

You told us earlier that Frank Doe doesn't live with you. Please tell us about the person with whom Frank Doe lives.

Name:  Suffix (if any)

(First, Middle Initial, Last)

- Relationship to Frank Doe:
- Mother
  - Father
  - Sister
  - Brother
  - Grandparent
  - Aunt
  - Uncle
  - Cousin
  - Stepmother
  - Stepfather
  - Neighbor
  - Friend
  - Husband or Wife
  - Significant Other
  - Other (such as Social Worker, Attorney, Legal Representative)

Mailing Address:

Please provide this person's complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas.

(Street Address  
Line 1)

(Street Address  
Line 2)

(Street Address  
Line 3)

(City, State, ZIP)

Daytime Phone Number: (    )    -  
Extension:

We need to be able to contact this person during the day.      No phone or unknown

Language

Can this person speak and understand English?      Yes      No, she/he prefers this language:

Can this person read and understand English?      Yes      No

# Social Security Online Child Disability Report

www.socialsecurity.gov

About the Child

Education and Work

Medical History

Review and Send

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## About the Child: Adult Who Helps Care for Frank Doe

You told us earlier that there is another adult who helps care for Frank Doe and can help us get information about the child if necessary. Please tell us about this person.

Contact Person's  
Name:

Suffix (if any)

(First, Middle Initial,  
Last)

Relationship of  
this Adult to  
Frank Doe:

Mother  
Father  
Sister  
Brother  
Grandparent  
Aunt  
Uncle  
Cousin  
Stepmother  
Stepfather  
Neighbor  
Friend  
Husband or Wife  
Significant Other  
Other (such as Social Worker, Attorney, Legal Representative) :

Mailing Address:

Please provide this person's complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas.

(Street Address  
Line 1)

(Street Address  
Line 2)

(Street Address  
Line 3)

(City, State, ZIP)

Daytime Phone Number: (     )     -  
Extension:

We need to be able to contact this person during the day.     No phone or unknown

### Language

Can this person speak and understand English?     Yes     No, She/he speaks these languages

Can this person read and understand English?     Yes     No

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## About the Child: About Frank Doe's Illnesses, Injuries, or Conditions

Please tell us about all of Frank Doe's illnesses, injuries, and conditions (referred to from here on as conditions):

- If Frank Doe has more than one condition, list and describe each of them.
- Use your own words if you do not know the medical names.
- Include all physical, mental, and emotional conditions, including learning disabilities and behavioral problems.
- We will consider these conditions whether or not Frank Doe has been receiving treatment.

You must answer all of the questions on this page before you can continue. We will ask you for more information about these conditions later.

List and describe ALL of Frank Doe's disabling conditions.



**You indicated that Frank Doe has cancer. If you have not already done so, please add the type and stage of cancer in the text area below (for example, Lung cancer, stage 4).**

Your answer can be no more than 1000 characters, which is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

You have entered 24 characters

[Examples of Condition Descriptions](#)

When did Frank Doe become disabled?      January      01      2000

Enter the closest date you can remember.

Do any of the above ever cause pain or other symptoms?      Yes      No



Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## About the Child: Frank Doe's Treatments

Answer these questions about treatments from medical professionals and doctors, including physicians, psychologists, optometrists, nurse practitioners, therapists, chiropractors, acupuncturists, etc. We will ask you for more information about all of these later.

You gave us the following list and descriptions of Frank Doe's disabling illnesses, injuries or conditions:

Injury insult cancer

Has Frank Doe gone to a doctor, hospital, clinic, or anyone else, or are any future visits scheduled, for the conditions listed above?

Yes No

Has Frank Doe had any medical tests, or are any tests scheduled for the conditions listed above?

Yes No

Does Frank Doe currently take any prescription or non-prescription medicines, (including over the counter medicines, or herbal remedies) for the conditions listed above?

Yes No

Has Frank Doe gone to a doctor, hospital, clinic, or anyone else, or are any future visits scheduled, for mental or emotional problems that limit his or her daily activities?

Yes No

# Social Security Online Child Disability Report

www.socialsecurity.gov

About the Child

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## About Frank Doe: Summary

Please review the information you gave us and make sure it is correct. To go back to any item in the list, select Edit.

Note: To save space, this summary shows only the first 100 characters of the descriptions you gave us on the prior pages. However, everything you told us will be included in this report when you transmit it to Social Security.

### Contact Information

#### Information About You

Eric Doe Father	100 Main Street Baltimore, MD 21201
--------------------	--

#### Someone We Can Contact Who Speaks and Understands English

Jane Smits	100 Main Street Baltimore, MD 21202
------------	--

#### Frank Doe's Custodian or Legal Guardian

Legal Guardian	100 Main Street Baltimore, MD 21201
----------------	--

#### Adult Who Lives with Frank Doe

Lives With	100 Main Street Baltimore, MD 21202
------------	--

#### Adult Who Knows about Frank Doe's Condition

Other Adult	100 Main Street Baltimore, MD 21202
-------------	--

### About Frank Doe's Disabling Condition

#### List of Disabling Conditions

Injury insult cancer  
The conditions first bothered Frank Doe on 01/01/2000  
Frank Doe's conditions have caused pain or other symptoms.

#### Frank Doe's Treatments

Frank Doe has gone to a doctor, hospital or clinic.

Frank Doe has had medical tests.

Frank Doe has taken prescription and/or nonprescription medicines.

Frank Doe has received treatment for mental or emotional problems.

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[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## About the Child: End of Part 1

You have now completed Part 1 of this report.

If you want to add to or change this information later, you can select the "About the Child" tab at the top to come back to it.

### If You Continue

The next part of the report will ask about the child's education and work history, including all schools the child has attended in the last 12 months and any work or vocational rehabilitation he or she may have done.

### If You Want To Stop

If you want to stop and come back to this later, you can do so at any time by selecting "Sign Off" at the top left corner of the page. Signing off makes sure that the information you have entered has been saved, and protects the child's confidentiality by requiring that you sign on again with your reentry number when you are ready to continue.



## Welcome!

To complete a Child Disability Report on behalf of a child applying for Supplemental Security Income (SSI) disability benefits, you need to:

- give us information about the child's medical conditions, medical records, education, and work history and
- contact Social Security to complete an application for SSI benefits.

You can complete the Child Disability Report online but you must contact us to complete the SSI application. The SSI application can't be completed online. You can apply in person or over the phone, or get more information about SSI and this application process.

Using the online Child Disability Report gives you:

- security and privacy for the child's information
- step by step instructions and examples to help you complete the report
- a process to collect information that applies to the child, similar to the interview process in a Social Security office
- the ability to work at your own pace, stopping when you want and coming back to finish later

### Applying in Person or Over the Phone

If you prefer not to do this report on the Internet, you can use any of the following ways to complete a Disability Report:

- Call our toll-free number, 1-800-772-1213. Explain that you want to file an SSI application on behalf of a child. 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.
- Go to your [local Social Security Office](#) and ask to file an SSI application on behalf of the child.
- If you have a working printer, you may print a [paper Disability Report - Child](#) from the Internet. This form is in Portable Document Format (PDF) and requires Adobe Reader to open and print it. If you don't have Adobe Reader on your computer you can download a free

copy. Use this link [to get a free copy of the Adobe Reader](#).

- If you live outside the United States, see [Service Around the World](#).

More Information About SSI and this Process

[How the Supplemental Security Income Application Process Works](#)

[The Definition of Disability for Children Applying for SSI](#)

[Internet Security Policy](#)

[The Privacy Act Statement](#)

[Social Security's Accessibility Policy](#)



## **Privacy Act Statement Collection and Use of Personal Information**

Sections 205(a), 223(d), and 1631 of the Social Security Act, as amended, authorize us to collect the information on this form. Social Security will only use the information you provide to determine if a child is eligibility for benefit payments. The Privacy Act (5 U.S.C. & 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses. Giving us this information is voluntary; however, failing to complete the required fields could prevent us from processing your request. Additional information regarding this form, routine uses of information, and other Social Security programs, is available on our internet website, [www.socialsecurity.gov](http://www.socialsecurity.gov), or at your local Social Security office.





## What You Will Need

The online Child Disability Report will ask for information about the child, the child's medical history, and the child's education and work history. The list below shows details about what you will need:

### About the Child

- The child's full name, Social Security Number, and date of birth.
- Your (the applicant's) name, address, telephone number, and e-mail address if you have one.
- The name, address, and telephone number of someone else who knows about the child's illnesses, injuries, or conditions (referred to from here on as "condition" or "conditions").
- A description of the child's conditions, including when they began and how they limit the child's daily activities.

### Education and Work History (if applicable)

- The names, addresses, and telephone numbers for all schools or educational facilities that the child has attended in the last 12 months.
- The type of behavioral or learning test(s) that the child had, and when the test(s) was done.
- A description of the child's last job, if he or she has worked.

### Medical History

- The names, addresses and telephone numbers for all doctors, hospitals, and clinics that the child has seen for his or her conditions, the dates of and reasons for the visits.
- Name(s) of any medical test(s) that the child had, when and where the test(s) was done, and who ordered it.
- Name(s) of each prescription medicine(s) that the child takes and the doctor(s) who prescribed it.
- Name(s) of any non-prescription medicine(s) that the child takes.

For us to decide if the child is disabled under Social Security Law, you must give us enough information so that we can contact the child's doctors and hospitals to get the child's medical records. It is important that you give us the names, addresses, and dates of treatment for all the child's doctors and hospitals. You do not have to get the medical records.





## Welcome Back

If you want, you can review the information about [how this report works](#) and [how to move around in the report](#).

Please enter the child's Social Security Number.

(without dashes or hyphens)

Please enter your Reentry Number.

If you have lost your Reentry Number, you will not be able to continue with the Child Disability Report you already began. You can start a new online Child Disability Report up to three times. You can either begin the report again or contact [your local Social Security office](#) and they will help you. However, Social Security cannot access your Reentry Number.

If you had errors on a page that were not corrected when you signed off, you will need to correct them now before you can continue to new pages.

If you have not finished "About the Child", you will be taken back to where you left off in that section. You must finish "About the Child" before you can start any other section.

Where Do You Want to Go?

- Back to where I left off
- To the "About the Child" section
- To the "Education and Work" section
- To the "Medical History" section
- To the "Review and Send" section



## Should You Complete This Report

Not everyone will be able to complete a Disability Report online. You must answer all of the following questions to help determine if you should use this Internet Report

The OMB approval number for the Internet Child Disability Report is 0960-0577; expiration date 09/30/2010.

Have you spoken to a Social Security representative?      Yes      No

Are you a child filing for yourself?      Yes      No

## General Information About the Child

What is the child's name?      Suffix (if any)

Please enter the child's first name, middle initial, and last name

What is the child's Social Security number?      Child does not have one yet

Please enter the child's Social Security Number without dashes. If the child does not have one, you need to [get one](#) before you can fill out this form online.

What is the child's date of birth?

(Month, Day, Year)

Do you and the      Yes      No

child both live in the United States or the Northern Mariana Islands?

## Information About The Child's Illnesses, Injuries or Conditions

You will be asked to provide more details about this later.

Does the child's illness, injury, or condition seriously limit his/her daily activities?	Yes	No
--	-----	----

Is the child's illness, injury, or condition expected to last for more than 12 months or end in death?	Yes	No	I am not sure
--	-----	----	---------------

Has the child previously been denied SSI disability benefits?	Yes, more than 60 days ago	Yes, less than 60 days ago	No
---	----------------------------	----------------------------	----

Name: **Frank Doe**SSN: **xxx-xx-4170**

Go Ahead

Since you have chosen to continue with this report, please read the important information below. The first section of the report asks for information, including:

- Your name, address, and phone number.
- Someone else we can contact.
- A description of the child's condition.

Because we need some basic information first, you cannot skip ahead to other parts of the report until you complete Part 1, "About the Child." When you finish Part 1, you will have a chance to review your answers and add or change information.

### Time Limit

We need a signed formal application for disability benefits before we can process the child's claim. This Disability Report is NOT a formal application, but it is a required part of the claims process. When you complete this report, we will give you instructions on filing the formal application.

**The child may lose benefits if we do not receive a signed formal application within 60 days of when you first started to complete an online disability report for Supplemental Security Income (SSI).**

Name:

SSN:



## Sign Off

If you want, you can stop for now. You can come back later to where you left off and continue working on this report. You can also review the parts you already completed and add or change information.

### To Come Back to This Report Later

1. Go to this web site: <http://www.socialsecurity.gov/childdisabilityreport>.
2. Choose "Go Back to the Report I Already Started."
3. Type in the child's Social Security Number and Reentry Number shown below.
4. You can choose to go back to the page of the report where you were when you left or to another section.

### **DO NOT Forget Your Reentry Number**

**Your Reentry Number is: .**

Do not give this number to anyone else. If you lose or forget your Reentry Number, you will have to begin this report over again and you will lose all the information you already entered. To ensure the child's privacy, no one else can have access to your Reentry Number. Social Security can help you start the process over again, but we cannot access your Reentry Number. To have a record of your Reentry Number, print or save this page, or write down the number, and keep it in a safe place.

### Time Limit

We need a signed formal application for disability benefits before we can process the child's claim. This Disability Report is NOT a formal application, but it is a required part of the claims process. After you complete this report, we will give you instructions on completing the formal application, if you have not already done so.

**The child may lose benefits if we do not receive a signed formal application within 60 days of when you first started to complete an online disability report for Supplemental Security Income (SSI).**

### Unable to Come Back?

If, for some reason, you are unable to come back to this report later, you can use any of the following ways to complete a Child Disability Report:

- Call our toll-free number, 1-800-772-1213. Explain that you are unable to use the online Child Disability Report process and ask the representative to mail you a paper Disability Report. 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.

- Go to your local Social Security office and pick up a paper form (SSA-3820).
- If you have a working printer, you may [print a paper Disability Report - Child](#) from the Internet. This form is in Portable Document Format (PDF) and requires Adobe Reader to open and print it. If you don't have Adobe Reader on your computer you can download a free copy. Use this link [to get a free copy of the Adobe Reader](#).
- If you live outside the United States, see [Service Around the World](#).

If you know now that you will not be able to return to this report, we urge you to send us electronically whatever you have already finished. We will contact you later for any missing information. To send us what you have finished:

1. Choose Return to Report below.
2. Go to the Review & Send tab at the top of that page.
3. Follow the instructions there to send us the Child Disability Report.

To print or save this page, please use your browser's Print function or Save As function.





## How the Online Child Disability Report Works

The Online Child Disability Report has four main parts:

- About the Child, Part 1,
- Education and Work, Part 2,
- Medical History, Part 3, and
- Review and Send, Part 4

We will give you instructions and examples to guide you on completing each part. At the end of each part, you will have a chance to review your answers and add or change information.

**The Online Child Disability Report does not have to be done all at once. After you fill in your contact information (on an upcoming screen), you will get a Reentry Number. You will be able to stop working on the report whenever you want, and then use this Reentry Number to come back to the section where you left off.**

When you have completed the Report, you will see a full summary of the information you entered. You can make any necessary changes and then print a copy of this summary for your records. If you do not have enough room to enter all the information you want to give us on the Report, including the Remarks block in the Review and Send Section, please write the information on a separate sheet of paper and send it to us at the address we will give you after you've completed this online Report.

### General description of how to move around in the Disability Report.

Your session will time out after 30 minutes on a page and you will lose whatever you entered on that page. Please choose a navigation button every 25 minutes to avoid losing your work on that page.

To move backward page by page in order in the report, use the Previous Page button at the bottom of the page. Do NOT use the "Back" button on your browser to move backward.

If you are navigating using only the keyboard or using an assistive device and need help, visit our [instructional page for alternative views and navigation](#). Warning: If you select this link, you will leave this secure site and go to a new browser window. You will automatically return to this page when you close the new browser window.

Under the Paperwork Reduction Act, we are required to tell you how long

we think it will take you to do this Report. We estimate that it will take you an average of 120 minutes.

[Special Instructions for Blind Users](#)



[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [Site Map](#)





## About This Internet Form

### Using Social Security Online Services

Using the online Child Disability Report gives you:

- Security and privacy for your information.
- Step by step instructions and examples to help you complete the disability report.
- A process to collect information that applies to you, similar to the interview process in a Social Security office.
- The ability to work at your own pace, stopping when you want and coming back to finish later.

To complete this report you will need:

- Internet access
- A personal computer with a Web browser that supports 128-bit encryption
- Adobe Reader - If you don't have Adobe Reader on your computer you can download a free copy. Use this link [to get a free copy of Adobe Reader](#).

### Privacy Information

The Social Security Administration has access to the information you provide on this report and is authorized to keep even partially completed reports. This is for the purpose of helping you complete the application process or update your information. If you have decided you want to continue, you can start the report now, or, if you are undecided, you may do so at a later time. For more information about completing this report online or other services provided by the Social Security Administration, please call our toll-free number shown below.

### Paperwork Reduction Act

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you an average of 120 minutes to respond, but total time required will depend upon the number of questions you need to answer.

You may send comments on our estimate of the time needed to complete the Child Disability Report to: SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

The OMB approval number for the Internet Child Disability Report is 0960-0577; expiration date 9/30/2010.

## Contacting Social Security by Phone

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.



[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [Site Map](#)



# Social Security Online Child Disability Report

www.socialsecurity.gov

Education and Work

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Education and Work: Education and Work History Introduction

In this part of the report we will ask for information about Frank Doe's education and work history:

- The child's current schools
- All schools the child attended in the last 12 months
- Any testing that was done at the schools
- Any vocational rehabilitation the child may have had
- Any work experience the child may have had

It is important that you give us as much information as you can about all of Frank Doe's schools. We need enough information to contact his or her schools for school records and other information. You do not have to contact the schools for this information.

Note: You can leave some questions blank for now and come back to them later, if necessary.

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[Contact SSA](#) | [How to Move Around This Report](#)

# Social Security Online Child Disability Report

www.socialsecurity.gov

Education and Work

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Education and Work: About Frank Doe's Education and Work History

We may contact all the schools that Frank Doe attended over the last 12 months. Schools are excellent sources of important information.

### Schools

	Yes	No
Has Frank Doe ever attended any school (including daycare, preschool, Headstart, home school, Public, Private or other educational programs)?		

### Vocational Rehabilitation

	Yes	No
Has Frank Doe received Vocational Rehabilitation or other employment support services to help him or her go to work?		

### Work History

	Yes	No
Has Frank Doe ever worked (including sheltered work)?		

Social Security Online **Child Disability Report**

www.socialsecurity.gov

Education and Work

Name:

SSN:



## Education and Work: Why Has Never Attended School

You told us earlier that has never attended school.

Too young

Please explain why he or she has never attended school.

Your answer can be no more than 1000 characters, which is about 20 lines of typing. Example: too disabled to go to school. If you need more space, continue in the Remarks section at the end of this report.

You have entered 0 characters

# Social Security Online Child Disability Report

www.socialsecurity.gov

Education and Work

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Education and Work: About Frank Doe's Schools

List the names of the schools that the child has attended over the last 12 months. If Frank Doe is not currently attending school, please list the last school attended. We will ask you for more information about these schools later.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

Is Frank Doe currently enrolled in any school?      Yes      No

### School Names and Types

List the names of the schools that Frank Doe has attended over the last 12 months.

Include daycare, preschool, Headstart, kindergarten, home school, summer school, afterschool programs, special education classes and any Public, Private or other educational programs.

Example: George Washington Elementary

1. School Name:  
School Type:



2. School Name:  
School Type:

3. School Name:  
School Type:

4. School Name:  
School Type:

5. School Name:  
School Type:

6. School Name:  
School Type:

Check here if you want to add more schools that Frank Doe has attended in the last 12 months.

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Education and Work: More About Frank Doe's Schools

List the names of the schools that the child has attended over the last 12 months. We will ask you for more information about these schools later.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

List the names of the schools that Frank Doe has attended over the last 12 months.

Include daycare, preschool, Headstart, kindergarten, home school, summer school, afterschool programs, special education classes and any Public, Private or other educational programs.

Example: George Washington Elementary

7. School Name:

School Type:

8. School Name:

School Type:

9. School Name:

School Type:

10. School Name:

School Type:

11. School Name:  
School Type:

12. School Name:  
School Type:

---

[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Education and Work: About Preschool/Daycare

Please give us as much information as possible.

School Name:

Examples: American  
Preschool; Sanders  
Daycare.

Teacher's Name:

Give the name of the  
teacher or person who  
spent the most time with  
the child, if known.  
Provide as much  
information as you know.  
Examples: Mr. Smith,  
Miss Donna

Address:

Please provide the complete address. Please do NOT use punctuation; for example, no periods or commas.

(Street Address  
1)

(Street Address  
2)

(Street Address  
3)

(City, State, ZIP)

Phone Number: (     )     -  
Extension:

Dates Attended:

If you cannot remember the exact dates, be as specific as possible. If the child is currently attending this preschool or daycare, type "present" in the "To:" space.

Examples:

06/02/2002; 06/02; June  
2002; Summer 2002

From:

To:

---

[Contact SSA](#) | [How to Move Around This Report](#)

# Social Security Online Child Disability Report

www.socialsecurity.gov

Education and Work

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Education and Work: About Golden Special Education

Please give us as much information as possible.

School Name:

Examples: George  
Washington Elementary;  
Clarksville Middle  
School; Centennial High  
School

Teacher's Name:

Give the name of the  
homeroom teacher,  
counselor, or person  
who spent the most time  
with the child, if known.  
Provide as much  
information as you know  
(i.e., Mr. Smith, Ms.  
Donna)

Address:

Please provide the complete address. Please do NOT use punctuation; for example, no periods or commas.

(Street Address  
1)

(Street Address  
2)

(Street Address  
3)

(City, State, ZIP)

Phone Number: (     )     -  
Extension:

### Dates Attended:

If you cannot remember the exact dates, be as specific as possible. Or, you may give the child's grade in school. If the child is currently attending this school, type "present" in the "To" space.

Examples: 06/02/2002;  
06/02; June 2002;  
Summer 2002; 3rd  
grade

From:

To:

### Tests and Programs

Has Frank Doe been in special education classes or resource rooms, or getting counseling, or any other services for special needs at Golden Special Education?     Yes     No     I don't know  
If yes, name of teacher or counselor:

Has Frank Doe received speech or language therapy at Golden Special Education?     Yes     No     I don't know  
If yes, name of therapist:

Has Frank Doe been tested for learning or behavioral problems at Golden Special Education?     Yes     No

### Examples:

- achievement testing
- intelligence testing
- psychological testing
- speech/language testing
- team evaluations

---

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# Social Security Online Child Disability Report

www.socialsecurity.gov

Education and Work

Name:

SSN:



## Education and Work: Learning and Behavioral Tests at

You can list up to 4 learning and behavioral tests for this school. If you cannot remember the exact dates, be as specific as possible. Or, you may give the child's grade in school. Examples: 06/02/2002; 06/02; Summer 2002; 3rd grade.

List names and the dates of the testing that has taken at :

1. Name of Test:

Date of Testing:

Examples:

- Achievement testing
- Intelligence testing
- Psychological testing
- Speech/language testing
- Team evaluations

2. Name of Test:

Date of Testing:

3. Name of Test:

Date of Testing:

4. Name of Test:

Date of Testing:

# Social Security Online Child Disability Report

www.socialsecurity.gov

Education and Work

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Education and Work: More About Frank Doe's Education History

You told us earlier that Frank Doe is currently enrolled. If this is not correct, please

What is Frank Doe's current grade in school?

Please check all schools that Frank Doe is currently attending:

- Newtown Preschool
- Midvale Headstart
- Westmore Elementary
- Algonquin Summer School
- After Five Tutoring
- Golden Special Education

[Contact SSA](#) | [How to Move Around This Report](#)

Name:

SSN:



## Education and Work: More About 's Education History

You told us earlier that is not currently enrolled. If this is not correct, please

Please explain why is not enrolled in school now:

Your answer can be no more than 1000 characters, which is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this form.

Examples:

- quit school
- expelled from school
- too disabled to go to school.

You have entered 0 characters

# Social Security Online Child Disability Report

www.socialsecurity.gov

Education and Work

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Education and Work: About Frank Doe's Vocational Rehabilitation Experience

Please complete as much information as possible.

Agency Name:

Contact Name:

(First, Last)

Address:

Please provide the complete address. Please do NOT use punctuation; for example, no periods or commas.

(Street Address

1)

(Street Address

2)

(Street Address

3)

(City,State,ZIP)

Phone Number: (     )     -

Extension:

File or Record  
Number:

List the names and dates of the tests that Frank Doe has had at this agency.

Examples:

- Achievement testing
- Intelligence testing
- Psychological testing
- Speech/language testing
- Team evaluations

1. Name of Test:

Date of Test:

2. Name of Test:

Date of Test:

3. Name of Test:

Date of Test:

4. Name of Test:

Date of Test:

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Education and Work: About Frank Doe's Job 1

You told us earlier that Frank Doe has worked (including sheltered work). Please give us information about Frank Doe's job to help us make a decision on this claim.

Employer's  
Name:

Supervisor's  
Name:

Address:

Please provide the complete address. Please do NOT use punctuation; for example, no periods or commas.

(Street Address  
1)

(Street Address  
2)

(Street Address  
3)

(City,State,ZIP)

Phone Number: (     )     -  
Extension:

Job Title:

Be as specific as possible.

Examples:

- Paper boy
- Cashier

## Dates Worked:

If you cannot remember the exact dates, be as specific as possible. If Frank Doe is currently working in this job, enter "present" in the To: space.

Examples:

06/02/2002; 06/02; June 2002; Summer 2002

From:

To:

## Describe Frank Doe's job duties.

Your answer can be no more than 1000 characters, which is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

[Examples of job duties](#)

You have entered 0 characters

## Describe any problems Frank Doe had doing this job.

Include:

- How the child worked with and related to other people
- The level of supervision or instruction the child required
- Whether or not the child completed work chores satisfactorily
- Any other work information that could pertain to the child's condition

[Examples of problems on the job](#)

Your answer can be no more than 1000 characters, which is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

You have entered 0 characters

Check here if you want to add another job that Frank Doe has done in the last 12 months.

---

[Contact SSA](#) | [How to Move Around This Report](#)



# Social Security Online Child Disability Report

www.socialsecurity.gov

Education and Work

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Summary of Frank Doe's Education and Work History

Please review this information you gave us and make sure it is complete.  
To go back to any item in the list, select Edit.

Note: To save space, this summary shows only the first 100 characters of the descriptions you gave us on the prior pages. However, everything you told us will be included in this report when you transmit it to Social Security.

### About Frank Doe's Education Status

#### Education History

Has attended school

#### Current Education Status

Is currently enrolled in school.

You did not select the current grade.

You did not select any schools.

Schools

### About Preschool/Daycare at Newtown Preschool

Newtown Preschool

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

### About Midvale Headstart

Midvale Headstart

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

### Testing at Midvale Headstart

Has been tested for learning and behavioral problems at Midvale Headstart.

Name: IQ testing

Date: January 2003

### About Westmore Elementary

Westmore Elementary

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

### Testing at Westmore Elementary

Has been tested for learning and behavioral problems at Westmore Elementary.

Name: IQ testing

Date: January 2003

#### About Algonquin Summer School

Algonquin Summer School

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

#### Testing at Algonquin Summer School

Has been tested for learning and behavioral problems at Algonquin Summer School.

Name: IQ testing

Date: January 2003

#### About After Five Tutoring

After Five Tutoring

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

#### Testing at After Five Tutoring

Has been tested for learning and behavioral problems at After Five Tutoring.

Name: IQ testing

Date: January 2003

#### About Golden Special Education

Golden Special Education

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

#### Testing at Golden Special Education

Has been tested for learning and behavioral problems at Golden Special Education.

Name: IQ testing

Date: January 2003

---

#### About Frank Doe's Vocational Rehabilitation Experience

Has had vocational rehabilitation or other employment support services to help him or her go to work.

#### Vocational Rehabilitation History

Voc Rehab Organization

Tests and Services Received:

Reading Comprehension, January 2003

You did not enter the city/state/zip for this agency.

Baltimore, MD

---

#### About Frank Doe's Jobs

Has had work experience.

#### Job 1

Employer Name

You did not enter the supervisor's name

You did not enter the address for this job.

Baltimore,

From: "No Date Entered" to: "No Date Entered"  
You did not enter Frank Doe's job duties.  
You did not enter Frank Doe's problems in  
performing his/her job.

---

[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Education and Work: End of Part 2

You have now completed Part 2 of the report.

If you want to add to or change this information later, you can select the "Education and Work" tab at the top to come back to it.

### If You Continue

The next part of the report will ask about the child's medical history, including the child's doctors, hospitals, medicines, and medical tests.

### If You Want to Stop

If you want to stop and come back to this later, you can do so at any time by selecting "Sign Off" at the top left corner of the page. Signing off makes sure that the information you have entered has been saved, and protects the child's confidentiality by requiring that you sign on again with your reentry number when you are ready to continue.

### If You've Done All That You Can

When you feel you've done all you can in all sections of the report, you can go to the Review and Send section of this report using the button at the upper right corner.

# Overview of Pages in i3820

These screenshots were generated on 4/7/2009 around 8:23 a.m.

Screen Number	Screen Name
<b>Section: Entry and Exit</b>	
<a href="#">ee001</a>	<a href="#">Welcome</a>
<a href="#">ee008</a>	<a href="#">About this Internet Form</a>
<a href="#">ee002</a>	<a href="#">What You Will Need</a>
<a href="#">ee007</a>	<a href="#">How The Online Child Disability Report Works</a>
<a href="#">ee004</a>	<a href="#">Should You Complete This Report</a>
<a href="#">ee005</a>	<a href="#">Go Ahead</a>
<a href="#">ee006</a>	<a href="#">Sign Off</a>
<a href="#">ee003</a>	<a href="#">Welcome Back</a>
<b>Section: About the Child</b>	
<a href="#">ac001</a>	<a href="#">Information About You</a>
<a href="#">ac003</a>	<a href="#">Print Your Reentry Number</a>
<a href="#">ac002</a>	<a href="#">Someone We Can Contact Who Speaks and Understands English</a>
<a href="#">ac004</a>	<a href="#">Information About [Child Name]</a>
<a href="#">ac006</a>	<a href="#">Adult Who Lives With [Child Name] (conditional)</a>
<a href="#">ac005</a>	<a href="#">Custodian or Legal Guardian (conditional)</a>
<a href="#">ac007</a>	<a href="#">Adult Who Helps Care For [Child Name] (conditional)</a>
<a href="#">ac008</a>	<a href="#">About [Child Name] Illnesses, Injuries, or Conditions</a>
<a href="#">ac009</a>	<a href="#">Describe the Effects of [Child Name] Condition on Daily Activities</a>
<a href="#">ac010</a>	<a href="#">About [Child Name]: Summary</a>
<a href="#">ac011</a>	<a href="#">End of Part 1</a>
<b>Section: Education and Work</b>	
<a href="#">ew001</a>	<a href="#">Education and Work History Introduction</a>
<a href="#">ew002</a>	<a href="#">About [Child Name] Education and Work History</a>
<a href="#">ew003</a>	<a href="#">Why [Child Name] Has Never Attended School (conditional)</a>
<a href="#">ew004a</a>	<a href="#">About [Child Name] Schools</a>
<a href="#">ew004b</a>	<a href="#">More About [Child Name] Schools (conditional)</a>
<a href="#">ew006</a>	<a href="#">About Preschool/Daycare (conditional)</a>
<a href="#">ew007a</a>	<a href="#">About [School Name] (conditional)</a>
<a href="#">ew007b</a>	<a href="#">Learning and Behavioral Tests at [School Name] (conditional)</a>
<a href="#">ew008a</a>	<a href="#">More About [Child Name] Education History 1 (conditional)</a>
<a href="#">ew008b</a>	<a href="#">More About [Child Name] Education History 2 (conditional)</a>
<a href="#">ew009</a>	<a href="#">About [Child Name] Vocational Rehabilitation Experience (conditional)</a>
<a href="#">ew010</a>	<a href="#">About [Child Name] Job (conditional)</a>

<a href="#">ew011</a>	<a href="#">Summary of [Child Name] Education and Work History</a>
<a href="#">ew012</a>	<a href="#">End of Part 2</a>
<b>Section: Medical History</b>	
<a href="#">mh001</a>	<a href="#">Medical History Introduction</a>
<a href="#">mh002a</a>	<a href="#">About [Child Name] Doctors and Other Medical Professionals (conditional)</a>
<a href="#">mh002b</a>	<a href="#">More Doctors and Other Medical Professionals 1 (conditional)</a>
<a href="#">mh002c</a>	<a href="#">More Doctors and Other Medical Professionals 2 (conditional)</a>
<a href="#">mh003</a>	<a href="#">More About [Doctor Name] (conditional)</a>
<a href="#">mh004a</a>	<a href="#">About [Child Name] Hospitals or Clinics (conditional)</a>
<a href="#">mh004b</a>	<a href="#">More Hospitals or Clinics (conditional)</a>
<a href="#">mh005</a>	<a href="#">About [Hospital Name] (conditional)</a>
<a href="#">mh006a</a>	<a href="#">Dates of Visits to [Hospital Name] (Inpatient) (conditional)</a>
<a href="#">mh006b</a>	<a href="#">Dates of Visits to [Hospital Name] (Outpatient) (conditional)</a>
<a href="#">mh006c</a>	<a href="#">Dates of Visits to [Hospital Name] (Emergency Room) (conditional)</a>
<a href="#">mh007</a>	<a href="#">About [Child Name] Visits to [Hospital Name] (conditional)</a>
<a href="#">mh008a</a>	<a href="#">About [Child Name] Medicines (conditional)</a>
<a href="#">mh008b</a>	<a href="#">More of [Child Name] Medicines (conditional)</a>
<a href="#">mh009</a>	<a href="#">About [Medicine Name] (conditional)</a>
<a href="#">mh010</a>	<a href="#">About [Child Name] Medical Tests (conditional)</a>
<a href="#">mh011</a>	<a href="#">More About [Test Name] (conditional)</a>
<a href="#">mh012</a>	<a href="#">Additional Testing or Examination (conditional)</a>
<a href="#">mh013</a>	<a href="#">About Testing at Headstart (conditional)</a>
<a href="#">mh014</a>	<a href="#">About Testing at Public or Community Health Dept. (conditional)</a>
<a href="#">mh015</a>	<a href="#">About Testing at Child Welfare or Social Service Agency (conditional)</a>
<a href="#">mh016</a>	<a href="#">About Testing at Women, Infants and Children (WIC) Program (conditional)</a>
<a href="#">mh017</a>	<a href="#">About Testing at Program for Children with Special Health Care Needs (conditional)</a>
<a href="#">mh018</a>	<a href="#">About Testing at Mental Health/Mental Retardation Center (conditional)</a>
<a href="#">mh019</a>	<a href="#">Other Medical Records</a>
<a href="#">mh020</a>	<a href="#">About [Child Name] Tutor Records (conditional)</a>
<a href="#">mh021</a>	<a href="#">About [Child Name] Medical Records at Workers Compensation (conditional)</a>
<a href="#">mh022</a>	<a href="#">About [Child Name] Counselor Records (conditional)</a>
<a href="#">mh023</a>	<a href="#">About [Child Name] Medical Records at a Detention Center (conditional)</a>
<a href="#">mh024</a>	<a href="#">About [Child Name] Medical Records at an Insurance Company (conditional)</a>
<a href="#">mh025</a>	<a href="#">About [Child Name] Attorney/Lawyer Records (conditional)</a>
<a href="#">mh026</a>	<a href="#">About [Child Name] Medical Records at Another Place (conditional)</a>
<a href="#">mh027</a>	<a href="#">Other Information</a>
<a href="#">mh028</a>	<a href="#">Other Names (conditional)</a>
<a href="#">mh029</a>	<a href="#">Summary of [Child Name] Medical History</a>
<a href="#">mh030</a>	<a href="#">End of Part 3</a>
<b>Section: Review and Send</b>	

<a href="#">rs001</a>	<a href="#">Summary for [Child Name]</a>
<a href="#">rs002</a>	<a href="#">Additional Remarks</a>
<a href="#">rs004</a>	<a href="#">Printer</a>
<a href="#">rs005</a>	<a href="#">Print Coversheet</a>
<a href="#">rs006</a>	<a href="#">Print the Medical Release Forms</a>
<a href="#">rs003</a>	<a href="#">Send this Report</a>
<a href="#">rs007</a>	<a href="#">Confirmation</a>
<a href="#">rs008</a>	<a href="#">Survey</a>
<b>Section: Messages</b>	
<a href="#">msg007</a>	<a href="#">A Child Filing for Yourself</a>
<a href="#">msg050</a>	<a href="#">Change Your Answer</a>
<a href="#">msg010</a>	<a href="#">Check the Information You Entered **</a>
<a href="#">msg016</a>	<a href="#">Check the Social Security Number You Entered</a>
<a href="#">msg019</a>	<a href="#">Child Disability Report Already Received</a>
<a href="#">msg012</a>	<a href="#">Child May Not Be Disabled Under Our Rules</a>
<a href="#">msg055</a>	<a href="#">Descriptions of Medical Tests</a>
<a href="#">msg054</a>	<a href="#">Examples of Condition Descriptions</a>
<a href="#">msg056</a>	<a href="#">Examples of Job Duties and Problems on the Job</a>
<a href="#">msg045</a>	<a href="#">Hours of Operation</a>
<a href="#">msg002</a>	<a href="#">How the Child Disability Application Process Works</a>
<a href="#">msg023</a>	<a href="#">How the Online Disability Report Works</a>
<a href="#">msg060</a>	<a href="#">How to Complete the Medical Release Form</a>
<a href="#">msg022</a>	<a href="#">How to Move Around in the Child Disability Report</a>
<a href="#">msg004</a>	<a href="#">Internet Security Policy</a>
<a href="#">msg034</a>	<a href="#">Limit on the Number of Tries to Start the Child Disability Report</a>
<a href="#">msg031</a>	<a href="#">Limit the Number of New Reports Started</a>
<a href="#">msg047</a>	<a href="#">Please Confirm (Change of Answer)</a>
<a href="#">msg033</a>	<a href="#">Please confirm (Deletion)</a>
<a href="#">msg037</a>	<a href="#">Please confirm (Hospital Delete1)</a>
<a href="#">msg038</a>	<a href="#">Please confirm (Hospital Delete 2)</a>
<a href="#">msg013</a>	<a href="#">Prior Application Denied Less Than 60 Days</a>
<a href="#">msg014</a>	<a href="#">Prior Application Denied More Than 60 Days</a>
<a href="#">msg017</a>	<a href="#">Sign-In Problem</a>
<a href="#">msg001</a>	<a href="#">Social Security's Definition of Disability for Children Applying for SSI</a>
<a href="#">msg024</a>	<a href="#">Special Instructions for Users Who Are Blind</a>
<a href="#">msg020</a>	<a href="#">SSI Benefits for Children with Disabilities</a>
<a href="#">msg021</a>	<a href="#">The Child Does Not Have a Social Security Number</a>
<a href="#">msg018</a>	<a href="#">There is a pending report for this Social Security Number</a>
<a href="#">msg006</a>	<a href="#">This Form is Only for Persons Under Age 18</a>
<a href="#">msg028</a>	<a href="#">This service is not available at this time (off hours)</a>

<a href="#">msg030</a>	<a href="#">We are processing your request</a>
<a href="#">msg044</a>	<a href="#">We Cannot Match Your ZIP Code</a>
<a href="#">msg026</a>	<a href="#">We Cannot Process Your Request (Death or Celebrity) **</a>
<a href="#">msg027</a>	<a href="#">We Cannot Process Your Request At This Time (Systems Failure)</a>
<a href="#">msg035</a>	<a href="#">You have entered a new doctor</a>
<a href="#">msg039</a>	<a href="#">You have entered a new hospital or clinic</a>
<a href="#">msg029</a>	<a href="#">You have reached the limit on the number of requests to enter the Child Disability Report</a>
<a href="#">msg008</a>	<a href="#">You or the child do not live in the United States</a>
<a href="#">msg025</a>	<a href="#">Your Session has Expired</a>



Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: Medical History Introduction

In this part of the report, we will ask for information about Frank Doe's medical history for the past 12 months.

- Doctors and other medical professionals Frank Doe has seen for his or her conditions or is scheduled to see
- Hospitals or clinics where Frank Doe has received treatment
- Medicines that Frank Doe is currently taking
- Tests that Frank Doe had or will have
- Other people or places that may have medical records

We need enough information so that we can get all of Frank Doe's medical records. It is important that you give us the names, addresses, and dates of treatment for all of the doctors and hospitals. You do not have to contact the doctors to get this information; just give us as much information as you have.

Note: You can leave some information blank for now and come back to it later, if necessary.

Name: **Frank Doe**SSN: **xxx-xx-4170**

## Medical History: About Frank Doe's Doctors and Other Medical Professionals

List all the doctors and other medical professionals Frank Doe has seen for his or her condition for at least the last year. Start with the doctor who is most familiar with Frank Doe's condition. Include: physicians, psychologists, optometrists, nurse practitioners, therapists, chiropractors, speech and language pathologists, acupuncturists, etc.

- If Frank Doe has seen several medical professionals, list each of them on a separate line.
- If Frank Doe has been an inpatient or outpatient at a hospital or clinic, do not list staff doctors. We will ask about them later.

We will ask you for more information about each of these people later. If necessary, you can leave some things blank for now and come back to them later.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

What medical professionals have seen Frank Doe for his or her condition?  
If none, select the continue button.

(First Name, Last  
Name)

Include physicians,  
psychologists,  
optometrists, nurse  
practitioners, therapists,  
chiropractors,  
acupuncturists, etc. You  
can check current  
medicine bottles for  
doctors' names.

Examples: Dr. Melissa  
Scott; Mr. Don Camp

2. Dr.

3. Dr.

4. Dr.

5. Dr.

6. Dr.

7. Dr.

8. Dr.

9. Dr.

10. Dr.

Check here if you want to add more doctors or medical professionals for Frank Doe.

# Social Security Online Child Disability Report

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Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: More Doctors and Other Medical Professionals

Please list more of the doctors and other medical professionals who have treated Frank Doe.

You can list up to 30 medical professionals in this section. We will ask you for more information about each of these people later.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

List additional doctors or medical professionals Frank Doe has seen for his or her conditions:

(First Name, Last Name)

11. Dr.

12. Dr.

13. Dr.

14. Dr.

15. Dr.

16. Dr.

17. Dr.

18. Dr.

19. Dr.

20. Dr.

Check here if you want to add more doctors or medical professionals for Frank Doe.

---

[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: More Doctors and Other Medical Professionals

Please list more of the doctors and other medical professionals who have treated Frank Doe.

You can list up to 30 medical professionals in this section. We will ask you for more information about each of these people later.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

List additional doctors or medical professionals Frank Doe has seen for his or her conditions:

(First Name, Last Name)

21. Dr.

22. Dr.

23. Dr.

24. Dr.

25. Dr.

26. Dr.

27. Dr.

28. Dr.

29. Dr.

30. Dr.

---

[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
 SSN: **xxx-xx-4170**



## Medical History: More About **Dr Marcus Wellby**

Please give us enough information to contact Dr Marcus Wellby. If you do not have all the information, give us as much as you can. Missing or incomplete information can delay or prevent us from getting Frank Doe's records.

Doctor's Name: Dr.

HMO, Clinic, or  
Office Name:

(If applicable)

Address:

Check the phone book, the child's appointment card, or billing statement for the address. Please include the ZIP Code, since it helps us contact the child's doctor more quickly. Please do NOT use any punctuation; for example, no periods or commas.

(Street Address  
1)

(Street Address  
2)

(Street Address  
3)

(City, State, ZIP)

Phone Number: (     )     -  
 Extension:

What has Frank  
Doe been seeing  
Dr Marcus Wellby  
for?

Include as much detail  
as possible. We will ask



for more details about medicines and tests later.

Examples:

- The child goes regularly to get his/her blood monitored.
- In April 2002, the child had a seizure and was referred to a specialist.
- Last month, the child developed an infection.

Your answer can be no more than 1000 characters, which is about 20 lines of typing.

You have entered 0 characters

What treatments did Frank Doe receive from Dr Marcus Wellby?

Examples:

- The child had physical therapy weekly for three months after surgery.
- The child attends counseling sessions three times a week.
- The child had heat treatments

and massage for  
muscle spasms.

Your answer can be no  
more than 1000  
characters, which is  
about 20 lines of typing.

You have entered 0  
characters

Dates of Visits to Dr Marcus Wellby:

If you can't remember the exact dates, try to give us approximate dates.  
Examples: 12-20-01, Dec. 2002, last winter

When did Frank Doe  
first go?

When did Frank Doe  
last go?

When is Frank  
Doe's next  
appointment?

If not scheduled, enter  
None.

Chart, HMO, or  
Patient Number:

(If known)

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Hospitals or Clinics

Please list each hospital or clinic where Frank Doe has been treated for any physical, mental, or emotional conditions related to his or her disability. If there are several, list each of them on a separate line. We will ask you for more information about each of them later.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

List all hospitals, clinics, or other places where Frank Doe has been treated.

Include places other than doctors' offices where the child went for treatments, tests, surgery, or emergency room visits.

Examples: University Hospital, Mayo Clinic, Radiology Associates Inc.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Check here if you want to add more hospitals or clinics where Frank Doe has been treated.

---

[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Medical History: More Hospitals or Clinics

Please list more of the hospitals, clinics or other places where Frank Doe has been treated for any physical, mental, or emotional conditions related to his or her disability.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

At what hospitals, clinics, or other places has Frank Doe been treated?

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Medical History: About Bayview

Please fill in all the information you can about Frank Doe's visits to Bayview. We need full information so we can request the child's medical records. If necessary, you can leave some things blank for now and come back to them later.

Note: If you want to delete this hospital after you have given us dates on the following pages, you must first delete the page(s) where you have entered dates.

Hospital or Clinic  
Name:

Address:

Check the phone book, your appointment card, or your billing statement for the address. Please include the Zip code, since this helps us to contact the hospital more quickly. Please do NOT use punctuation; for example, no periods or commas.

(Street Address  
1)

(Street Address  
2)

(Street Address  
3)

(City, State, ZIP)

Phone Number: (     )     -

We need a phone  
number in case we need  
to call this hospital or  
clinic.

Extension:

Hospital/Clinic  
Record#:

(if known)

This is your patient number, not your billing number.

What doctors did Frank Doe see on a regular basis in this hospital or clinic?

List the first and last name of each doctor, if possible. Provide as much information as you can.

Example: Dr. Jas Linder, Dr. Brenda Battle, Dr. Taylor, and Dr. Degler

Your answer can be no more than 1000 characters, which is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

You have entered 0 characters

What type of visits did Frank Doe have at this hospital or clinic?

Inpatient Stay:            Yes    No

Stayed over at least one night.

Outpatient Stay or Appointment:            Yes    No

Went home the same day.

Emergency Room (ER):            Yes    No

Went to ER and then went home.

---

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# Social Security Online Child Disability Report

www.socialsecurity.gov

Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: Dates of Inpatient Visits to Bayview

Please tell us when Frank Doe went to Bayview for treatment or to see a doctor.

When did Frank Doe go to Bayview for inpatient (overnight) stays?

If you can't remember the exact dates, try to give us approximate dates, including year.

Most recent  
overnight stay at  
Bayview

From:

To:

Next most recent  
overnight stay at  
Bayview

From:

To:

Third most recent  
overnight stay at  
Bayview

From:

To:

Social Security Online **Child Disability Report**

www.socialsecurity.gov

Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: Dates of Outpatient Visits to Bayview

Please tell us when Frank Doe went to Bayview for treatment or to see a doctor.

When did Frank Doe go to Bayview for outpatient visits?

If you can't remember the exact dates, try to give us approximate dates, including year.

Date of most recent  
outpatient visit at  
Bayview

Date of first  
outpatient visit at  
Bayview

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: Dates of Emergency Room Visits to Bayview

Please tell us when Frank Doe went to the Emergency Room (and home the same day) at Bayview.

When did Frank Doe go to the Emergency Room (and home the same day) at Bayview?

Please list all dates as closely as you can remember, including year, starting with the most recent.

Examples (separate each date with commas): 11/17/03, 11/3/03, 10/7/03

Your answer can be no more than 60 characters.

You have entered 0 characters

Name: **Frank Doe**SSN: **xxx-xx-4170**

## Medical History: About Frank Doe's Visits at Bayview

Please explain why Frank Doe went and what treatment(s) Frank Doe received during each visit to Bayview. We will ask about tests and medicines later. Be sure to answer these questions for the following visits:

- Inpatient stays:
  - From January 3, 2003 to January 7, 2003
  - From to
  - From to
- Outpatient visits between and February 13, 2003.
- Emergency room visits on March 20, 2003
- Any additional visits not listed here.

Note: If you want to delete this hospital after you have given us dates on the prior pages, you must first delete the page(s) where you have entered dates.

Your answer can be no more than 1000 characters, which is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

Tell us the reason for each visit to Bayview.

Examples:

- Had 30 outpatient visits between March 2004 and the present for his cancer.
- Needed monthly blood transfusions as outpatient every month for the past year.
- Had surgery on

June 20, 2002  
and stayed in the  
hospital for a  
week because he  
developed an  
infection.

- Went to ER on  
October 13, 2002  
because she was  
nauseated, dizzy,  
and running a  
high fever.
- Spent the summer  
of 2002 in the  
hospital for third  
degree burns.

You have entered 0  
characters

Tell us what  
treatments Frank  
Doe received for  
each visit to  
Bayview.

Include the location  
within the hospital if  
possible.

Examples:

- Physical therapy  
at the Rehab  
Clinic from Jan.-  
March 2003.
- Knee surgery on  
March 29, 2003.
- Chemotherapy at  
the Oncology  
Clinic weekly  
since Jan. 2003.
- Needed 30  
stitches on Sept.  
14, 2002.

You have entered 0  
characters

When is the child's next appointment at Bayview?

If not scheduled, enter None. Please give us the exact date if known.  
Examples: 1-19-04, 1/19/2004, Jan. 2004

**Deleting the data on this page is not allowed because you gave us more information about this on another page.**

---

[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Medicines

Please list all prescription and non-prescription (over-the-counter) medicines that Frank Doe now takes for his or her conditions, including herbal remedies. We will ask for more information about each of them later.

What prescription and over-the-counter medicines does Frank Doe currently take?

Copy the name directly from the medicine container, if you have it.  
Examples:

- Ritalin
- Albuterol
- Insulin
- Aspirin
- Tylenol
- Melatonin

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

[Check here to add more medicines for Frank Doe](#)

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: More of Frank Doe's Medicines

Please list all prescription and non-prescription (over-the-counter) medicines that Frank Doe now takes for his or her conditions, including herbal remedies. We will ask for more information about each of them later.

What prescription and over-the-counter medicines does Frank Doe currently take?

Copy the name directly from the medicine container, if you have it.

16.

17.

18.

19.

20.

21.

22.

23.

24.

25.

26.

27.



28.

29.

30.

If Frank Doe has more medicines than this, please include them in the remarks section at the end of this report.

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Medical History: About Medicine Fifteen

Please tell us about this medicine. Try to give us enough information to understand your condition and how the medicine affects it. If you do not have all the information, give us as much as you can.

Each answer can be no more than 1000 characters, which is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

Medicine Name:

What doctor, if any, told you to take this medicine?

Other: (Title, First Name, Last Name)  
Dr.

(If a doctor did not tell you to take this medicine, leave this question blank.) If the doctor's name is not in the list, type it in the space marked "Other" below the list. If you are not sure which doctor told you to take it or do not remember the doctor's name, leave the space blank.

Why does Frank Doe take this medicine?

Examples:

- To calm him down so that he can behave in school.
- To regulate her blood sugar.
- To stop the pain.

You have entered 0 characters

What side effects does Frank Doe have, if any?

Do not include side effects on the medicine label if the child has not experienced them. Include physical or mental effects and allergic reactions.

Examples:

- Makes her so tired she can't do anything.
- Makes her sick to her stomach.
- Causes diarrhea.

You have entered 0 characters

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Medical Tests

This is a list of common medical tests. Please select all of the tests Frank Doe has had or expects to have. Include tests Frank Doe has had once and those he or she has had many times. If Frank Doe had a test that is not in the list, please fill in the name of the test in the space provided. We will ask for more information about each test later.

Select the tests Frank Doe had or expects to have:

If you're not sure, select the test name to get a description of the test.

- [Speech/Language Test](#)
- [Hearing Test](#)
- [Vision Test](#)
- [IQ Test](#)
- [EKG \(heart test\)](#)
- [Treadmill \(exercise test\)](#)
- [Cardiac Catheterization](#)
- [Biopsy](#)
- [EEG \(brain wave test\)](#)
- [HIV test](#)
- [Blood test \(not HIV\)](#)
- [Breathing test](#)
- [X-Ray](#)
- [MRI/CT Scan](#)

Are there any other tests Frank Doe had or will have?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

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Social Security Online **Child Disability Report**

www.socialsecurity.gov

Medical History

Name: **Frank Doe**  
 SSN: **xxx-xx-4170**



Medical History: More About Other Test

Please tell us about the most recent time Frank Doe had or expects to have this medical test. Try to give us enough information to request the test results. If you do not have all the information, give us as much as you can.

Name of Test: Other Test (2 of 2)

When was or will this test be done?

If you cannot give us the exact date, be as specific as possible.  
 Examples: 10/30/2002, October 2002, fall 2002

Where was or where will it be done? Unknown

(Choose one)  
 If the place is not in the list, please include it in the remarks section at the end of the report.

Who sent Frank Doe for this test? Other: (Title, First Name, Last Name)

If the doctor's name is not in the list, enter it in the space provided below the list.  
 Dr.  
 Unknown

Check here to add another Other Test for Frank Doe.



Social Security Online **Child Disability Report**

www.socialsecurity.gov

Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: Additional Sources of Testing or Examination

Has Frank Doe been tested or examined by any of the following?

Headstart (Title V)	Yes	No	I don't know
---------------------	-----	----	--------------

Public or Community Health Department	Yes	No	I don't know
---------------------------------------	-----	----	--------------

Child Welfare or Social Service Agency or WIC	Yes	No	I don't know
---	-----	----	--------------

Early Intervention Services	Yes	No	I don't know
-----------------------------	-----	----	--------------

Program for Children with Special Health Care Needs	Yes	No	I don't know
---	-----	----	--------------

Mental Health/Mental Retardation Center	Yes	No	I don't know
---	-----	----	--------------



Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Medical Testing at Headstart

Please fill in as much information as you can so that we may obtain Frank Doe's complete records. Headstart may have important information to help Frank Doe's case, and they may also help us find other medical records. Do not include any learning and behavioral tests that you already listed in the schools section for this place.

Name of Headstart Program:

If you don't know the exact name, tell us as closely as you remember.

Example: Headstart at East Baltimore Elementary

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. Please do NOT use punctuation; for example, no periods or commas.

Example: "On Main St next to the Courthouse"

(Street Address

1)

(Street Address

2)

(Street Address

3)

(City, State, ZIP)

Phone Number: (     )     -

Extension:

File or Record  
Number:

Tests at this Headstart School:

Please list all types of tests Frank Doe had at this Headstart school. If you cannot remember the specific dates, be as specific as possible.

Examples: 06/02/2002; 06/02; June 2002; Summer 2002.

Test 1:                      Test type:

Date:

Examples: vision test,  
hearing test, motor skills  
test

Test 2:                      Test type:

Date:

Test 3:                      Test type:

Date:

Test 4:                      Test type:

Date:

Check here to add another Headstart school for Frank Doe

# Social Security Online **Child Disability Report**

www.socialsecurity.gov

Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Testing at a Public or Community Health Department

Please fill in as much information as you can so that we may obtain Frank Doe's complete records. The Health Department may have important information to help Frank Doe's case, and they may also help us find other medical records.

Name of Health Department:

If you don't know the exact name, tell us as closely as you remember.

Example: Howard County Health Department

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. Please do NOT use punctuation; for example, no periods or commas.

Example: "On Main St next to the Courthouse"

(Street Address

1)

(Street Address

2)

(Street Address

3)

(City, State, ZIP)

Phone Number: (     )     -

Extension:

File or Record

Number:

Tests at this Health Department:

Please list all types of tests Frank Doe had at this Public or Community Health Department. If you cannot remember the specific dates, be as specific as possible. Grades are OK if you cannot remember exact dates.

Examples: 06/02/2002; 06/02; June 2002; Summer 2002; 3rd grade.

Test 1: Test type:

Date:

Examples: vision test,  
hearing test, motor skills  
test

Test 2: Test type:

Date:

Test 3: Test type:

Date:

Test 4: Test type:

Date:

Check here if you want to add another public or community health department where Frank Doe was tested.

# Social Security Online **Child Disability Report**

[www.socialsecurity.gov](http://www.socialsecurity.gov)

Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Testing at a Child Welfare or Social Service Agency

Please fill in as much information as you can so that we may obtain Frank Doe's complete records. The Child Welfare or Social Service Agency may have important information to help Frank Doe's case, and they may also help us find other medical records.

Name of Agency:

If you don't know the exact name, tell us as closely as you remember.

Example: Howard County Social Services

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. Please do NOT use punctuation; for example, no periods or commas.

Example: "On Main St next to the Courthouse"

(Street Address

1)

(Street Address

2)

(Street Address

3)

(City, State, ZIP)

Phone Number: (     )     -

Extension:

File or Record Number:

## Tests at this Child Welfare or Social Service Agency:

Please list all types of tests Frank Doe had at this Child Welfare or Social Service Agency. If you cannot remember the exact dates, be as specific as possible. Grades are OK if you cannot remember exact dates.

Examples: 06/02/2002; 06/02; June 2002; Summer 2002; 3rd grade.

Test 1:                      Test type:

Date:

Examples: vision test,  
hearing test, motor skills  
test

Test 2:                      Test type:

Date:

Test 3:                      Test type:

Date:

Test 4:                      Test type:

Date:

Check here if you want to add another Child Welfare or Social Service Agency where Frank Doe was tested.

# Social Security Online **Child Disability Report**

www.socialsecurity.gov

Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Testing at a Women, Infants and Children (WIC) Program

Please fill in as much information as you can so that we may obtain Frank Doe's complete records. The WIC Program may have important information to help Frank Doe's case, and they may also help us find other medical records.

Name of WIC Program:

If you don't know the exact name, tell us as closely as you remember.

Example: WIC of Montgomery County Maryland

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. Please do NOT use punctuation; for example, no periods or commas.

Example: "On Main St next to the Courthouse"

(Street Address

1)

(Street Address

2)

(Street Address

3)

(City, State, ZIP)

Phone Number: (     )     -

Extension:

File or Record

Number:

Tests at this WIC Program:

Please list all types of tests Frank Doe had at this WIC Program. If you cannot remember the exact dates, be as specific as possible. Grades are OK if you cannot remember exact dates.

Examples: 06/02/2002; 06/02; June 2002; Summer 2002; 3rd grade.

Test 1: Test type:

Date:

Examples: vision test,  
hearing test, motor skills  
test

Test 2: Test type:

Date:

Test 3: Test type:

Date:

Test 4: Test type:

Date:

Check here if you want to add another WIC Program where Frank Doe was tested.



# Social Security Online Child Disability Report

www.socialsecurity.gov

Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Testing at a Program for Children with Special Health Care Needs

Please fill in as much information as you can so that we may obtain Frank Doe's complete records. The Program may have important information to help Frank Doe's case, and they may also help us find other medical records.

Name of Program:

If you don't know the exact name, tell us as closely as you remember.

Example: Cerebral Palsy  
Association of Kings  
County

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. Please do NOT use punctuation; for example, no periods or commas.

Example: "On Main St next to the Courthouse"

(Street Address

1)

(Street Address

2)

(Street Address

3)

(City, State, ZIP)

Phone Number: (     )     -

Extension:

File or Record

Number:

Tests at this Program:

Please list all types of tests Frank Doe had at this Program. If you cannot remember the exact dates, be as specific as possible. Grades are OK if you cannot remember exact dates.

Examples: 06/02/2002; 06/02; June 2002; Summer 2002; 3rd grade.

Test 1: Test type:

Date:

Examples: vision test,  
hearing test, motor skills  
test

Test 2: Test type:

Date:

Test 3: Test type:

Date:

Test 4: Test type:

Date:

Check here if you want to add another Program for Children with Special Health Care Needs where Frank Doe was tested.

# Social Security Online **Child Disability Report**

[www.socialsecurity.gov](http://www.socialsecurity.gov)

Medical History

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Testing at a Mental Health or Mental Retardation Center

Please fill in as much information as you can so that we may obtain Frank Doe's complete records. The Mental Health or Mental Retardation Center may have important information to help Frank Doe's case, and they may also help us find other medical records.

Name of Mental Health or Mental Retardation Center:

If you don't know the exact name, tell us as closely as you remember.

Example: Bay County Association for Retarded Citizens

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. Please do NOT use punctuation; for example, no periods or commas.

Example: "On Main St next to the Courthouse"

(Street Address

1)

(Street Address

2)

(Street Address

3)

(City, State, ZIP)

Phone Number: (     )     -

Extension:

File or Record  
Number:

Tests at this Mental Health or Mental Retardation Center:

Please list all types of tests Frank Doe had at this Mental Health or Mental Retardation Center. If you cannot remember the exact dates, be as specific as possible. Grades are OK if you cannot remember exact dates.

Examples: 06/02/2002; 06/02; June 2002; Summer 2002; 3rd grade.

Test 1: Test type:

Date:

Examples: vision test,  
hearing test, motor skills  
test

Test 2: Test type:

Date:

Test 3: Test type:

Date:

Test 4: Test type:

Date:

Check here if you want to add another Mental Health or Mental Retardation Center where Frank Doe was tested.

Social Security Online **Child Disability Report**

www.socialsecurity.gov

Medical History

Name: **Frank Doe**  
 SSN: **xxx-xx-4170**



## Medical History: Other Medical Records

Although this does not apply to everyone, some people may have relevant medical records in other places. These other records may contain important information that we need to consider in evaluating Frank Doe's disability application.

Note: Do not repeat any places you already told us about in this form (i.e., doctors' offices or hospitals).

Have you received services from other organizations that would have your medical records?	Yes	No
---	-----	----

Does anyone else have medical records or information about Frank Doe's illnesses, injuries or conditions (foster parents, social workers, counselors, tutors, school nurses, detention centers, attorneys, insurance companies, and/or worker's compensation), or is scheduled to see anyone else?	Yes	No
--	-----	----

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Medical History: About Frank Doe's Medical Records at Another Place

You told us that another place has some of the child's medical records. Those records may have important information about the child's condition and could help us find other medical records. Please fill in as much information as you can so that we may obtain the child's complete records.

Name of Place:

Contact Name:

(First, Last)

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. Please do NOT use punctuation; for example, no periods or commas.

Example: "On Main St next to the Courthouse"

(Street Address

1)

(Street Address

2)

(Street Address

3)

(City, State, ZIP)

Phone Number: (     )     -

Extension:

When did the child first go?

If you cannot remember the exact dates, be as specific as possible.

Examples: 12/1/2002,  
February 2003, Winter  
2003

When did the  
child last go?

When is the  
child's next  
appointment?

If not scheduled, enter  
None.

Case Number:

(if any)

Reasons for  
Visits or  
Services:

Include as much  
information as possible  
about the reasons for  
Frank Doe's visits.  
Your answer can be no  
more than 1000  
characters, which is  
about 20 lines of typing.  
If you need more space,  
continue in the Remarks  
section at the end of this  
report.

You have entered 0  
characters

Check here if you want to add another place that has records for Frank Doe

Name: **Frank Doe**  
 SSN: **xxx-xx-4170**



## Medical History: Other Information

Please answer a few last questions about Frank Doe's medical and school history.

Are there other name(s) that might be on Frank Doe's medical or school records?

Yes      No

Examples: birth name, adopted name, nickname

Does Frank Doe have a medical assistance or Medicaid card issued by the state?

Yes      No

This number can help us get all Frank Doe's medical records promptly. If yes, please provide the number if you can.

### Height and Weight:

Frank Doe's height and weight are important to evaluate his or her condition. Please give us this information even though you believe it may be in the child's medical records.

What is Frank Doe's height without shoes?

Feet      Inches

What is Frank Doe's weight without shoes?

Pounds      Ounces



---

[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Medical History: Other Names

You indicated that Frank Doe's medical or school records may be listed under another name (birth name, adopted name, nickname, etc.). Please list this name(s) below.

(First, Middle  
Initial, Last)

If we cannot request Frank Doe's records by the correct name, we may not receive all of the information we need.

Example: Mary L Smith

Name: **Frank Doe**  
 SSN: **xxx-xx-4170**



## Summary of Frank Doe's Medical History

Please review the information you gave us and make sure it is correct and as complete as possible. To go back to any item in the list, select Edit.

If you have not been able to find all of the requested information about the child's medical history, you can still send in the report. When we receive it, we will try to help you find any missing information.

Note: To save space, this summary shows only the first 100 characters of the descriptions you gave us on the prior pages. However, everything you told us will be included in this report when you transmit it to Social Security.

### About Frank Doe's Doctors and Other Medical Professionals

#### About Dr. Jose Morra

Main Street Doctors Association  
 You did not provide any reasons for Frank Doe's visit.  
 Treatments included: Complete physical

You did not enter the address of this doctor.  
 Baltimore, MD 21202

#### About Dr. Linda Robins

Main Street Doctors Association  
 You did not provide any reasons for Frank Doe's visit.  
 Treatments included: Complete physical

You did not enter the address of this doctor.  
 Baltimore, MD 21202

#### About Dr. Wayne Dwyer

Main Street Doctors Association  
 You did not provide any reasons for Frank Doe's visit.  
 Treatments included: Complete physical

You did not enter the address of this doctor.  
 Baltimore, MD 21202

#### About Dr. Sue Watson

Main Street Doctors Association  
 You did not provide any reasons for Frank Doe's visit.  
 Treatments included: Complete physical

You did not enter the address of this doctor.  
 Baltimore, MD 21202

#### About Dr. Fifth Doctor

Main Street Doctors Association  
 You did not provide any reasons for Frank Doe's visit.  
 Treatments included: Complete physical

You did not enter the address of this doctor.  
 Baltimore, MD 21202

#### About Dr. Sixth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Seventh Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Eighth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Nineth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Tenth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Samuel Lang

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Jeffrey Ross

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Martha Riley

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Fourteenth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

About Dr. Fifteenth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Sixteenth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Seventeenth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Eighteenth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Nineteenth Doctor

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Marcus Wellby

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

### About Frank Doe's Hospitals and Clinics

#### About City General

Hospital/Clinic record #: 12345678  
Doctors: Linda Robins  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit  
Inpatient Stays:  
From: January 3, 2003 to: January 7, 2003  
Outpatient visits between "No Date Entered" and February 13, 2003  
Emergency Room visits on March 20, 2003  
Reasons for Visits: Complete Physical  
Treatments received: Complete Physical  
You did not enter date for next appointment.

123 Main ST  
Baltimore, MD 21202

#### About County General

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins  
Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Baltimore, MD 21202

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About University Hospital

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Hospital Four

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Hospital Five

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical  
Treatments received: Complete Physical  
You did not enter date for next appointment.

#### About Hospital Six

Hospital/Clinic record #: 12345678 123 Main ST  
Doctors: Linda Robins Baltimore, MD 21202  
Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit  
Inpatient Stays:  
From: January 3, 2003 to: January 7, 2003  
Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical  
Treatments received: Complete Physical  
You did not enter date for next appointment.

#### About Hospital Seven

Hospital/Clinic record #: 12345678 123 Main ST  
Doctors: Linda Robins Baltimore, MD 21202  
Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit  
Inpatient Stays:  
From: January 3, 2003 to: January 7, 2003  
Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical  
Treatments received: Complete Physical  
You did not enter date for next appointment.

#### About Hospital Eight

Hospital/Clinic record #: 12345678 123 Main ST  
Doctors: Linda Robins Baltimore, MD 21202  
Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit  
Inpatient Stays:  
From: January 3, 2003 to: January 7, 2003  
Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical  
Treatments received: Complete Physical  
You did not enter date for next appointment.

#### About Hospital Nine

Hospital/Clinic record #: 12345678 123 Main ST

Doctors: Linda Robins  
Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Baltimore, MD 21202

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Bayview

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Frank Doe's Medicines

##### About Aspirin

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

##### About Tylenol

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

##### About Ibuprofen

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

##### About Alleve

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

##### About Medicine Five

Reason for medicine: Headaches



Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Six

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Seven

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Eight

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Nine

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Ten

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Eleven

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Twelve

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Thirteen

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Fourteen

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Fifteen

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

You indicated that Frank Doe has had or is scheduled to have medical tests. Select the "Add Another Type of Test" button if you would like to add another type of medical test that you have not told us about.

#### About Biopsy

- You did not enter a date for this test.
- You did not indicate what part of Frank Doe's body was or will be covered by this test.
- You did not indicate where this test was done or will be done.
- You did not indicate who sent Frank Doe or will send Frank Doe for this test.

#### About Other Test 1 of 2

- You did not enter a date for this test.
- You did not indicate where this test was done or will be done.
- You did not indicate who sent Frank Doe or will send Frank Doe for this test.

#### About Other Test 2 of 2

- You did not enter a date for this test.
- You did not indicate where this test was done or will be done.
- You did not indicate who sent Frank Doe or will send Frank Doe for this test.

### About Frank Doe's Additional Tests and Examinations

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#### About Testing at Headstart

Newtown Headstart	You did not enter the address of this headstart school. Baltimore,
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#### About Testing at Health Department

Baltimore County Health Dept	You did not enter the address of this public or community health department. Baltimore,
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#### About Testing at Child Welfare or Social Service Agency

Baltimore County Social Services	You did not enter the address of this child welfare or social service agency. Baltimore,
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#### About Testing at WIC Program

Baltimore County WIC	You did not enter the address of this Women, Infants and Children (WIC) program. Baltimore,
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#### About Testing at Special Health Care Program

### No Child Left Behind

You did not enter the address of this program for children with special care needs.  
Baltimore,

### About Testing at Mental Health or Mental Retardation Center

Baltimore County Assert

You did not enter the address of this mental health or mental retardation center.  
Baltimore,

### About Frank Doe's Other Medical Records

#### About Tutor

You did not enter the name of this tutoring center  
Lauren Greene

You did not enter the address of this tutoring center.  
Baltimore,

#### About Workers' Compensation

Mr. Smith  
You did not enter the contact name for this workers' compensation office.

You did not enter the address of this workers' compensation office.  
Baltimore,

#### About Counselor

You did not enter the name of this counseling center  
Ralph Doe

You did not enter the address of this counseling center.  
Baltimore,

#### About Detention Center

Baltimore County Detention Center  
You did not enter the contact name for this detention center.

You did not enter the address of this detention center.  
Baltimore,

#### About Insurance Company

State Farm  
You did not enter the contact name for this insurance company.

You did not enter the address of this insurance company.  
Baltimore,

#### About Attorney/Lawyer

You did not enter the name of this law firm  
Stephen L Miles

You did not enter the address of this law firm.  
Baltimore,

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Medical History: End of Part 3

You have now completed the third section of the report.

If you want to add to or change this information later, you can select the "Medical History" tab at the top to come back to it.

### If You Continue

The next section will ask you to review your answers and send the report to Social Security.

### If You Want to Stop

If you want to stop and come back to this later, you can do so at any time by clicking "Sign Off" at the top left corner of the page. Signing off makes sure that the information you have entered has been saved, and protects the child's confidentiality by requiring that you sign on again with your Reentry Number when you are ready to continue.

### If You've Done All That You Can

When you feel that you have done all you can in all parts of this report, you should go to the Review and Send section by selecting the review and send tab at the upper right corner.



## Social Security's Definition of Disability for Children Applying for SSI

We consider a child disabled if:

- The child has a physical or mental impairment (or combination of impairments)
  - That causes marked and severe functional limitations;
  - And has lasted or is expected to last for at least 12 consecutive months, or to result in death.
- The child is not working at a job and doing substantial work.

More Information

The above explanation is written in easy to understand language. For more details, [read the official definition](#) as written in the Social Security Act.

Close this window to return to the report.

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## How the Child Disability Application Process Works

After we receive the child's disability report:

- We review it to make sure all of the information is complete. We may contact you for missing or unclear information.
- We will contact you to complete a formal application for benefits, if you haven't already done one.
- We send the child's forms to the State office that determines if the child is disabled under Social Security law.
- The State office requests medical records from the hospitals, doctors, and other treatment sources and information from the child's teachers, schools, and other people whom you listed as having information about the child's illnesses, injuries or conditions.
- The State office then reviews all the information it obtains.

The State office uses a three-step process to decide if the child is disabled under Social Security Law:

Question	If Yes	If No
1. Is the child working?	<p>We need information about the dates worked; the employer's name, address, and phone number; the supervisor's name; and job title.</p> <p>We will ask if the child gets any extra help in doing the job, and has any extra work expenses because of his or her illnesses, injuries or conditions. If, after considering these items, the child's earnings average more than the allowable amount for a given year, we will usually find that the child is not disabled. If we find the child's earnings are below the limit, we go to step 2. <a href="#">Click here to view the allowable monthly amounts for this year.</a></p>	If the child is not working, we go to step 2.
2. Does the child have a medically determinable	If the child has a medically determinable impairment(s) that is severe, we go to step 3.	If the child does not have a medically


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## Internet Security Policy

Is it safe to complete a Child Disability Report over the Internet?

SSA is taking all reasonable and proper measures, including encryption, to ensure that your personal information is disclosed only to you. However, the Internet is an open system and there is no absolute guarantee that others will not intercept the personal information you have entered or requested and decrypted. Although this possibility is remote, it does exist.

What is encryption?

Encryption means that all information relating to you and your account is scrambled and locked with a mathematical key during the electronic transfer. Most browsers have an icon such as a key or a lock to represent an encrypted mode or session. A broken key, open lock, or no lock indicates that the session or mode is not encrypted.

Why is special software necessary to access the Internet application?

So that your online request can remain confidential, SSA uses a security protocol (method) called Secure Sockets Layer (SSL) for this application. You must use a Web browser that supports SSL. Netscape Navigator and Microsoft Internet Explorer are two browsers that support SSL. Using this security protocol, all information sent between your computer and our server is encrypted before being sent on the Internet.

Why SSL?

SSL provides a high level of security and is the security protocol supported by more browsers than any other. It is estimated that about 92% of Web browsers have an SSL browser available for their use.

I have the right software and I am trying to connect during your posted business hours, but I still cannot access your form. Why?

We have found that a number of business, government, and educational networks do not have their firewalls configured to allow passage of secure Web traffic. Check with your systems administrator to determine if this is the case at your site. If this is the case you will not be able to access this application web site.

Close this window to return to the report.

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## This Report is Only for Persons Under Age 18 Who Are Applying for SSI Disability Payments

This report is only for persons under age 18 who are applying for SSI disability payments. We consider any person age 18 and over to be an adult. If you are age 18 or over, complete the [Adult Disability Report](#).

For more information on these programs:

- See Social Security's [Office of Disability web site](#).
- 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.
- Visit [your local Social Security Office](#).

Select the exit button to leave this report. You will be taken to the Social Security home page.

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## A Child Filing for Yourself

This Internet Child Disability Report is designed for use by an adult who is filing on behalf of a child. Please contact Social Security to get more information about your specific situation:

- 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.
  - Visit [your local Social Security Office](#).
-

Social Security Online **Child Disability Report**

www.socialsecurity.gov



## You or the Child Do Not Live in the United States

This Internet Child Disability Report cannot be used by people who live outside of the United States or the Northern Mariana Islands. You need to contact a Social Security representative to make other arrangements to apply for benefits.

To contact Social Security, see our [Service Around the World](#) web page.

Select the exit button to leave this report. You will be taken to the Social Security home page.

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## Check the Information You Entered

The information you entered does not match our records.

- If you typed the wrong information, you will need to correct it before continuing.
- If the information is correct, please confirm it by reentering the same information.
- To do either of the above, select the Previous Page button below.

If you prefer, you may contact Social Security to make other arrangements to complete a Disability Report. Be sure to tell the representative that you tried the Internet Disability Report and received this message.

To contact Social Security:

- 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.
  - Visit [your local Social Security Office](#).
-



## Child May Not Be Disabled Under Our Rules

We consider a child under age 18 disabled under Social Security rules if:

- He or she has a medically determinable physical or mental impairment or combination of impairments:
  - that cause marked and severe functional limitations, and
  - that can be expected to cause death or has lasted or can be expected to last for a continuous period of not less than 12 months.
- He or she is not working at a job and doing substantial work.

Unlike other programs, Social Security pays only for total disability. No benefits are payable for partial disability or for short-term disability.

If you think the child may qualify, you should discuss your situation with a Social Security representative as soon as possible to avoid any possible loss of benefits:

- 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.
- Visit [your local Social Security Office](#).

You may choose to go ahead and complete this Disability Report.

### More Information

The above explanation is written in easy to understand language. For more details, [read the official definition](#) as written in the Social Security Act. Using this link opens a new window. To return to this page, close the new window.

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## Prior Application Denied Less than 60 Days Ago

Since a prior application for this child was denied within the last 60 days, it may be better for you to appeal that decision rather than start a new child disability report.

You have the right to file a new application at any time, but filing a new application is not the same as appealing a decision. If you disagree with the decision made on your prior application and you file a new application instead of appealing:

- the child might lose some benefits, or not qualify for any benefits, and
- we could deny the new application using the decision on the child's prior application, if the facts and issues are the same.

So, if you disagree with the decision made on the child's prior application, you should file an appeal within 60 days of the date of the denial letter.

To appeal you can:

- 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.
- Visit [your local Social Security Office](#).

Select the exit button to leave this report. You will be taken to the Social Security home page.

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## Prior Application Denied More than 60 Days Ago

There are two things you should think about before continuing:

If the child's prior application was denied more than 60 days ago:

- You will need to fill out a new child disability report.
- Please give us all the information requested even if you told us about it before. The forms you gave us before may have been sent to permanent storage. By giving all the information on this new report, you can speed up the child's application.

If the denial was not appealed within 60 days and a good reason exists for not filing an appeal within 60 days:

- It may be better for the child to file an appeal of the denial on the prior application than to file a new application.
- Contact Social Security as explained below. We will ask you to sign a statement explaining why you are late in filing the child's appeal.

To contact Social Security:

- 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.
  - Visit [your local Social Security Office](#).
-





## Check the Social Security Number You Entered

Our system cannot accept an Internet Child Disability Report on the Social Security Number you entered: .

Please check this number:

- If you typed the wrong number, you will need to correct it before continuing.
- If this is your correct Social Security number, contact Social Security to make other arrangements to complete a Disability Report. Be sure to tell the representative that you tried the Internet Disability Report and received this message.

To contact Social Security, you can:

- 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.
  - Visit [your local Social Security Office](#).
-



## Sign-In Problem

We could not find a match for the Social Security Number and Reentry Number you entered.

Please check the numbers and sign in again. You can retry no more than 3 times. After 3 times your Child Disability Report will be locked. You can start the Disability Report over again or call us to help you file your claim. To ensure your privacy, we cannot access your Reentry Number.

To contact Social Security:

- 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.
  - Visit [your local Social Security Office](#).
-



## There Is a Pending Report for the Social Security Number

Based on the Social Security Number entered, a report has already been started for this child.

- If you haven't already started a Child Disability Report, check the Social Security Number and enter it again using the Previous Page button below.
- To continue the report, select the Reentry Sign-In button below. You will need your Reentry Number. To ensure your privacy, we cannot access your Reentry Number.
- You can start over by selecting the Start a New Report button below. You will lose all of the information you entered before.

Starting a new report will NOT extend the time you have to complete and sign a formal application for Supplemental Security Income (SSI). The child may lose benefits if we do not receive a signed application within 60 days from when you first started completing an online disability report.

To contact Social Security:

- 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.
  - Visit [your local Social Security Office](#).
-



## Child Disability Report Already Received

We have already received a Child Disability Report on the Social Security Number you entered.

If you have new information, you must contact us. We cannot accept additional information over the Internet.

Please contact your local Social Security office to:

- tell us about any changes in the child's condition(s) or treatments,
- report a change of address or contact information,
- check on the status of your claim.

If the child's prior disability application was denied, contact Social Security:

- 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.
- Visit [your local Social Security Office](#).

Select the Exit button to leave this report. You will be taken to the Social Security home page.

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## SSI Benefits for Children with Disabilities

### Non-Medical Rules

SSI is a program that pays monthly benefits to people with low incomes and limited assets who are 65 or older, or blind, or disabled. Children can qualify if they meet Social Security's definition of disability for SSI children and if their income and assets fall within the eligibility limits.

As its name implies, Supplemental Security Income supplements a person's income up to a certain level. The level varies from one state to another and can go up every year based on cost-of-living increases. Your local Social Security office can tell you more about the SSI benefit levels in your state.

### Rules For Children Under 18

We consider the parent's income and assets when deciding if a child under 18 qualifies for SSI. This applies to children who live at home, or who are away at school but return home occasionally and are subject to parental control. We refer to this process as "deeming" of income and assets.

### Filing for Benefits

Please contact your local Social Security office before completing the Internet Disability Report to get more information about your child's specific situation and for a full explanation of the "deeming" process.

You should contact us right away to protect your child's rights to benefits.

- 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.
- Visit [your local Social Security office](#).

If you decide to continue, we may later determine that your child is not eligible for SSI benefits.

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## The Child Does Not Have a Social Security Number

In order for you to complete this Report on behalf of a child, the child must have a Social Security Number. You can read more about [Social Security Numbers for Children](#).

To contact 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.
- Visit [your local Social Security Office](#).

Select the exit button to leave this report. You will be taken to the Social Security home page.

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## How to Move Around in the Child Disability Report

- To move forward page by page in order in the report, use the Continue button at the bottom of the page. **IMPORTANT: DO NOT USE THE ENTER KEY TO MOVE AROUND IN THE REPORT OR TO SELECT FROM DROP DOWN LISTS.**
- To move backward page by page in order in the report, use the Previous Page button at the bottom of the page. Do NOT use the "Back" button on your browser to move backward.
- If you are navigating using only the keyboard or using an assistive device and need help, visit [our instructional page for alternative views and navigation](#) . Note: If you select this link, you will leave this secure site and go to a new browser window. You will automatically return to this page when you close the new browser window.
- Once you have completed the About the Child information, you can move from section to section in the report using the Tabs at the top of the page. Using a Tab will take you to the first page of a section.
- Once you have reached a Summary page in a section, you may return to it by using the Return to Summary button at the bottom of a page in that section.
- Additional buttons, other than Continue and Previous Page, may appear at the bottom of a page. These buttons allow you to take an action, such as deleting a page or returning to the summary.
- Additional information may appear in a pop-up window. Close this window to return to the report.

To print this page, please use the Print button at the top of your browser.

Close this window to return to the report.

---



## How the Online Disability Report Works

There are time limits for your work on each page. You will receive a warning after 25 minutes and you can extend your time on the page. After the third warning on a page, you must leave this page or your time will run out, and your work on that page will be lost. If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, your disability report session will end and your work on the last page will be lost. To avoid this, you must go to another page of the disability report within 30 minutes.

Important: To move backward page by page in the report, choose Previous Page at the bottom of the page. Do not use the Back command on your browser to move backward.

### Completing and Saving the Online Disability Report:

- In each section of the report you will be asked to enter information and we will give you instructions and examples to guide you.
- At the end of each section, you will have a chance to review your answers and add or change information.
- The report does not have to be done all at once. After you fill in your name and address, you will get a Reentry Number. You will be able to stop working on the report whenever you want and then use this Reentry Number to come back to the section where you left off.
- After you complete a page, some answers are protected and cannot be changed by going back to that page. If you need to make changes to a protected answer on a completed page, continue with the report. You will be able to change your answer on the summary page at the end of the section.
- When you have completed the report, you will see a summary of the information you entered. You can make any necessary changes and then print a copy of this summary for your records. If you want a copy of the entire Disability Report, you will need to print or save each page.
- If you do not have enough room to enter all the information you want to give us on the report, including the Remarks block in the Review and Send Section, please write the information on a separate sheet of paper and send it to us at the address we will give you after you've completed this report.

### ZIP Codes

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Do you need to find a ZIP code for an address? Use the [Zip Code Lookup](#). This site is not operated by Social Security and is not within our control. It may not follow the same privacy, security, or accessibility standards as ours. We are not responsible for the content or availability of those sites, their partners, or advertisers.

### [Special Instructions for Blind Users](#)

## How to Move Around in the Disability Report:

- To move forward page by page in order in the report, use the Continue button at the bottom of the page. Do not use the Enter key to move around in the report or to select from the drop down lists.
- To move backward page by page in order in the report, use the Previous Page button at the bottom of the page. Do NOT use the "Back" button on your browser to move backward.
- To move from section to section in the report, use the Tabs at the top of the page. Using a Tab takes you to the first page of a section. If the Tabs are not "dimmed", you can use them to go to any section at any time.
- If you are navigating using only the keyboard or using an assistive device and need help, visit our [instructional page for alternative views and navigation](#). Note: If you select this link, you will leave this secure site and go to a new browser window. You will automatically return to this page when you close the new browser window.
- Once you have reached a Summary page in a section, you may return to it by using the Return to Summary button at the bottom of a page in that section.
- Additional buttons, other than "Continue" and "Previous Page", may appear at the bottom of a page. These buttons allow you to take an action, such as deleting a page or returning to the summary.
- Additional information may appear in a pop-up window. Close this window to return to the report.

To save or print this page, please use the Save or Print browser commands.

Close this window to return to the report.

---



## Special Instructions for Users Who Are Blind

The following instructions are for users with screen readers like JAWS and Window-Eyes and Browser based readers like Home Page Reader.

Filling out the report is best accomplished in a Forms or MSAA mode that allows the user to tab to controls and fill in input boxes, radio buttons, check boxes and list boxes. Instructional text usually occurs at the beginning of screens and can be accessed in non-MSAA or virtual cursor mode. Tab indices have also been added to allow for tabbing through text. Additionally, consistent headers have been set up to access questions and examples/instructions more easily. All headers that are at the 3 level will have additional help text. Additionally, the titles of each page are header level 1, and they will have general help information.

There is a time limit on all pages. Unless you have turned JavaScript off in your browser, you will receive a warning after 25 minutes on a page. The warning includes instructions for extending your time on the page for an additional 30 minutes. After the third warning, you must move to another page, or your time will run out and your work on that page will be lost.

At the end of most screens there is a continue button to allow the user to go to the next page and a Previous Page button to return to the previous page. The hotkey ALT + C is associated with the Continue button and ALT + P for the previous page. Press Alt + C or ALT + P and then press Enter to move forward or back.

Close this window to return to the report.

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## Your Session Has Expired

Only the information you entered on the last page has been lost. All of the other information you entered during this session will be available when you return to the report.

If you would like to continue completing the Child Disability Report, you may try again by selecting the Return to Report button below.

Select the Exit button to leave this report. You will be taken to the Social Security home page.

---



## We Cannot Process Your Request

The information you entered does not match our records. If the information that you provided is correct, then it may be necessary to correct the child's Social Security record.

To resolve the discrepancy, please contact 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.
- Visit [your local Social Security office](#).

Select the Exit button to leave this report. You will be taken to the Social Security home page.

---



## We Cannot Process Your Request at This Time

We are sorry for the inconvenience but we cannot process your request at this time.

If you still wish to complete the Internet Disability Report, you may try again later.

If you want to know about other options for completing this disability report, you may:

- 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.
- Visit [your local Social Security office](#).

Select the Exit button to leave this report. You will be taken to the Social Security home page.

---



## This Service Is Not Available At This Time

Please try again during business hours.

This service is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 1:00 AM

Saturday: 5:00 AM - 11:00 PM

Sunday: 8:00 AM - 10:00 PM

Holidays: 5:00 AM - 11:00 PM

Select the exit button to leave this report. You will be taken to the Social Security home page.

---



## You Have Reached the Limit on the Number of Requests to Enter the Child Disability Report

We have not been able to match the information you entered with our records.

To resolve the discrepancy:

- 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.
- Visit [your local Social Security office](#).

Select the Exit button to leave this report. You will be taken to the Social Security home page.

---



## We Are Processing Your Request

Please wait a moment before selecting the Continue button.

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## Limit the Number of New Reports Started

You have reached the limit on the number of requests you can make to start a new Child Disability Report for this Social Security Number.

- To continue with the report you already started, select the Sign-In button below. You will need your Reentry Number. To ensure your privacy, we cannot access your Reentry Number.
- Contact Social Security to make other arrangements to complete a Child Disability Report. Be sure to tell the representative that you tried the Internet Child Disability Report and received this message.

To contact Social Security:

- 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 7a.m. to 7p.m.
- Visit [your local Social Security office](#).

Select the Exit button to leave this report. You will be taken to the Social Security home page.

---



## Please Confirm

You chose to delete .

If you choose "Yes, Delete", you will delete this and all of the information you entered about it.

If you choose "No, Don't Delete", you will return to the page where you were entering this information, and you will be able to clear or change any of the information on that page.

Are you sure you want to delete this ?

---



## Limit on the Number of Tries to Start the Child Disability Report

You have reached the limit on the number of tries to start the Child Disability Report.

Please contact Social Security to make other arrangements to complete this report.

To contact Social Security:

- 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 7a.m. to 7p.m.
- Visit [your local Social Security office](#).

Select the exit button to leave this report. You will be taken to the Social Security home page.

---



You Have Entered a New Doctor. Please Complete the Next Page.

---



## Please confirm

You chose to delete .

If you choose "Yes, Delete", you will delete this hospital and all of the information you entered about it. You will then continue to pages that ask for information about the next hospital you listed, if any.

If you choose "No, Don't Delete", you will return to the page where you were entering hospital information, and you will be able to clear or change any of the information on that page and then the following page as well.

Are you sure you want to delete this?

---



## Please Confirm

You chose to delete .

If you choose "Yes, Delete", you will delete this hospital and all of the information you entered about it. You will then continue to pages that ask for information about the next hospital you listed, if any.

If you choose "No, Don't Delete", you will return to the page where you were entering hospital information, and you will be able to clear or change any of the information on that page. You can then choose Previous Page to clear or change information about this hospital on the previous page.

Are you sure you want to delete this?

---



You Have Entered a New Hospital or Clinic. Please Complete the Next Page.

---



## We Cannot Match Your ZIP Code

We are unable to verify this ZIP code. Please check the number you entered and make sure it is correct. If the Post Office recently gave your area a new ZIP code, it may not be on our records yet. In that case, use the prior ZIP code for your current address.

Please contact Social Security to make other arrangements to complete a disability report if:

- this is your correct ZIP code and not a new code recently given to your area by the Post Office, or
- this is a new ZIP code recently given by the Post Office and you don't know the prior ZIP code.

To contact Social Security:

- 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.
- Call or visit your Social Security office. To find your local Social Security office, close this window and use the link given on the prior page.

To reenter your ZIP code, close this window and type it in again.

Close this window to return to the report.

---





## Hours of Operation

This Internet Disability Report is scheduled to shut down for the day within two hours.

The Disability Report is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 1:00 AM

Saturday: 5:00 AM - 11:00 PM

Sunday: 8:00 AM - 10:00 PM

Holidays: 5:00 AM - 11:00 PM

If you choose to start the report now and the system shuts down before you finish it, you will lose only the information on the page you are working on at the time of the shutdown.

You may want to consider starting the report at another time to avoid losing any information. If you decide to start this report later, you should write down this web site so that you can return to it:  
<http://www.socialsecurity.gov/childdisabilityreport>



## Please Confirm

You said earlier that previous statement, and you have now said that you would like to change your answer.

To confirm, please answer the question again, below.

Note: Changing your answer may delete information you have provided about this question or require you to provide additional information.

The question you  
want to change

Yes

No





## Changing the Name of This Test

You have 2 Other Test. You indicated that you would like to change the name of these tests. Remember that this will change all tests with this name.

This test will change from Other Test to:

If you choose No, Don't Change Answer, you will return to the page you came from.

---



## Examples of Condition Descriptions

- Learning disability and emotional problems. Teacher said that he is dyslexic and doesn't seem to understand concepts.
- Cerebral palsy. Has trouble walking, uses a wheelchair most of the time. Has difficulty speaking.
- Asthma and allergies. Coughs all of the time. Needs breathing treatments every day. Allergies include: dogs, cats, pollen, trees, wheat, and nuts. Develops severe, scaly rash all over his body.
- ADD/HD. Can't sit still. Always talking. Poor impulse control. Doesn't finish what she started.

Close this window to return to the report.

---



## Descriptions of Medical Tests

### Speech/Language Test

This can be any of a series of tests in which a specialist evaluates a child's speech and language.

### Hearing Test

This is a test in which a specialist plays tones of varying frequencies through earphones worn by the child; the child's responses help the specialist identify any hearing loss.

### Vision Test

This is an eye test that may require reading letters from a chart. It may also require reading letters through a machine with adjustable lenses, or it may check side vision with dots of light.

### IQ Test

This is a test that measures intellectual functioning. The test is made up of a series of short tasks that require either a written or spoken response. The tasks are designed to measure a person's ability to understand information and solve problems.

### EKG (Heart Test)

In this test the patient sits, stands or lies down while wires are placed on the skin. A machine attached to the other ends of the wires prints out wavy lines on a chart that shows the electrical activity of the heart.

### Treadmill (Exercise Test)

This is a heart test while the patient exercises. There are different kinds of exercise methods but the most common is the treadmill test in which the patient has an EKG recorded as he or she walks on a treadmill.

### Cardiac Catheterization

This is a test of the blood circulation in the heart. In this test the doctor passes a thin wire into the heart through an artery (usually through the groin area). With this test a doctor can see pictures of the inside of the heart.

### Biopsy

This is a test in which the doctor removes tissue from a part of the body to see if disease is present.

### EEG (Brain Wave Test)

This test involves placing wires on the scalp. These wires lead to a machine that measures and records brain wave activity. This test can detect seizure activity and other problems in the brain.

### HIV Test

This is a blood test that detects the presence of the Human Immunodeficiency Virus.

#### Blood Test (Not HIV)

In this test a technician draws blood, which is tested in a laboratory for abnormalities.

#### Breathing Test

In this test the patient exhales as hard and as long as possible into a machine that measures the breathing capacity of the lungs.

#### X-Ray

This is a test in which a large machine takes pictures of parts of the body with x-rays.

#### MRI / CT Scan

These testing methods are like x-rays but use different methods in making images of the parts of the body. Both methods show soft tissue far better than x-ray. A CT scan is also called a CAT scan.

Close this window to return to the report.

---



## Examples of Job Duties and Problems on the Job

### Examples of Job Duties

- Child works at a fast food restaurant cleaning tables and sweeping the floor. She also fills the napkin, straw dispensers and keeps the condiments table filled and orderly.
- Child worked at the neighborhood car wash. Some days he wiped and dried cars as they came through the washer. Other days he vacuumed them out.
- Child delivered the weekly neighborhood newspaper. He would receive a pile of about 50 papers that he had to put in plastic bags and then deliver in the neighborhood.
- Child picked fruits and vegetables such as beans and strawberries.

### Examples of Problems on the Job

- Even with detailed instructions and close supervision, she frequently made mistakes that had to be corrected by the manager or other employees.
- Customers complained that he did not do a good job, leaving smears on the car and obvious dirt on the carpets.
- He tried delivering papers using his bike, but after a week he started having frequent asthma attacks toward the last half of his route and couldn't complete deliveries.

Close this window to return to the report.

---



## How to Complete the Medical Release Form

1. Read and print the entire form, front and back. The information on the back explains more about how the form will be used and explains the possible consequences of not signing the form. Additional instructions are also on the form. If you have any questions, please contact us.
  
2. Be sure the name of the person whose records must be disclosed (the applicant or beneficiary) is written in the upper right corner of the form, with his/her own Social Security Number.
  
3. Do not fill in the large empty box in the middle of the form; Social Security will use this space to help the source identify the information we need.
  
4. Do not put a check in the empty block under "PURPOSE" unless Social Security specifically asks you to.
  
5. INDIVIDUAL SIGN - Sign each form in this block.
  - An adult should sign his/her own form.
  
  - An individual can sign with an "X" if necessary.
  
  - If an individual has been declared legally incompetent, his/her legal guardian or legally recognized representative should sign the form.
  
  - If the individual whose information is going to be disclosed is not the one signing the form, be sure to check the box to the right that shows that person's authority to sign (parent, guardian, etc.) and then give proof of that legal relationship to Social Security. If the subject of disclosure is a minor, then a custodial parent, guardian or other legally recognized



representative should sign the form.

- If the subject of the disclosure is age 12 or older but is still considered to be a minor under State law, he or she should sign the form and the parent, guardian or other legally recognized representative should sign in the "Parent/guardian sign" area to the right.

6. ALWAYS enter the DATE the form is signed.

7. Enter the address and daytime phone number of the individual signing the form.

8. WITNESS SIGN - The signature of the individual signing the forms must be witnessed by at least one other individual. Many sources will not honor our request unless it is witnessed.

- The witness can be any competent adult (spouse, social worker, Social Security employee, etc.).
- The witness should sign and provide his or her address information in case the source wants to confirm the signature.
- A second witness is usually only required if the subject of the disclosure signs with an "X".

Close this window to return to the report.

---

Name: **Frank Doe**  
 SSN: **xxx-xx-4170**



## Review and Send: Summary for Frank Doe

If you've filled out the report to this point, you are almost done! This is a summary of your answers. Please review and use the Edit button to go back to pages where you want to add, correct or change information. If any sections are not complete, please see if you now have the information to finish them. If not, go ahead and send us this report. We will help you complete it later. To go back to any item in the summary, select Edit.

If you have a working printer, you may want to print a copy of this summary for your records. You will not be able to print the entire Child Disability Report. If you want a copy of each page, you will need to go back through the Report and print each page using your browser's Print function.

Note: to save space, this summary shows only the first 100 characters of the descriptions you gave us on the prior pages. However, everything you told us will be included in this report when you transmit it to Social Security.

### Contact Information

#### Information About You

Eric Doe  
 Father

100 Main Street  
 Baltimore, MD 21201

#### Someone We Can Contact Who Speaks and Understands English

Jane Smits

100 Main Street  
 Baltimore, MD 21202

#### Frank Doe's Custodian or Legal Guardian

Legal Guardian

100 Main Street  
 Baltimore, MD 21201

#### Adult Who Lives with Frank Doe

Lives With

100 Main Street  
 Baltimore, MD 21202

#### Adult Who Knows about Frank Doe's Condition

Other Adult

100 Main Street  
 Baltimore, MD 21202

### About Frank Doe's Disabling Condition

#### List of Disabling Conditions

Injury insult cancer

The conditions first bothered Frank Doe on  
 01/01/2000

Frank Doe's conditions have caused pain or other

symptoms.

## Frank Doe's Treatments

Frank Doe has gone to a doctor, hospital or clinic.

Frank Doe has had medical tests.

Frank Doe has taken prescription and/or nonprescription medicines.

Frank Doe has received treatment for mental or emotional problems.

About Frank Doe's Education Status

## Education History

Has attended school

### Current Education Status

Is currently enrolled in school.

You did not select the current grade.

You did not select any schools.

Schools

## About Preschool/Daycare at Newtown Preschool

Newtown Preschool

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

## About Midvale Headstart

Midvale Headstart

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

## Testing at Midvale Headstart

Has been tested for learning and behavioral problems at Midvale Headstart.

Name: IQ testing

Date: January 2003

## About Westmore Elementary

Westmore Elementary

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

## Testing at Westmore Elementary

Has been tested for learning and behavioral problems at Westmore Elementary.

Name: IQ testing

Date: January 2003

## About Algonquin Summer School

Algonquin Summer School

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

## Testing at Algonquin Summer School

Has been tested for learning and behavioral problems at Algonquin Summer School.

Name: IQ testing

Date: January 2003

#### About After Five Tutoring

After Five Tutoring

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

#### Testing at After Five Tutoring

Has been tested for learning and behavioral problems at After Five Tutoring.

Name: IQ testing

Date: January 2003

#### About Golden Special Education

Golden Special Education

Teacher Name: Mrs Landis

123 Main St

Baltimore, MD 21202

#### Testing at Golden Special Education

Has been tested for learning and behavioral problems at Golden Special Education.

Name: IQ testing

Date: January 2003

---

#### About Frank Doe's Vocational Rehabilitation Experience

Has had vocational rehabilitation or other employment support services to help him or her go to work.

#### Vocational Rehabilitation History

Voc Rehab Organization

Tests and Services Received:

Reading Comprehension, January 2003

You did not enter the city/state/zip for this agency.

Baltimore, MD

#### About Frank Doe's Jobs

Has had work experience.

#### Job 1

Employer Name

You did not enter the supervisor's name

From: "No Date Entered" to: "No Date Entered"

You did not enter Frank Doe's job duties.

You did not enter Frank Doe's problems in performing his/her job.

You did not enter the address for this job.

Baltimore,

---

#### About Frank Doe's Doctors and Other Medical Professionals

#### About Dr. Jose Morra

Main Street Doctors Association

You did not provide any reasons for Frank Doe's

You did not enter the address of this doctor.

Baltimore, MD 21202

visit.

Treatments included: Complete physical

#### About Dr. Linda Robins

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Wayne Dwyer

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Sue Watson

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Fifth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Sixth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Seventh Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Eighth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Ninth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Tenth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

You did not enter the address of this doctor.  
Baltimore, MD 21202

Treatments included: Complete physical

#### About Dr. Samuel Lang

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Jeffrey Ross

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Martha Riley

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Fourteenth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Fifteenth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Sixteenth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Seventeenth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Eighteenth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

#### About Dr. Nineteenth Doctor

Main Street Doctors Association

You did not provide any reasons for Frank Doe's visit.

Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

## About Dr. Marcus Wellby

Main Street Doctors Association  
You did not provide any reasons for Frank Doe's visit.  
Treatments included: Complete physical

You did not enter the address of this doctor.  
Baltimore, MD 21202

## About Frank Doe's Hospitals and Clinics

### About City General

Hospital/Clinic record #: 12345678  
Doctors: Linda Robins  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

123 Main ST  
Baltimore, MD 21202

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical  
Treatments received: Complete Physical  
You did not enter date for next appointment.

### About County General

Hospital/Clinic record #: 12345678  
Doctors: Linda Robins  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

123 Main ST  
Baltimore, MD 21202

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical  
Treatments received: Complete Physical  
You did not enter date for next appointment.

### About University Hospital

Hospital/Clinic record #: 12345678  
Doctors: Linda Robins  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

123 Main ST  
Baltimore, MD 21202

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical  
Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Hospital Four

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Hospital Five

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Hospital Six

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Hospital Seven

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:



From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Hospital Eight

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Hospital Nine

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

#### About Bayview

Hospital/Clinic record #: 12345678

123 Main ST

Doctors: Linda Robins

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit,  
Emergency Room visit

Inpatient Stays:

From: January 3, 2003 to: January 7, 2003

Outpatient visits between "No Date Entered" and February 13, 2003

Emergency Room visits on March 20, 2003

Reasons for Visits: Complete Physical

Treatments received: Complete Physical

You did not enter date for next appointment.

## About Frank Doe's Medicines

### About Aspirin

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Tylenol

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Ibuprofen

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Alleve

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Medicine Five

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Medicine Six

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Medicine Seven

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Medicine Eight

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Medicine Nine

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Medicine Ten

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

### About Medicine Eleven

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Twelve

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Thirteen

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Fourteen

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

#### About Medicine Fifteen

Reason for medicine: Headaches

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

---

### About Frank Doe's Medical Tests

You indicated that Frank Doe has had or is scheduled to have medical tests. Select the "Add Another Type of Test" button if you would like to add another type of medical test that you have not told us about.

#### About Biopsy

You did not enter a date for this test.

You did not indicate what part of Frank Doe's body was or will be covered by this test.

You did not indicate where this test was done or will be done.

You did not indicate who sent Frank Doe or will send Frank Doe for this test.

#### About Other Test 1 of 2

You did not enter a date for this test.

You did not indicate where this test was done or will be done.

You did not indicate who sent Frank Doe or will send Frank Doe for this test.

#### About Other Test 2 of 2

You did not enter a date for this test.

You did not indicate where this test was done or will be done.

You did not indicate who sent Frank Doe or will send Frank Doe for this test.

---

### About Frank Doe's Additional Tests and Examinations

#### About Testing at Headstart

Newtown Headstart

You did not enter the address of this headstart school.

Baltimore,

### About Testing at Health Department

Baltimore County Health Dept

You did not enter the address of this public or community health department.  
Baltimore,

### About Testing at Child Welfare or Social Service Agency

Baltimore County Social Services

You did not enter the address of this child welfare or social service agency.  
Baltimore,

### About Testing at WIC Program

Baltimore County WIC

You did not enter the address of this Women, Infants and Children (WIC) program.  
Baltimore,

### About Testing at Special Health Care Program

No Child Left Behind

You did not enter the address of this program for children with special care needs.  
Baltimore,

### About Testing at Mental Health or Mental Retardation Center

Baltimore County Assert

You did not enter the address of this mental health or mental retardation center.  
Baltimore,

### About Frank Doe's Other Medical Records

#### About Tutor

You did not enter the name of this tutoring center  
Lauren Greene

You did not enter the address of this tutoring center.  
Baltimore,

#### About Workers' Compensation

Mr. Smith  
You did not enter the contact name for this workers' compensation office.

You did not enter the address of this workers' compensation office.  
Baltimore,

#### About Counselor

You did not enter the name of this counseling center  
Ralph Doe

You did not enter the address of this  
counseling center.  
Baltimore,

### About Detention Center

Baltimore County Detention Center  
You did not enter the contact name for this detention  
center.

You did not enter the address of this  
detention center.  
Baltimore,

### About Insurance Company

State Farm  
You did not enter the contact name for this insurance  
company.

You did not enter the address of this  
insurance company.  
Baltimore,

### About Attorney/Lawyer

You did not enter the name of this law firm  
Stephen L Miles

You did not enter the address of this law  
firm.  
Baltimore,

### About Medical Records at Another Place

Name  
You did not enter the contact name for another  
place.

You did not enter the address of another  
place.  
Baltimore,

### Other Information

#### Other Names

#### Other Information

You did not enter your height.  
You did not enter your weight.

You did not enter a medical assistance or Medicaid card issued by the state.

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Review and Send: Additional Remarks

Before you send this report, do you have any additional comments or information about Frank Doe's illnesses, injuries or condition(s) that you think we should know when reviewing the case? If so, please describe them here.

Please include any doctors, hospitals, medicines, tests, schools, etc. that you did not already tell us about. If you do not have enough room to enter all the information you want to give us, please write the information on a separate sheet of paper and send it to us at the address we will give you.

Please enter any additional remarks:

Your answer can be no more than 2000 characters. This is about 40 lines or 320 words.

You have entered 0 characters



Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Review and Send: Send This Report

**Important: After you send this report, you will not be able to come back to it online.**

You are ready to send 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.

- If you want to make changes after sending the online Child Disability Report, you will have to contact your Social Security office.
- If you want a copy of the summary page and you have not yet printed it, choose the "Previous Page" button to go back to the summary before using "Send". You can then return to this page and send the report to us.
- If you are ready to submit this report, use the "Send" button.



Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Review and Send: Printer

If you have a working printer, or if you can complete this report at a location where you can use a printer, we will tell you how to print and send your medical release forms and a cover sheet for them. Sending these items will allow us to start processing your medical records sooner than if we have to mail the release forms to you to sign.

If you do not have a working printer, continue on and submit the report electronically. A representative from Social Security will contact you.

Do you have a working printer for your computer?

Yes

No

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Review and Send: Print Coversheet

Please print and mail or bring this page to the following Social Security office to submit medical release forms for Frank Doe.

- If you have problems printing this page, please try again.
- If you are still unable to print this page, please write the information below on a separate piece of paper and then continue. Important: Please include the name and the Social Security number of the child.

My Name is:

Eric Doe

My address and phone number are:

100 Main Street  
Baltimore, MD 21201  
(410) 555-1212

I have attached the following items:

Medical Release - 827 (Please sign and date)

Medical Evidence

School Records

Other (please list below):

---

Mail or bring to:

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

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[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**  
SSN: **xxx-xx-4170**



## Review and Send: Print the Medical Release Form

You also need to print and sign a medical release form SSA-827 Authorization to Release Information to SSA. The law requires us to have a signed authorization form to get Frank Doe's medical records from the child's doctors or hospitals, and from other sources that you gave us.

What you need to do:

1. Use the link below to access the medical release form. The medical release form is in Portable Document Format (PDF) and requires Adobe Reader to open and print it. If you don't have Adobe Reader on your computer you can download a free copy. Use this link [to get a free copy of the Adobe Reader](#).
2. Print the medical release form. You must print BOTH sides, front and back.
3. Sign and date the medical release form.  
**Note:** This medical release must be signed by the child's parent, legal guardian, or other person authorized by State law to act for the child.
4. Mail or bring the signed and dated medical release form along with the cover sheet for the Child Disability Report to Social Security at the address we will give you. **DO NOT** take any forms to the child's doctors or schools.
5. 5. If you already have copies of medical records from the child's doctor, you can send or bring them to us. However, we do not recommend that you delay the case by requesting medical records yourself. We can do this for you.

Here are [instructions](#) for completing the medical release form.

Please print one copy

[Authorization to Disclose Information to SSA](#)

If you have printing problems:

Please try again. If you are still unable to print the form, please continue. Contact Social Security at the address and phone number we will give you later to tell us that you could not print the medical release form.

---

[Contact SSA](#) | [How to Move Around This Report](#)

Name: **Frank Doe**

SSN: **xxx-xx-4170**



## Review and Send: Confirmation

Thank you.

We have received Frank Doe's Child Disability Report on April 7, 2009 at 8:22AM Eastern Time.

We recommend you read this entire page then print or save it for your records.

### IMPORTANT NEXT STEPS

Frank Doe's claim for disability benefits is very important to us. We want to process Frank Doe's claim quickly and accurately. Please help us start work on the claim as soon as possible by taking all the following steps:

- File a formal application for benefits. The disability report you just completed is NOT a formal application for benefits, but it is part of the claims process. We need a signed, formal application for disability benefits before we can start work on your claim.

If you have not already done so, contact us immediately. Contact your local Social Security office at the address below, or call our toll-free number 1-800-772-1213 to make an appointment to apply for disability benefits. 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.

In addition to an application you also need to:

- Sign and date the medical releases you printed. We need evidence from the medical sources you listed on Frank Doe's disability report. We cannot get the evidence we need without the medical releases.
- Complete and date the cover sheet you printed for the disability report.
- Mail or take the cover sheet and the medical releases to your local Social Security office. Include any medical records you have about your condition. The address for your local office is below. If you do not see an address below, use the [Office Locator](#) to find where you should send or take them.

**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. You can use the [Office Locator](#) to find another Social Security office.

Time Limit:

We cannot begin to process Frank Doe's claim until we receive the signed formal application, and the signed medical releases. Frank Doe may lose benefits if we do not receive these papers within 60 days from when you first started completing an online disability report.

What to expect:

- It takes about 120 days to process an application for disability payments, but every case is different. Frank Doe's claim may take more or less time to process.
- While we are processing Frank Doe's application, we may contact you for more information or to set up an interview. We may need you to fill out additional forms.
- If we need more medical evidence, we may ask Frank Doe to see a doctor for a special exam. We will pay for this exam.
- If you have copies of any of Frank Doe's medical records, mail or bring them to your local field office at the above address.

Please contact Social Security immediately if Frank Doe:

- Goes to a new doctor
- Has a new medical test done
- Has a change in his or her condition
- Changes his or her address or phone number, or if you change your address or phone number.

For more information on the disability process, go to [How the Disability Application Process Works](#).

Name: **Frank Doe**SSN: **xxx-xx-4170**

## Review and Send: Survey

Thank you for using our Internet Child Disability Report. We would like to know what you think of this service. Please take a minute to fill out our survey below. If you do not want to fill out the survey, you may leave this site by selecting the Finished button below. If you would like to provide additional feedback about this report or any of our other services, you may do so by going to the Social Security home page and selecting the links for compliments, suggestions and complaints.

### 1. How easy or hard was it for you to fill out the Child Disability Report?

- Very Easy
- Somewhat Easy
- Somewhat Hard
- Very Hard

### 2. If you felt the Child Disability Report was hard to fill out, please tell us why. Select all the reasons from the list below that apply to you:

- Did not understand what information I needed to give.
- Too many questions to answer.
- Problems of my own (Could not find Information needed; was interrupted).
- Computer too slow.
- Problems typing and/or changing information.
- Problems moving from one place to another on the report or from one place to another on a page.

### 3. Which section of the Child Disability Report was the hardest to fill out?

- About the Child (Identifying information, description of the child's medical condition)
- Education/Work History (Education and jobs the child had)
- Medical History (Doctors, hospitals, tests, medications, etc.)

### 4. Did you fill out the Child Disability Report because you are applying for disability benefits for your own child or someone else's child?

- Applying for benefits for my child
- Applying for a child in my care, that is not my child or stepchild
- Helping someone else

### 5. Overall, how would you rate the Child Disability Report as an Internet Service?



Excellent  
Very Good  
Good  
Fair  
Poor  
Very Poor

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