**\*1. Title**

**\*2. First Name**

**3. MI**

**\*4. Last Name**

**5. Suffix**

**\*6. Phone Number**

**\*7. Email Address**

**\*8. Verify Email Address**

**\*9. Name of Your Organization**

**\*10. Organization Type**

* Federal Government - Social Security Administration (SSA) only
* Federal Government - Others
* State Government - Disability Determination Services (DDS) / Disability Adjudication Services (DAS) only State Government - Others
* Local Government
* Private
* Nonprofit
* College/University
* Healthcare
* Faith-based
* Military
* Other (please specify)

**\*11. Job Title**

**\*12. How will you participate?**

* In-person
* Livestream

**\*13. Do you require special accommodation?**

* Yes
* No

If yes, please explain:

**\*14. How did you learn about this event?**

* Email from SSA
* socialsecurity.gov
* National Disability Forum Website
* Social Security Update Newsletter
* Facebook
* Google Plus
* LinkedIn
* Twitter
* Blogs or Community Chats
* Internet Search
* Colleague
* Other (please specify)

“Paperwork Reduction Act Statement – This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions (OR participate in this focus group OR complete this telephone survey) unless we display a valid Office of Management and Budget control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.”

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