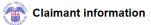
#### i3441 Disability Report



Social Security Online	Disability Appeal	/
www.socialsecurity.gov		
	Can you use this online disability appeal?	
	Please note: if you are helping another person fill out this appeal, answer all of the questions as they apply to the person you are helping.	
	To complete an appeal online, you must have a notice of decision.	
* Do you live in the United States or one of its territories / commonwealths?	⊖Yes ⊖No	
* Did you receive a notice of decision?	⊖Yes ⊖No	
	Previous Next	
	Contact Us   Tips for Using this Website	-

Social Security Online
www.socialsecurity.gov

# Disability Appeal



Please note: "Claimant" refers to the adult or child whose disability decision is being appealed.

* Claimant Name:			Suffix (if any)	$\checkmark$
(Enter the First, Middle, and Last Name of the person applying for benefits.)				
* Claimant Social Security Number:				
Please enter the Social Security Number without dashes or hyphens.				
* Claimant date of birth:	<b>~</b>	<b>~ ~</b>		
* What is the date on the "Notice of Decision" you received?	<b></b>	<b>~ ~</b>		
(If you do not know which date we are referring to, see <u>What Is My</u> <u>Notice Date?</u> )				
* Claimant residence ZIP code:				
(Enter the ZIP code for the <b>address</b> where the claimant lives. This helps us to process the appeal properly.)				
				Next
	Contact Us   Tips for Us	ing this Website		

Social Security Online	Disability Appeal		
www.socialsecurity.gov			
Name: John G Public SSN: xxx-xx-0092		IB No. 0960-0269 perwork Reduction Act	
	Your privacy is important. For details about our use of your information, we encourage you to read our <u>Privacy</u> <u>Act Statement</u> .		
Claimant Name:	John G Public		
(First, Middle, Last)			
* Claimant Address:			
	including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. e address on your notice is correct, please enter it exactly as it appears on the denial notice.		
* (Street Line 1)			
(Street Line 2)			
(Street Line 3)			
(Street Line 4)			
* (City, State, ZIP Code)			
Claimant Telephone Number:			
Example: (111) 222-3333			
* I have additional evidence to submit:	⊖Yes ⊖No		
	e name and address of the source of additional evidence in Part 2 of the Internet Appeal process. For more itional evidence, use the link <u>Submitting Additional Evidence</u> .		
Do you wish to appear at a he	aring?		
* Select one answer:	○I wish to appear at a hearing. ○I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete <u>Waiver of</u> <u>Your Right to Personal Appearance Before an ALJ</u> , HA-4608.)		
You have a right to be represented at the hearing. Use this link if you want to know more about representatives.			
* Do you currently have a representative?	⊖Yes ⊖No		
* Select one answer:	○ I am completing this form as the Claimant. ○ I am completing this form as the Claimant's Representative.		
		Next	
	Contact Us   Tips for Using this Website		

(Street Line 4)		
* (City, State, ZIP C	ode)	21087
Claimant Telephone Number: Example: (111) 222		
Wage Earner Name (If different from Claimant):		Suffix (if any)
(First, Middle, Last) <u>Who is the Wage Ea</u>	rner?	
Claimant Social Sec Number(SSN):	c <b>urity</b> x	xx-xx-0093
Claimant Claim Nur (If different from SS What is the Claim Number?		
Supplemental Secu Income (SSI) Claim Number: What is the Claim Number?		
_		rmination made on the above claim and request reconsideration.
Enter a brief explanat reason for your appea character maximum.	al. 205	* My reasons are:
about 4 lines of typing at Count Characters have entered 0 charac	You	$\widehat{}$
nt at representative?		⊖Yes ⊖No
nt * Select one:		○ I am completing this form as the Claimant. ○ I am completing this form as the Claimant's Representative.
		Next

Social Security Online	Disability Appeal		
www.socialsecurity.gov			
Name: John G Public SSN: xxx-xx-0093	Representative's information		
	You said earlier that the claimant has a representative. If this is not correct, you can Change Your Answer		
	If the claimant has not done so previously, he or she may need to complete and submit a <u>form</u> <u>SSA-1696 (Appointment of Representative)</u> . See <u>About Your Right to Representation</u> for more information.		
* Representative's Name:	Suffix (if any)		
(First, Middle, Last)			
* Is the Representative an attorney?	⊖Yes ⊖No		
* Mailing Address:			
Please provide a complete addre periods or commas. Example: 52	ess, including apartment number if applicable. Please do NOT use punctuation; for example, no 28 Dawn St Apt 101		
* Mailing Address:			
Please provide a complete addres periods or commas. Example: 52	ss, including apartment number if applicable. Please do NOT use punctuation; for example, no 8 Dawn St Apt 101		
* (Street Line 1)			
(Street Line 2)			
(Street Line 3)			
(Street Line 4)			
* (City, State, ZIP Code)			
Telephone Number:			
Example:(111) 222-3333			
Fax Number:			
(If known)			
	Previous Next		

Social Security Online	Disability Appeal	
www.socialsecurity.gov		
Name: John G Public SSN: xxx-xx-0092	Review and submit your request for hearing	
	Please review and submit your request for hearing below. If you need to make changes, select "Previous" to go back. To submit your request, select "Submit" and continue to the next portion of your appeal.	
	Provided are shown in bold text. This will be your last chance to change your answers.	
	Claimant's name is <b>John G Public</b> . The Claimant's mailing address is <b>555 Main Street,</b> <b>Anywhere, MD 21087</b> . The Claimant's phone number is <b>(410) 555-1212</b> .	
	Claimant's Social Security number is xxx-xx-0092. Claimant's claim number is xxx-xx-1234A.	
	The Claimant disagrees with the determination made on his or her claim because: <b>Any Reason.</b>	
1	The Claimant is represented by <b>Mike P Public</b> , who <b>is</b> an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is <b>111 South Street, Anywhere, MD 21212</b> .	
	The Claimant understands that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in his/her case. The Claimant also understands that he or she will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing. The Claimant has been advised of the right to appear in person before an Administrative Law Judge. The Claimant understands that a personal appearance before an Administrative Law	
	Judge would provide an opportunity to present written evidence, personal testimony and the testimony of other witnesses. The Claimant understands that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.	
	The Claimant <b>does not</b> wish to appear at a hearing. The Claimant will complete Form HA- 4608 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:	
	SOCIAL SECURITY ADMINISTRATION 28 ALLEGHENY AVENUE TOWSON, MD 21204	
	If the Claimant has additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.	
	I, Mike P Public, declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.	
	$\square^*$ I, Mike P Public, have read and agree with the above.	
	Previous Submit	

Social Security Online	Disability Appeal
www.socialsecurity.gov	
Name: John G Public SSN: xxx-xx-0093	Review and submit your request for reconsideration
	Please review and submit your request for reconsideration below. If you need to make changes, select "Previous" to go back. To submit your request, select "Submit" and continue to the next portion of your appeal.
	The answers you provided are shown in bold text. This will be your last chance to change your answers.
	Claimant's name is <b>John G Public</b> . The Claimant's mailing address is <b>555 Main Street,</b> Anywhere, MD 21087. The Claimant's phone number is (410) 555-1212.
	Claimant's Social Security number is <b>xxx-xx-0093</b> .
	The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: <b>Any Reason</b> .
	The Claimant is represented by <b>Mike P Public</b> , who <b>is</b> an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is <b>111 South Street, Anywhere, MD 21212</b> .
	I, Mike P Public, declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

□ \* I, Mike P Public, have read and agree with the above.

Previous Submit

# **Disability** Appeal

www.socialsecurity.gov Name: John G Public SSN: xxx-xx-0092

Social Security Online

#### Nint your reentry number and receipt 🔊

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

You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.

During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. **Select "Next" to continue**.

Your reentry number is: 15867932

To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."

Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.

Social Security employees cannot access your reentry number.

#### **Receipt of Request for Hearing**

We received your Request for a hearing by Administrative Law Judge on March 13, 2013, at 8:59:19 am Eastern Time.

This is your receipt for the request portion of your appeal. Contact Social Security within ten days after March 13, 2013 if any of the information below is not correct.

Claimant's name is John G Public. The Claimant's mailing address is 555 Main Street, Anywhere, MD 21087. The Claimant's phone number is (410) 555-1212.

Claimant's Social Security number is xxx-xx-0092. Claimant's claim number is xxx-xx-1234A.

The Claimant disagrees with the determination made on his or her claim because: Any Reason

The Claimant is represented by Mike P Public, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is 111 South Street, Anywhere, MD 21212.

The Claimant understands that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in my case. The Claimant also understands that he or she will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing. The Claimant has been advised of the right to appear in person before an Administrative Law Judge. The Claimant understands that a personal appearance before an Administrative Law Judge would provide an opportunity to present written evidence, personal testimony and the testimony of other witnesses. The Claimant understands that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.

The Claimant does not wish to appear at a hearing. The Claimant will complete Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION 28 ALLEGHENY AVENUE TOWSON, MD 21204

If the Claimant has additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.

Sign Off (finish later)

Next

Social Security Online www.socialsecurity.gov	Disability Appeal
Name: John G Public SSN: xxx-xx-0093	Print your reentry number and receipt
	To print or save this page, please use your browser's Print button or File menu commands.
	You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.
	During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. <b>Select "Next" to continue.</b>
	Your reentry number is: <b>37649726</b> To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."
	Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.
	Social Security employees cannot access your reentry number.
	Receipt of Request for Reconsideration
	We received your Request for Reconsideration on March 13, 2013 at 9:03:38 am Eastern Time.
	This is your receipt for the request portion of your appeal. Contact Social Security within ten days after March 13, 2013, if any of the information below is not correct.
	The Claimant's name is John G Public. The Claimant's' mailing address is 555 Main Street, Anywhere, MD 21087. The Claimant's' phone number is (410) 555-1212.
	Claimant's Social Security number is xxx-xx-0093.
	The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: Any Reason
	The Claimant is represented by Mike P Public, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is 111 South Street, Anywhere, MD 21212.

Sign Off (finish later)

Next

Social Security Online	Disability Appeal
	Welcome back
	Please enter the claimant's Social Security number and reentry number to return to the appeal.
* Social Security Number:	
(without dashes or hyphens)	
* Reentry Number:	
	If you do not have your reentry number, you cannot continue the appeal you already started.
	To start over, you can:
	Select "Previous" to start a new appeal online, or
	Choose from the other ways to complete a disability appeal

Previous Next

Social Security Online www.socialsecurity.gov	Disability Appeal
Name: John G Public SSN: xxx-xx-0093	Are you sure you want to sign off?
	Before you select "Sign Off" below, be sure you have the following information so you will be able to continue your appeal later. To print or save this page, please use your browser's Print button or File menu commands.
	Below is your reentry number. This number will allow you to continue the appeal where you left off. If you lose or forget your reentry number, you will need to start a new appeal. Only you have access to your number.
	Your reentry number is: 37649726
	To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."
	Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.
	Social Security employees cannot access your reentry number.
	If you do not want to submit your appeal online, you can use one of the <u>other ways to complete</u> your appeal.

Are you sure you want to sign off now and finish later?

No, Return to Appeal Yes, I want to Sign Off

Alle I Tine for Holes with two

Social Security Online	Disability Appeal	
Name: John G Public SSN: xxx-xx-0093	About you: general information	OMB No. 0960-0144 Paperwork Reduction Act
	Your privacy is important. For details about our use of your information, we encourage you read our <u>Privacy Act Statement</u> .	ı to
The name and address we	re entered on the Appeal Request.	
Name:	John G Public	
(First, Middle, Last)		
* Address:		
* (Street Address 1)		
(Street Address 2)		
(Street Address 3)		
(Street Address 4)		
*(City, State, Zip Code)	✓ 21087	
Telephone Number		
Telephone Number:	Extension:	
contact or leave a message for the claimant.	<ul> <li>○ This is the claimant's phone number.</li> <li>○ The claimant does not have a phone, but you can leave a message at this numb</li> </ul>	er.
Email Address:		
(Optional)		
		Next

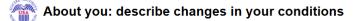
	<ul> <li>Uncle</li> <li>Cousin</li> <li>Stepmother</li> <li>Stepfather</li> <li>Neighbor</li> <li>Friend</li> <li>Significant Other</li> <li>Other (such as Social Worker, Attorney, Legal Representative) :</li> </ul>
* Address:	
Please provide this contact's com example, no periods or commas.	plete address, including apartment number if applicable. Please do NOT use punctuation; for Example: 528 Dawn St Apt 101
	Check if same as John Public's address
* (Street Address 1)	
(Street Address 2)	
(Street Address 3)	
* (City, State, ZIP)	
Daytime Phone Number:	Check if same as John Public's phone number
We need to be able to contact this person during the day.	Extension:
Sign Off (finish later)	Add Another Contact Previous Next

Social Security Online	Disability Appeal	
www.socialsecurity.gov		
Name: John G Public SSN: xxx-xx-0092	About you: updated information	
	Please tell us about changes in your illnesses, injuries, or conditions <b>since you last</b> <b>completed a Disability Report</b> . Look at the medical decision notice you received in the mail if you are not sure what you already told us. If you previously filed an Internet report, please refer to any pages you saved or printed.	
	You must answer all of the questions on this page before you can continue. We will ask you to explain some of your "yes" answers.	
Your Conditions Since You	Last Completed a Disability Report:	
* Has there been any change (for better or worse) in any of your conditions?	⊖Yes ⊖No	
Examples: blood pressure has gotten higher, asthma is worse		
* Do you have any new physical or mental limitations as a result of your conditions?	⊖Yes ⊖No	
Examples: can't walk without a walker now; can't take gym class		
* Do you have any new illnesses, injuries, or conditions?	⊖Yes ⊖No	
Examples: had a stroke, developed glaucoma, diagnosed with ADHD		
Your Work and Training Sir	ce You Last Completed a Disability Report	
* Have you worked?	⊖Yes ⊖No	
If yes, we will contact you for more information.		
of special job training, trade or vocational school?	<ul> <li>○ Yes ○ No</li> <li>Change question as follows:</li> <li>Since you last told us about your education, have you completed or are you enrolled in any type of GED classes, specialized job training, trade school,</li> </ul>	
Examples: Auto mechanics, cosmetology, computer courses	vocational school, or college classes?	
	Add the following screen(s):	
* Have you received Vocational Rehabilitation, employment or other support services or participated in the Ticket-to-Work program, or an individualized education program through an educational institution (if a student age 18-21)?	Certificates/licenses/degrees attained, if any: ○Yes ○No Date of attainment:	
Sign Off (finish later)	Previous Next	

# **Disability** Appeal

www.socialsecurity.gov Name: John G Public SSN: xxx-xx-0092

Social Security Online



You said earlier that there has been a change, for better or worse, in your conditions. If this is not correct, you can Change Your Answer

Please give us a detailed description of all **changes** to your conditions. For adults, tell us about any new symptoms that limit your ability to work. For children, tell us about any new symptoms that affect their daily lives.

- Don't assume that your conditions are self-explanatory. Different people with the same conditions have different symptoms and complications. Make sure you tell us about all your impairments and symptoms.
- Include all physical, mental, and emotional conditions, including learning disabilities and behavioral problems.
- No one knows better than you how these conditions affect you.
- Please do not repeat what you told us before. Use this space only to tell us new
  information. If you are not sure what kinds of things to tell us, you can review the
  examples.

Describe in detail the changes to your conditions since you last completed a Disability Report.	
1000 characters maximum. This is about 20 lines of typing.	
Count Characters You have entered 0 characters	
	Examples
When did these changes begin?	
Enter the closest date you can remember. Examples: 06/02/2003; 06/03; June 2003; Summer 2003.	
Sign Off (finish later)	Previous Next

Describe in detail your new physical or mental limitations since you last completed a Disability Report.	^	
1000 characters maximum. This is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report. Count Characters You have entered 0 characters		
	Examples	
When did these new limitations begin?		
Enter the closest date you can remember. Examples: 06/02/2003; 06/03; June 2003; Summer 2003.		
Sign Off (finish later)	Previous	Next

Tell us more about your new condition(s) since you last completed a disability report.		^	
1000 characters maximum. This is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.			
Count Characters You have entered 0 characters			
	Examples		
When did your new condition begin?			
Enter the closest date you can remember. Examples: 06/02/2003; 06/03; June 2003; Summer 2003.			
Sign Off (finish later)			Previous Next

# **Disability** Appeal

www.socialsecurity.gov Name: John G Public SSN: xxx-xx-0092

Social Security Online



#### About you: about your activities

Please tell how your conditions affect your ability to care for yourself and any changes you have made in your daily activities **since you last completed a Disability Report**. You may include how often you do activities and if you need assistance in doing activities, such as:

- Walking, standing, moving your arms, using your hands and fingers, climbing steps, lifting objects.
- Cooking, cleaning, vacuuming, making beds, shopping, and odd jobs around the house.
- Watching TV, listening to the radio, reading books and newspapers, sports, hobbies.
- Visiting with friends and relatives, going to religious services, attending social clubs.
- Driving a car or motorcycle, riding the bus or subway.

How have your daily activities changed since you last completed a Disability Report?	^	
If there has been no change, please enter "no change."		
1000 characters maximum. This is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.		
Count Characters You have entered 0 characters	~	
How do your conditions affect your ability to care for your personal needs since you last completed a Disability Report?	^	
If there has been no effect, please enter "no effect." Include such activities as: dressing, bathing, tying shoes, buttoning buttons, combing hair, and fixing meals.		
Count Characters You	ixamples	

Sign Off (finish later)

Previous Next

Social Security Online	Disability Appeal
www.socialsecurity.gov	
Name: John G Public SSN: xxx-xx-0092	About you: special job training, trade or vocational school
	You said earlier that you have received special job training or attended a trade or vocational school. If this is not correct, you can <u>Change Your Answer</u>
	Please give us some information about any programs you have attended since you last completed a Disability Report.
Type of Program(s):	
Examples: Carpentry, cosmetology, plumbing, electronics, data entry or word processing courses.	
Approximate Year Completed	
Please give us the year when you completed this training	
Sign Off (finish later)	Previous Next
	-

Social Security Online www.socialsecurity.gov	Disability Appeal
Name: John G Public SSN: xxx-xx-0092	About you: vocational rehabilitation or ticket-to-work program
	You said earlier that you have participated in a vocational rehabilitation, employment, other support services, individualized education or ticket-to-work program. If this is not correct, you can <u>Change Your Answer</u>
	Information from plans or programs you have participated or are participating in helps us understand your conditions more fully.
	<ul> <li>an individual work plan with an employment network under the Ticket to Work Program;</li> </ul>
	<ul> <li>an individualized plan for employment with a vocational rehabilitation agency or any other organization;</li> </ul>
	• a Plan to Achieve Self Support;
	<ul> <li>an individualized education program through an educational institution (if a student age 18 - 21); or</li> </ul>
	<ul> <li>any program providing vocational rehabilitation, employment services, or other support services to help you go to work</li> </ul>
	Please give as much information as you can so we can contact the correct organization or school. If you cannot find the complete address, fill in whatever information you can that might help us find your records. We need to know the dates of your visits <b>since you last completed a Disability Report</b> and a description of any tests and/or services you were given so we can ask for the exact information we need.
* Counselor or Instructor Name:	Suffix (if any)
(First, Last)	
* Agency or School Name:	
If you don't know the exact name, tell us as closely as you remember.	
* Address:	
	ddress, give us as much as you can. Be sure to include the city and state. Please do NOT use riods or commas. Example: 528 Dawn St Apt 101
(Street Address 1)	
(Street Address 2)	
(Street Address 3)	

* (City, State, ZIP)	
Phone Number:	Extension:
Appointment Dates:	
These dates tell us for what perio	d of time to request your records.
When did you first go?	
When did you last go?	
When is your next appointment?	
If not scheduled, enter None.	
Types of Services, Tests or Evaluations Performed:	
Examples: IQ tests, aptitude tests, job placement, job coaching, workshops or classes.	
1000 characters maximum. This is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.	
Count Characters You have entered 0 characters	~
	□ Check here if you want to add another plan or program
Sign Off (finish later)	Previous Next

010	Disability Appeal		
	Social Security Online www.socialsecurity.gov		
- M.	-	About You Medical History Review and Send	
	ame: John G Public SN: xxx-xx-0092 About you: summary		
		Please review the information that you gave us earlier and make sure it is correct. To go back to any item to make changes or corrections, select the Edit button. If you would like to make an addition, select the Add button.	
		This page will print in a printer friendly format.	
		<b>Note:</b> Because of space limitations, this summary will show only the first 100 characters of the typed descriptions you gave us. However, everything you told us will be included in the report that you submit to Social Security.	
Informat	tion About You		
General	Information		
Edit	John G Public	555 Main Street Anywhere, MD 21087	
People \	We Can Contact At	About Your Condition	
Edit	June Public	555 Main Street Baltimore, MD 21087	
Add	Another Contact		
	Your Conditions Si es in Your Conditio	Since You Last Completed a Disability Report	
Edit	These changes be	began January 2004 langes to your condition: Back pain is worse. Hard to stand and move around.	
New Ph	nysical or Mental Li		
Edit	-	w physical or mental limitations: Back pain is worse. Hard to stand and move around.	
New Co	onditions		
Edit			
About `	Your Activities		
Edit	Edit Description of changes to daily activities: Hard to stand and move around. Have to lay down a lot. Description of ability to care for personal needs: Cannot go grocery shopping. Hurts to move.		
Work a	nd Training Since	You Last Completed a Disability Report	
Work H	listory		
Edit	You said that you	u have worked.	
Special	l Job Training, Trac	ade or Vocational School	
Edit	Edit Job Training Completed: Went to truck driving school., June 2003		
Vocational Rehabilitation or Ticket-to-Work Program			
Edit	Don Miko Back to Work Inc	123 Main Street Baltimore, MD 21202	
Add /	Add Another Agency		
Sign	Sign Off (finish later) Previous Next		

Date of last contact		
When is your next appointment?		
If not scheduled, enter None.		
Reasons for Visits or Services: Include as much information as possible about the reasons for your visits. 1000 characters maximum. This is about 20 lines. If you need more space, continue in the Remarks section at the end of this report. <u>Count Characters</u> You have entered 0 characters		
	Check here if you want to add Another Place	
Sign Off (finish later)	Delete this Place	Previous Next

Contact Us | Tips for Using this Website

#### Rs001 Review and send: summary

	Security Online Disability Appeal			
www.so	claisecunty.gov	About You Medical History Review and Send		
	John G Public xx-xx-0092	Review and send: summary		
		Please review your answers below. Select "Edit" if you need to make a change. You can print or save a copy for your records.		
About	You Summary			
Inform	ation About You			
Genera	al Information			
Edit	John G Public	555 Main Street Anywhere, MD 21087		
People	We Can Contact A	bout Your Condition		
Edit	June Public	555 Main Street Baltimore, MD 21087		
Add	Add Another Contact			
About	Your Conditions Si	ince You Last Completed a Disability Report		
Chang	es in Your Conditio	ns		
Edit		egan January 2004 anges to your condition: Back pain is worse. Hard to stand and move around.		
New Pl	hysical or Mental Li	imitations		
Edit	Description of new	v physical or mental limitations: Back pain is worse. Hard to stand and move around.		
New C	onditions			
Edit	The new condition began January 2004 Description of new condition: Back pain is worse. Hard to stand and move around.			
About	Your Activities			
Edit	Description of changes to daily activities: Hard to stand and move around. Have to lay down a lot. Description of ability to care for personal needs: Cannot go grocery shopping. Hurts to move.			
Work a	and Training Since	You Last Completed a Disability Report		
	listory			
Edit	You said that you	have worked.		

Special Job Training Trade or Vocational School

Specia	I Job Training, Trade or Vocational School		
Edit	Job Training Completed: Went to truck driving school.,	June 2003	
Vocatio	onal Rehabilitation or Ticket-to-Work Program		
Edit	Don Miko Back to Work Inc	123 Main Street Baltimore, MD 21202	
Add	Another Agency		
Medica	Il History Summary		
About	Your Doctors and Other Medical Professionals		
About	Dr. John Ross		
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202	
About	Dr. George Warren		
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202	
About	Dr. Margaret Stine		
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202	
About	Dr. Fourth Doctor		
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202	
About	Dr. Fifth Doctor		
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202	
About	About Dr. Sixth Doctor		
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202	
About	Dr. Seventh Doctor		
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202	

About Dr. Eighth Doctor

About Dr. Eighth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Nineth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Tenth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Eleventh Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Twelfth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Thirteenth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Fourteenth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Fifteenth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Sixteenth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
About Dr. Seventeenth Doctor				
Edit Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202			
Alanis Da Firebéareéh Daaéar				

	Dr. Eighteenth Doctor	
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202
About	Dr. Nineteenth Doctor	
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202
About	Dr. Stephen Miles	
Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202
Add	Another Doctor	
About	Your Hospitals/Clinics	
	City General	
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
Edit	Outpatient visits were between January 4, 2004 and "No Date Ent	ered"
Edit	Emergency Room visits were on January 7, 2004	
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.	
About	County General	
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
Edit	Outpatient visits were between January 4, 2004 and "No Date Ent	ered"
Edit	Emergency Room visits were on January 7, 2004	
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine.	

About l	Jniversity Hospital		
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202	
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004		
Edit	Outpatient visits were between January 4, 2004 and "No Date Enter	ered"	
Edit	Emergency Room visits were on January 7, 2004		
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.		
About E	Bayside		
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202	
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004		
Edit	Outpatient visits were between January 4, 2004 and "No Date Entered"		
Edit	Emergency Room visits were on January 7, 2004		
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.		
About Main Street Professionals			
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202	
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004		
Edit	Outpatient visits were between January 4, 2004 and "No Date Enter-	ered"	
Edit	Emergency Room visits were on January 7, 2004		
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.		
About 6	Sixth Street Erec Clinic		

About S	Sixth Street Free Clinic	
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
Edit	Outpatient visits were between January 4, 2004 and "No Date Enter	ered"
Edit	Emergency Room visits were on January 7, 2004	
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.	
About H	lospital Seven	
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
Edit	Outpatient visits were between January 4, 2004 and "No Date Enter	ered"
Edit	Emergency Room visits were on January 7, 2004	
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.	
About H	łospital Eight	
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
Edit	Outpatient visits were between January 4, 2004 and "No Date Enter	ered"
Edit	Emergency Room visits were on January 7, 2004	
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.	
A I 4 I	1 14 - 1 MIL	

About I	lospital Nine		
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202	
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004		
Edit	Outpatient visits were between January 4, 2004 and "No Date Enter	ered"	
Edit	Emergency Room visits were on January 7, 2004		
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.		
About I	/lercy Hospital		
Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202	
Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004		
Edit	Outpatient visits were between January 4, 2004 and "No Date Enter	ered"	
Edit	Emergency Room visits were on January 7, 2004		
Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.		
Ad	d Another Hospital/Clinic		
About	About Your Medications		

#### About Your Medications

#### About Wellbutrin

Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.			
About X	About Xanax			
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.			
About Quonomine				
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.			
	shutal			

About	Arbutal
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Sergomax
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Livenol
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Allbetanow
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Medicine Eight
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Medicine Nine
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Medicine Ten
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Medicine Eleven
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Medicine Twelve
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Medicine Thirteen
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
About	Medicina Ecurtoan

About	Medicine Fourteen	
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.	
About	Tylenol	
Edit	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.	
Ad	Id Another Medication	
About	Your Medical Tests	
	d or have scheduled medical tests since you last gave us medical information. Select the "Add Another Type of outton if you would like to add another type of medical test that you have not told us about.	
About		
Edit	Date of test: March 2004 You did not indicate where this test was done or will be done. You did not indicate who sent you or will send you for this test.	
Add A	Another	
About	Microfiber Imaging 1 of 2	
Edit	Date of test: March 2004 You did not indicate what part of your 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 you or will send you for this test.	
About	Microfiber Imaging 2 of 2	
Edit	Date of test: March 2004 You did not indicate what part of your 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 you or will send you for this test.	
/	Add Another Microfiber Imaging	
A	dd Another Type of Test	
Other	Names Used	
Edit	You said that there are names on your medical records other than John G Public.	
Edit	Jack Public	
Add	I Another Name	
About	Your Other Medical Records	
	Workers' Compensation	
Edit	WC Office     123 Main St       Scott Glenn     Baltimore, MD 21202	
A	dd Another Workers' Comp	

About Welfare Agency				
Edit	Welfare Office You did not enter the contact name for this welfare agency.	You did not enter the address of this welfare agency. Baltimore, MD		
ŀ	Add Another Welfare Agency			
About	Prison or Jail			
Edit	Prison You did not enter the contact name for this prison or jail.	You did not enter the address of this prison or jail. Baltimore, MD		
Α	dd Another Prison or Jail			
About	Insurance Company			
Edit	Insurance Company You did not enter the contact name for this insurance company.	You did not enter the address of this insurance company. Baltimore, MD		
	Add Another Insurance Company			
About	Attorney/Lawyer Records			
Edit	Law Firm LawyerFN LawyerLN	You did not enter the address of this attorney/lawyer. Baltimore, MD		
	Add Another Attorney/Lawyer Records			
About	About Medical Records at Another Place			
Edit	Other Place OtherPlaceFN OtherPlaceLN	You did not enter the address of this other place. Baltimore, MD		
Ado	Add Another Place			
Si	Sign Off (finish later) Previous Next			
	Contact Us   Tips for Using this Website			

Contact Us | Tips for Using this Website

#### Rs002 Review and send: additional remarks

Social Security Online	Disability Appeal
www.socialsecurity.gov	
M + M	About You Medical History Review and Send
Name: John G Public SSN: xxx-xx-0092	Review and send: additional remarks
	You may provide comments or any additional information (such as doctors, hospitals, or medicines) below.
Please enter any additional remarks:	^
2000 characters maximum. This is about 40 lines of typing or about 320 words.	
Count Characters You have entered 0 characters	
	~
* Information About the Person Completing this Report	John G Public completed this report     June Public completed this report     Someone else completed this report

### Rs002 Review and send: additional remarks (continued)

the report for yourself.	
Name:	Suffix (if any)
(First, Middle Initial, Last)	
Address:	
(Street Address 1)	
(Street Address 2)	
(Street Address 3)	
(City, State, ZIP)	
Email Address (Optional)	
Relationship to Disabled Person	
Daytime Telephone Number	Extension:
Sign Off (finish later)	Previous Next
	Contact Us   Tips for Using this Website

If you completed this report for John G Public and you are not June Public, please provide the information requested below. Skip this part if you completed the report for yourself.

### Mrf001 Review and send: Medical Release Form

Social Security Online	Disability Appeal
www.socialsecurity.gov	About You Medical History Review and Send
	About You Medical History Review and Send
Name: John G Public SSN: xxx-xx-0092	Review and send: Medical Release Form
	In order to make a decision about your disability claim, we need to obtain your:
	Medical records
	Education records
	Other information related to your ability to perform tasks
	We will help get your records if you give us permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits.
	Read the Medical Release Form and make a selection below.
	l voluntarily authorize and request disclosure of all my medical records; also education records and other information related to my ability to perform tasks.
	○ I agree to electronically sign the Medical Release Form and submit it with my completed Disability Appeal. My electronic signature is the same as my handwritten signature. (Recommended)
	O I agree to print, sign and mail a paper copy of the Medical Release Form after submitting my completed Disability Appeal. I understand this may delay the processing of my disability claim.
Sign Off (finish later)	Previous Next

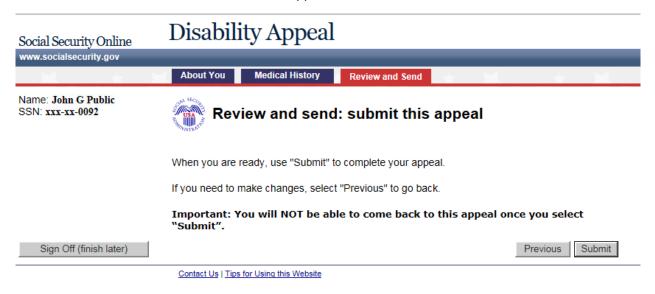
Contact Us | Tips for Using this Website

### Mrf002 Review and Send: Medical Release Form

Social Security Online	Disability Appeal		
www.socialsecurity.gov			
- M +	About You Medical History Review and Send		
Name: John G Public SSN: xxx-xx-0092	Review and send: Medical Release Form		
	After submitting your completed appeal, you will be asked to:		
	<ul> <li>Print a paper copy of the Medical Release Form</li> </ul>		
	Sign the Medical Release Form		
	Send the Medical Release Form to Social Security		
By not electronically signing the Medical Release Form, you may delay processing of your disability appeal.			
	To electronically sign the Medical Release Form, select "Previous" to go back.		
	Previous Next		

Contact Us | Tips for Using this Website

Rs003 Review and send: submit this appeal



### Rs004 Confirmation and printing

Social Security Online www.socialsecurity.gov **Disability Appeal** 

Name: John G Public SSN: xxx-xx-0092

### Nonfirmation and printing

Thank you. You can print your receipt for disability appeal report for your records.

Although you have submitted your disability appeal online, we still need a few items from you.

### Please print and complete the following:

- 1. Cover sheet.
- 2. <u>Medical Release Form (Authorization to Disclose information to the Social Security</u> <u>Administration)</u> (View <u>instructions</u> for completing this form.)
- 3. Form SSA-1696 (Appointment of Representative)
- 4. Form HA-4608 (Waiver of Your Right to Personal Appearance before an ALJ)

Mail your cover sheet and completed form(s) to any Social Security Office.

### If you are unable to print:

Some forms require Adobe Reader. If you do not already have this free software, refer to our page on <u>downloading and printing PDF documents</u>.

If you still cannot print, you can contact us and tell us you need the following:

- Form SSA-827 (Medical Release Form)
- Form SSA-1696 (Appointment of Representative)
- · Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ)

You can also try printing these forms later. Go to www.socialsecurity.gov and enter the form number (i.e. 827) in the search box.

Finish

Contact Us | Tips for Using this Website

### Msg001 Social Security's definitions of disability

Social Security Online www.socialsecurity.gov

### Disability Appeal

Social Security's definitions of disability

### Definition of Disability for Adults

We consider an adult disabled under Social Security rules if:

- The adult has a physical or mental impairment (or combination of impairments)

   That prevents him or her from working, and that
  - o Has lasted or can be expected to last for at least one year or to result in death.

Unlike other programs, Social Security pays only for total disability. **No benefits are payable for partial disability or for short-term disability.** Social Security program rules assume that working families have access to other resources to provide support during periods of short-term disabilities. These include workers' compensation, insurance, savings, and investments.

The above explanation of disability for adults is written in easy-to-understand language. For more details, <u>read the official definition of disability for adults</u> as written in the Social Security Act.

### Definition of Disability for Children Applying for SSI

We consider a child disabled under Social Security rules if:

- The child has a physical or mental impairment (or combination of impairments)

   That causes marked and severe functional limitations; and
  - Has lasted, or can be expected to last for at least one year or to result in death.
- The child is not working at a job that is considered substantial work.

The above explanation of disability for children is written in easy to understand language. For more details, <u>read the official definition of disability for children</u> as written in the Social Security Act.

### Msg002 How the disability Appeals Process works

Social Security Online www.socialsecurity.gov

### **Disability Appeal**

### How the disability Appeals Process works

Described below is what happens when you request a review of the determination made on your disability case:

- · You send a signed request for appeal to us.
- 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 disability report and to sign medical release forms if you have not
  already done so. If you have submitted the report we will review it to make sure all of the information is
  complete.
- · We will send your case to the office that determines if you are disabled under Social Security law.
- That office will request any new medical records that you have listed on your medical report.
- . That office will then review all of your medical records-both old and new.
- If you have requested a face-to-face review, that office will make an appointment to meet with you. You
  will have an opportunity to meet face-to-face with someone from the office that decides your case. If you
  want this face-to-face meeting, we will make the appointment with you.
- The decision-making office will notify you in writing of their decision on your case.

There are four possible steps in the disability appeals process. They must be completed in the order listed below if you disagree with the determination on your case.

Type of Appeal	Appeal Process	
Reconsideration	You should complete a Request for Reconsideration and an Appeal Disability Report. Both forms can be completed on the Internet, and submitted electronically to Social Security, or you can complete paper versions and send them to your local Social Security office. No matter how you complete the forms, Social Security will send your case to the State Disability Determination Services office. Someone there will review your medical records and make a new determination about your disability. It will not be the person whom made the last determination on your case. After reviewing your medical records, they will notify you in writing of their decision.	
Hearing	You should complete a Request for Hearing by Administrative Law Judge and an Appeal Disability Report. Both forms can be completed on the Internet, and submitted electronically to Social Security, or you can complete paper versions and send them to your local Social Security office. No matter how you complete the forms, Social Security will send your request to the Office of Disability Adjudication and Review. If you want to meet face-to-face with the judge, an appointment will be made for you. After talking with you and your representative, the judge will notify you in writing of his/her decision on your case.	
A	You chould complete a Dequest for Deview of Decision/Order of Administrative Law	
Appeals Council Review	You should complete a <u>Request for Review of Decision/Order of Administrative Law</u> <u>Judge</u> . You cannot do this on the Internet. Sign and send it to your local Social Security office. They will send your request to the Office of Disability Adjudication and Review. Someone there will review your medical records and notify you in writing of the decision	

	Someone there will review your medical records and notify you in writing of the decision on your case.
District Court Case	You must have an attorney at this level of appeal. He or she must file a case against Social Security in District Court. Your case will be heard by a district court judge who will notify you in writing of the decision on your case.

### Msg003 Social Security's disability programs

Social Security Online www.socialsecurity.gov

## **Disability Appeal**

Social Security's disability programs

When you apply for any of the disability programs explained below, we will collect medical and other information from you to decide if you meet <u>Social Security's definition of disability</u>.

### Social Security Benefits

You may qualify for

- Disability benefits if you are a disabled worker and you have worked and earned enough credits to become "insured."
- Survivor benefits if you are a disabled widow or widower, between 50 and 60 years of age, based on your deceased husband's or wife's work record.
- Child's benefits if you are a disabled child over age 18, and either of your parents is
  receiving Social Security benefits or is deceased and paid enough into Social Security
  before his or her death to be "insured."

### Supplemental Security Income (SSI) Payments

SSI provides money for such basic needs as food, clothing, and shelter for people who are blind or disabled. To get SSI you must have little or no income or assets.

### Medicare

Social Security has a special program for people of all ages who have kidney problems requiring dialysis or a kidney transplant. Medicare coverage is also available to people who have been entitled to Social Security disability benefits for 24 months and to government employees who meet Social Security's definition of disability and are "insured."

### Medicaid

Medicaid is a jointly-funded, Federal-State health insurance program for certain low-income and needy people. Eligibility requirements vary for each State. Medicaid is administered by the Centers for Medicare and Medicaid Services under the Department of Health and Human Services.

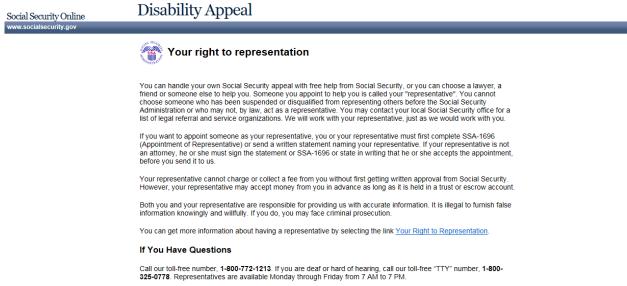
#### More Information

### More Information

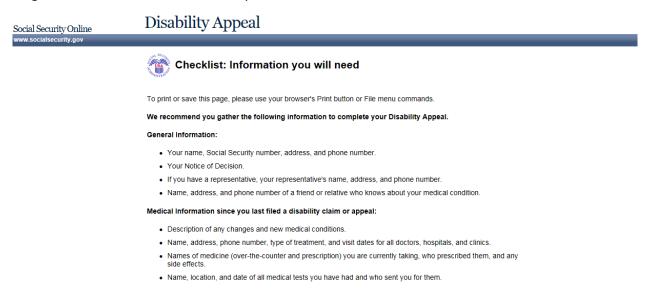
For more information on any of these program:

- See Social Security's <u>Disability Programs website</u>.
- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our tollfree "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.

### Msg005 Your right to representation



### Msg007 Checklist: Information you will need



# Msg008 You do not live in the United States Social Security Online Disability Appeal vww.socialsecurity.gov Vou do not live in the United States From Contract Social Security representative to make of the United States, its commonwealths, and territories. You need to contact a Social Security representative to make other arrangements to file an appeal. 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.

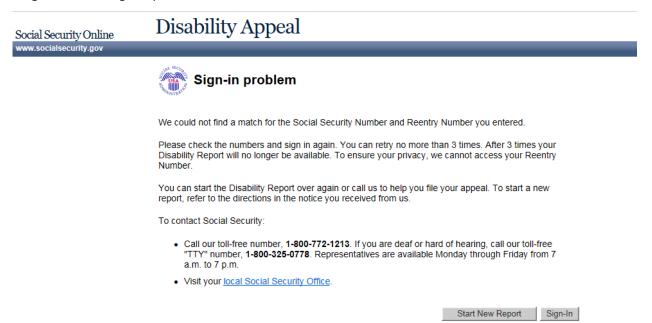
### Msg010 The information you entered does not match our records



### Msg016 Check the Social Security Number you entered



Previous



### Msg018 There is a pending report for this Social Security Number

### **Disability Appeal** Social Security Online www.socialsecurity.gov There is a pending report for this Social Security Number Based on the Social Security Number entered, you have already started an Internet Disability Report. . To go back to the report you already started, choose Reentry Sign-In below. You will need your Reentry Number. To ensure your privacy, we cannot access your Reentry Number. • To start over, choose Start a New Report below. If you start a new report, you will lose all of the information you entered on the report you already started. · If you haven't already started an Appeal Disability Report, check your Social Security Number and enter it again using the "Previous Page" button below. 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. Previous Re-entry Sign-In Start a new Report

### Msg019 You can no longer use the disability appeal report

### **Disability Appeal** Social Security Online www.socialsecurity.gov You can no longer use the disability appeal report We apologize for the inconvenience, but you can no longer submit information on this appeal over the Internet because: · you have already sent us your disability appeal report, or · we have already started processing your appeal. If you have new or additional information, please provide it by mail or in-person to your local Social Security office. Please contact your local Social Security office to: · submit additional information for your appeal, · tell us about any changes in your condition(s) or treatments, · report a change of address or contact information, · report starting work or a return to work, · check on the status of your 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.

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

### Msg020 You cannot use the Internet to complete your Appeal Request



### Msg021 You cannot complete this Internet Appeal Process at this time

# Social Security Online Disability Appeal www.socialsecurity.gov Image: Complete this Internet Appeal Process at this time Image: Complete this Internet Appeal Process, you must: Image: Complete this Internet Appeal Process, you must: Image: Have previously applied for and been denied disability benefits. Image: Have previously applied for and been denied disability benefits. Image: Have previously applied for and been denied disability benefits. Image: Have previously applied for and been denied disability benefits.

· Have had your claim processed through Social Security's electronic system.

Because you do not meet all of these requirements, your appeal request and disability report will have to be completed in person or by telephone. To begin that process you should contact Social Security:

To contact Social Security:

- Call our toll-free number, 1-800-772-1213. Explain that you are unable to use the online appeal process but do want to appeal the decision made in your case. If you are deaf or hard of hearing, call our toll-free "TTY" number,1-800-325-0778. A representative is available Monday through Friday from 7 a.m. to 7 p.m.
- Visit your local Social Security Office and tell the representative that you want to appeal the decision made on your case.

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

Social Security Online www.socialsecurity.gov **Disability Appeal** 

### Tips for using this website

### Saving and Printing

- · Your answers are saved automatically when you select "Next" to move to the next page.
- If you need to complete your appeal later, you can select "Sign Off (finish later)" after you
  receive your reentry number. When you return, you can continue where you left off.
- Before you submit the report, you will see a summary page. You can print the summary page for your records.
- If you want a copy of all of your answers on each page, you will need to print or save each page.

### Time Limits

There are time limits for each page. You will receive a warning after 25 minutes. You can extend your time on the page by selecting "OK." After the third warning on a page, you must leave the 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.

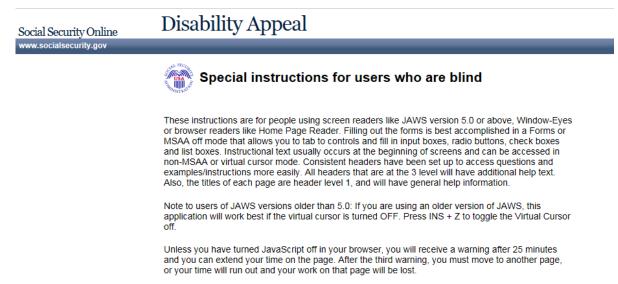
#### Navigation

- · Items marked with an asterisk (\*) are required.
- To move forward within the appeal, use the "Next" button at the bottom of the page. Do not use the "Enter" key to move around or to select from the drop down lists.
- To move backward through the appeal, use the "Previous" button at the bottom of the page. Do
  not use the "Back" button on your browser.
- To leave the report portion of your appeal, use the "Sign Off (finish later)" button at the bottom
  left of the page. Do not close your browser or use the "X" button to leave your report.
- After you complete a page, some answers are protected and cannot be changed by going back to that page. To make changes to a protected answer, continue moving forward. You will be able to change your answer when you reach a summary page.
- Summary pages have edit buttons for each page you have worked on. Use the edit button to change your answers on that page.

Accessibility

If you are navigating using only the keyboard or using an assistive device and need help, visit our web accessibility policy and help page.

### Msg024 Special instructions for users who are blind



# Msg025 Your session has expired Social Security Online Disability Appeal www.socialsecurity.gov Ware social security of the inconvenience but your session has expired. We are sorry for the inconvenience but your session has expired. Only the information you entered on the last page has been lost. All of the other information you entered on the last page has been lost. All of the other information you entered on the last page has been lost. All of the other 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 Disability Reports Appeal, 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.

### Msg026 We Cannot Process Your Request

Social Security Online www.socialsecurity.gov

# **Disability Appeal**

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 your Social Security record.

To resolve the discrepancy, please contact a Social Security representative:

- 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.

### Msg027 We cannot process your request at this time



Friday from 7 a.m. to 7 p.m.

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

### Msg028 This service is not available at this time

Social Security Online www.socialsecurity.gov

# **Disability Appeal**

This service is not available at this time

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.

Msg029 You have reached the limit on the number of requests to enter the Disability Report

 Social Security Online
 Disability Appeal

 www.socialsecurity.gov
 Image: Control of Control of

### Msg030 We are processing your request



Next

### Msg031 Limit on the number of new reports started

Social Security Online www.socialsecurity.gov

# **Disability Appeal**

Limit on the number of new reports started

You have reached the limit on the number of requests you can make to start a new Appeal 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.
- If you do not wish to continue with the report you already started, contact Social Security to
  make other arrangements to complete an Appeal Disability Report. Be sure to tell the
  representative that you tried the Internet Appeal Disability Report and received this message.

To contact Social Security:

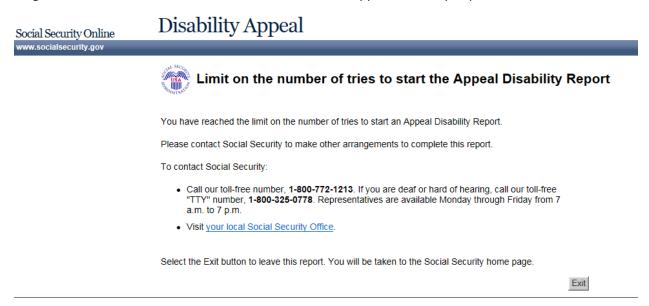
- Call our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free "TTY"; number, 1-800-325-0778. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Visit your local Social Security Office.

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

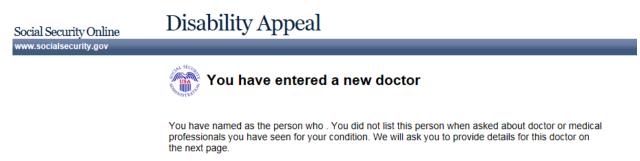
Sign-In

Msg033	Please confirn	ase confirm (1)		
Social Security Or www.socialsecurity.g	lille	ability Appeal		
		Please confirm		
		You indicated that you want to delete this entry. Please confirm that you would like us to delete this information. Once it is deleted, it cannot be restored.		
	Are yo	u sure you want to delete this entry?		
		Yes, Delete No, Don't Delete		

Msg034 Limit on the number of tries to start the Appeal Disability Report



### Msg035 You have entered a new doctor



Next

### Msg037 Please confirm (2)

Social Security Online www.socialsecurity.gov

# **Disability** Appeal

Please confirm

You chose to delete this entry.

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?

Yes, Delete No, Don't Delete

### Msg038 Please confirm (3)

Social Security Online www.socialsecurity.gov



Please confirm

You chose to delete this entry.

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' to clear or change information about this hospital on the previous page.

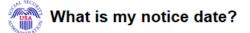
Are you sure you want to delete this?

Yes, Delete No, Don't Delete

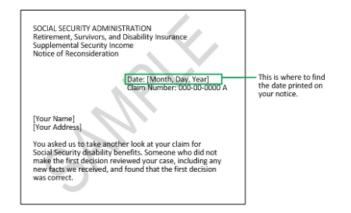
### Msg040 What is my notice date?

Social Security Online www.socialsecurity.gov

# **Disability Appeal**



Please refer to the notice of decision that was mailed to you.



### Msg041 About your notice

Social Security Online www.socialsecurity.gov

# **Disability Appeal**

About your notice

Please refer to the notice of decision that was mailed to you. Your notice title should be one of the following:

- Notice of Disapproved Claim
- Notice of Reconsideration



### Msg042 Who is the wage earner?

Social Security Online www.socialsecurity.gov

# **Disability** Appeal

### Who is the wage earner?

The wage earner is a person who earns Social Security credits while working for wages or selfemployment income. He or she is sometimes referred to as the "Number Holder" or "Worker".

If the Claim Number is not your own Social Security Number, then the wage earner is the spouse or parent on whose record you filed for disability. You should enter his or her name in the space provided.

You may continue without providing this information.

### If You Have Questions

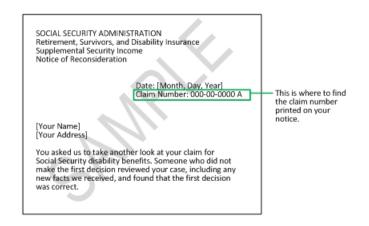
Call our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 AM to 7 PM.

Social Security Online www.socialsecurity.gov

# **Disability** Appeal

About your claim number

Please refer to the notice of decision that was mailed to you.



#### Msg044

We cannot match your ZIP code

Social Security Online www.socialsecurity.gov

# **Disability Appeal**

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 AM to 7 PM.
- · Visit a 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.

### Msg045 Hours of operation

Social Security Online www.socialsecurity.gov

# **Disability Appeal**

Hours of operation

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

The Disability Appeal 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: www.socialsecurity.gov/disability/appeal

Next

#### Msg046 Other ways to complete a disability appeal

Social Security Online www.socialsecurity.gov

## **Disability Appeal**

M Other ways to complete a disability appeal

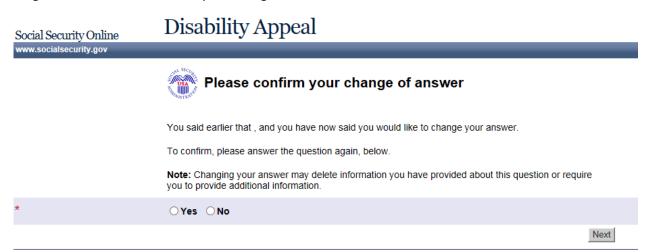
If you prefer not to complete an appeal request or a Disability Report on the Internet, you can use any of the following ways:

- Call our toll-free number, 1-800-772-1213. Explain that you don't want to use the online appeal
  process but do want to appeal the decision made in your case. Representatives are available
  Monday through Friday from 7 AM to 7 PM. If you are deaf or hard of hearing, call our toll-free
  "TTY" number, 1-800-325-0778.
- Contact your local Social Security Office and tell our representative that you want to appeal the decision made on your case.
- Refer to your denial notice to find out the kind of appeal you need to request. You can print the
  form you need from our Forms Page. In addition to the appeal request form, you will need to
  print and complete a paper Appeal Disability Report (SSA-3441) and an Authorization to
  Disclose Information to SSA (SSA-827). After you print out and complete all three forms, you
  should mail them to your local Social Security Office. We will be able to take action more
  quickly if we receive all three forms at the same time.

Note: You must have Adobe Reader on your computer to read and print the forms. If you do not have a current version of Adobe Reader, use this link to get a free copy of Adobe Reader.

• If you live outside the United States, see Service Around the World.

### Msg047 Please confirm your change of answer



### Msg048 Submitting additional medical evidence



# Disability Appeal

Submitting additional medical evidence

We can request your medical records directly from your providers. Please include the name and address of any doctor, hospital, or other provider when you complete the disability portion of your appeal.

If you have additional medical evidence in your possession that you wish to submit, please send it to Social Security. We will give you the address of your local office.

Msg049	out You: Work History		
Social Security Onlin www.socialsecurity.gov	Disability Appeal		
www.socialseculity.gov			
	Work history		
* Have you worked you last completed Disability Report?			
If yes, we will contact y more information.	for		
	Next		

Msg050	Changin	ng the name of this test		
Social Security Online		Disability Appeal		
www.socialsecurity.gov		Changing the name of this test You have 2 Microfiber Imaging. 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 chang Microfiber Imaging	-	Microfiber Imaging		
		No, Don't Change Yes, Change Name		

### Msg051 Contact us

Social Security Online www.socialsecurity.gov

# **Disability** Appeal



If you need to talk with us, 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.
- · Contact your local Social Security Office.

#### Examples of changes to your condition

Social Security Online www.socialsecurity.gov

Msg052

## **Disability Appeal**

Examples of changes to your condition

- Even though they took out the first tumor, now the cancer has spread to new places. Some tumors are inoperable and none of the treatments are working. The pain is worse and it hurts all the time.
- Although my broken bones healed, the bones were not straight and the doctor had to rebreak them and reset them with pins. Even after 3 months I'm still using a wheelchair to get around. The pain medication makes me groggy and I fall asleep several times a day.
- I have developed high blood pressure and my diabetes can no longer be controlled easily. I have to monitor my blood at least 3 times a day. I lost 25 pounds in the past two months.
- There were complications during my surgery and I'm not recovering very well. I got an infection
  and it is not healing. The doctor keeps trying different antibiotics.
- I seem to fall down more often. I have sprained my wrist, hurt my head and have multiple bruises. I have trouble concentrating and have become more and more forgetful. My wife has to remind me about doctors appointments. Sometimes I can't remember how to add or subtract.
- The child's asthma and allergies have gotten worse. She coughs all of the time and needs breathing treatments every day. She developed a severe, scaly rash all over her body. Her allergies now include: dogs, cats, pollen, trees, wheat, and nuts.

#### Msg053 Examples of new physical or mental limitations

Social Security Online www.socialsecurity.gov

# **Disability Appeal**

Examples of new physical or mental limitations

- I have trouble concentrating and have become more and more forgetful. My wife has to remind me about doctors appointments. Sometimes I can't remember how to add or subtract.
- My hearing is getting worse. Even with my hearing aid, I can barely understand what people say. I use closed captioning to watch TV and the TTY network for phone calls. I've always worked in jobs that require public contact and I can't do that any more.
- I am depressed and anxious. About 4 days a week I don't get out of bed except to go to the bathroom and get a piece of toast and some water. I don't answer the phone or the door bell when I don't want to get up. I don't want to see people and I don't want them to see me like this.
- Because his cerebral palsy has gotten worse, he now has trouble walking. He uses a
  wheelchair most of the time. This week he has begun to have difficulty speaking.
- She can't keep up in class any more.

### Msg054 Examples of new conditions



# Disability Appeal

## Examples of new conditions

- I hurt my back and had surgery about 6 months ago. I still have back pain every day. It is a dull
  ache that I can live with most of the time, but if I am on my feet for over 2 hours the ache gets
  worse and I have to sit down and rest. If I try to lift anything heavier than a gallon of milk I get
  sharp stabbing pains in my lower back that shoots into my left leg. When the pain gets that bad
  it lasts about 2 hours. I need to lie down to get any relief.
- I see a doctor because I'm depressed. I am taking medication and it keeps me from seeing the world as hopeless, but I still have no interest in life anymore. I don't care whether or not I get up in the morning on most days. Unless I have to go to the doctor's office I don't see much reason to get up. I don't sleep well and I have no appetite. I have to be reminded to bathe and comb my hair.

#### Msg055 Medical test descriptions



## **Disability Appeal**



#### Speech/Language Test

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

#### Hearing Test

This is a test in which a specialist plays tones of varying frequencies through earphones worn by the person; the person'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 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)

#### 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.

### Msg056 Examples of ability to care for personal needs

Social Security Online www.socialsecurity.gov

# Disability Appeal

## Examples of ability to care for personal needs

- I can no longer get in and out of the bathtub because of the pain in my back. I must take a shower.
- My fingers are too stiff to button my shirt.
- · I'm too depressed to leave the house. My family does my shopping for me.
- · My child is home-schooled now because the asthma has gotten worse.

## Disability Appeal

### How to complete the medical release form

- Read 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.
- Be sure the name of the person whose records must be disclosed (the claimant or beneficiary) is written in the upper right corner of the form, with his or her own Social Security Number.
- Do not fill in the large empty box in the middle of the form; SSA will use this space to help the source identify the information we need.
- Do not put a check in the empty block under "PURPOSE" unless SSA specifically asks you to do so.
- 5. INDIVIDUAL SIGN Sign each form in this block.
  - An adult should sign his or her own form.
  - $\circ~$  An individual can sign with an "X" if necessary.
  - If an individual has been declared legally incompetent, his or 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 SSA.
- 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.
- 7. ALWAYS enter the DATE the form is signed.
- 8. Enter the address and daytime phone number of the individual signing the form.
- 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 required only if the subject of the disclosure signs with an "X".

#### Msg072 Paperwork Reduction Act

Social Security Online www.socialsecurity.gov

# **Disability Appeal**



This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB Control Number for the Internet Appeal Disability Report is 0960-0144. The expiration date for this OMB Control Number is 09/30/2013. We estimate you will need 15 to 45 minutes, with an average of 30 minutes, to complete this Appeal Disability Report.

You may send comments on our time estimate about to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send ONLY comments relating to our time estimate to this address, not the completed form.

#### If You Have Questions

Call our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our tollfree "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 AM to 7 PM.

# **Disability Appeal**

# Paperwork Reduction Act

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB Control Number for the Request for Hearing By An Administrative Law Judge is 0960-0269. The expiration date for this OMB Control Number is 9/30/2011. We estimate that it will take about 19 minutes to read the instructions, gather the facts, and answer the questions for a Request for Hearing.

You may send comments on our time estimate about to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send ONLY comments relating to our time estimate to this address, not the completed form.

#### If You Have Questions

Call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**). Representatives are available Monday through Friday from 7 AM to 7 PM.

#### Msg072rc Paperwork Reduction Act (rc)

Social Security Online www.socialsecurity.gov

# **Disability Appeal**

## Paperwork Reduction Act

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB Control Number for the Request For Reconsideration is 0960-0622. The expiration date for this OMB Control Number is 8/31/2013. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions for a Request for Reconsideration.

You may send comments on our time estimate about to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send ONLY comments relating to our time estimate to this address, not the completed form.

#### If You Have Questions

Call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**). Representatives are available Monday through Friday from 7 AM to 7 PM.

**Disability Appeal** Social Security Online www.socialsecurity.gov Name: John G Public SSN: xxx-xx-0092 Receipt for disability appeal report Please print or save this page for your records. Thank you. We received your disability appeal report on March 13, 2013 at 9:03:25 am Eastern Time. We will process it at your local Social Security Office. What to expect: · While we are processing your appeal, we may contact you for more information or to set up an interview. We may ask you to fill out additional forms. · If we need more medical evidence, we may ask you to see a doctor for a special examination. We will pay for this. If you have medical records that you have not given to us before, mail them to your local Social Security Office. · Please contact Social Security, immediately, if you: Go to a new doctor · Have a new medical test done · Have a change in your condition · Go to work · Change your address or phone number If you need to contact Social Security, you can: Call our toll-free number, 1-800-772-1213 ("TTY" number, 1-800-325-0778). Representatives are available Monday through Friday from 7 a.m to 7 p.m. · Contact your local Social Security Office. Close this window to return to the appeal process.

#### 90

#### Msg081 Cover sheet

Social Security Online www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0092



**Disability Appeal** 

Date: March 13, 2013

John Public's contact information:

555 Main Street Anywhere, MD 21087 (410) 555-1212

Name of person completing this disability report: John Public

#### The following items are attached (check all that apply):

\_\_\_\_Medical Release (Authorization to Disclose information to the Social Security Administration)

Form SSA-1696 (Appointment of Representative)

Form HA-4608 (Waiver of Right to Personal Appearance)

Other medical evidence

Other (Please list below.)

#### Mail completed forms to any Social Security Office

John Public's local Social Security office is located at:

SOCIAL SECURITY ADMINISTRATION 28 ALLEGHENY AVENUE TOWSON, MD 21204 (866) 614-4758

#### Print the Questionnaire for Children Claiming SSI Benefits (conditional)

Msg082

#### Social Security Online www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0092

### Print the questionnaire for children claiming SSI benefits

This form asks for information that is specific to children and not covered on the Appeal Disability Report. It asks you to give us information about people who can tell us more about how the child's condition affects his or her activities and how he or she functions on a day-to-day basis. This kind of information helps us to determine what the child is limited in doing.

#### What you need to do:

**Disability** Appeal

- Print the Questionnaire for Children Claiming SSI Benefits. See the link below to access the form. When you select the link, the form will launch in a new browser window. You should close the window after you have printed the form in order to return to this Appeal Disability Report. 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.
- Complete and sign the form. Note: This should be signed by the child's parent, legal guardian, or other person authorized by State law to act for the child.
- Mail it along with all the relevant forms to Social Security at the address we will give you.

Print one copy. SSA-3881 Questionnaire for Children Claiming SSI Benefits

#### If you have printing problems:

Please try again. If you are still unable to print, 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 Questionnaire for Children Claiming SSI Benefits form.

# Disability Appeal

Privacy information for Internet Appeals

Sections 205(a) (42 U.S.C. 405(a)), 702 (42 U.S.C. 902), 1631(e) (1) (A) and; (B) (42 U.S.C. 1383(e) (1) (A) and (B)), 1839(i) (42 U.S.C. 1395r), 1869(b) (1), and (c) (42 U.S.C. 1395ff) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to continue processing your claim.

Providing this information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision on your claim.

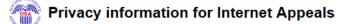
We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

- To enable a third party or an agency to assist Social Security in establishing rights to Medicare benefits and/or coverage;
- To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans Affairs);
- To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- To facilitate statistical research, audit, or investigate activities necessary to assure the integrity of Social Security programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in System of Records Notices 60-0089, Claims Folder System and 60-0050, Completed Determination-Continuing Disability Determinations. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at <u>www.socialsecurity.gov</u> or any local Social Security office.

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Section 205(a), of the Social Security Act as amended, [42 U.S.C. 405(a)] and Title 20 C.F.R. 404.907 - 404.922 and 416.1407 - 416.1422 authorize us to collect this information. We will use this information to help us determine your entitlement to benefits. Providing this information is voluntary. However, failing to provide us with all or part of the requested information may affect our ability to re-evaluate the decision on your claim.

We rarely use the information you provide on this form for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans Affairs);
- To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
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A complete list of routine uses for this information is available in our System of Records Notice entitled Claims Folder System 60-0089, and 60-0103, Supplemental Security Income Record and Special Veterans Benefits. These notices, additional information regarding this form, and information regarding our programs and systems, are available online at <u>www.socialsecurity.gov</u> or at any local Social Security office.