

# i3441 Disability Report

The screenshot shows the Social Security Online Disability Appeal page. At the top left is the Social Security Administration logo and the text "Social Security Online" and "www.socialsecurity.gov". The main heading is "Disability Appeal". Below the heading is a welcome message: "Welcome. Thank you for filing your disability appeal online." The page is divided into two main sections. The left section, titled "Before you begin...", provides instructions on having a "Notice of Decision" and lists recommended links: "Video: Preparing to File Your Disability Appeal Online", "Checklist: Information You Will Need", "Tips for Using this Website", and "Instructions for Blind or Visually Impaired Users". It also includes a "You may also want to review:" section with links to "Social Security's Definition of Disability", "How the Disability Appeal Process Works", "Information About Social Security's Disability Programs", "Your Right to Representation", "Information for Representatives", and "Other Ways to Complete a Disability Appeal". The right section contains two boxes. The top box, "To start your disability appeal...", includes a link to "Tips for Using this Website" and a "Start Your Appeal" button. The bottom box, "To continue working on your disability appeal...", includes a link to "Go Back to the Appeal You Already Started". At the bottom of the page, there are links for "Contact Us" and "Tips for Using this Website".

Social Security Online  
www.socialsecurity.gov

## Disability Appeal

**Welcome. Thank you for filing your disability appeal online.**

**Before you begin...**

You need to have your [Notice of Decision](#).

**We recommend you review the following links:**

- [Video: Preparing to File Your Disability Appeal Online](#)
- [Checklist: Information You Will Need](#)
- [Tips for Using this Website](#)
- [Instructions for Blind or Visually Impaired Users](#)

**You may also want to review:**

- [Social Security's Definition of Disability](#)
- [How the Disability Appeal Process Works](#)
- [Information About Social Security's Disability Programs](#)
- [Your Right to Representation](#)
- [Information for Representatives](#)
- [Other Ways to Complete a Disability Appeal](#)

**To start your disability appeal...**  
Please read [Tips for Using this Website](#).

**To continue working on your disability appeal...**  
If you want to finish a disability appeal you already started:

[Contact Us](#) | [Tips for Using this Website](#)

## Disability Appeal



### 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](#)

# Disability Appeal



## Claimant information

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

\* **Claimant Name:**    Suffix (if any)

(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:**

\* **What is the date on the "Notice of Decision" you received?**

(If you do not know which date we are referring to, see [What Is My Notice Date?](#))

\* **Claimant residence ZIP code:**

(Enter the ZIP code for the **address where the claimant lives**. This helps us to process the appeal properly.)

Next

# Disability Appeal

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



## Request for hearing by administrative law judge

OMB No. 0960-0269  
[Paperwork Reduction Act](#)

Your privacy is important. For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

**Claimant Name:** John G Public

(First, Middle, Last)

**\* Claimant Address:**

Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101. If the 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)    21087

**Claimant Telephone Number:**

Example: (111) 222-3333

**\* I have additional evidence to submit:**  Yes  No

If yes, you will be asked to give us the name and address of the source of additional evidence in Part 2 of the Internet Appeal process. For more information about how to submit additional evidence, use the link [Submitting Additional Evidence](#).

**Do you wish to appear at a hearing?**

\* 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 [Waiver of Your Right to Personal Appearance Before an ALJ](#), 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

(Street Line 4)

\* (City, State, ZIP Code)

Claimant Telephone Number:   
Example: (111) 222-3333

Wage Earner Name (If different from Claimant):   Suffix (if any)

(First, Middle, Last)  
[Who is the Wage Earner?](#)

Claimant Social Security Number(SSN): xxx-xx-0093

Claimant Claim Number (If different from SSN):   
[What is the Claim Number?](#)

Supplemental Security Income (SSI) Claim Number:   
[What is the Claim Number?](#)

**I do not agree with the determination made on the above claim and request reconsideration.**

Enter a brief explanation of the reason for your appeal. 205 character maximum. This is about 4 lines of typing. **\* My reasons are:**

Count Characters You have entered 0 characters

**\* Do you currently have a representative?**  Yes  No

**\* Select one:**

I am completing this form as the Claimant.  
 I am completing this form as the Claimant's Representative.

# Disability Appeal

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 [form SSA-1696 \(Appointment of Representative\)](#). See [About Your Right to Representation](#) 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 address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

\* **Mailing Address:**

Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 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)

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## Disability Appeal

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.



**The answers you provided are shown in bold text. This will be your last chance to change your answers.**

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 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 **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.

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

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 **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**.

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

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



## 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. **Select "Next" to continue.**

Your reentry number is: **15867932**

To continue with this appeal later, go to [www.socialsecurity.gov/disability/appeal](http://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

## 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. **Select "Next" to continue.**

Your reentry number is: **37649726**

To continue with this appeal later, go to [www.socialsecurity.gov/disability/appeal](http://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

# 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](#)

## 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](http://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 [other ways to complete your appeal](#).

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

No, Return to Appeal

Yes, I want to Sign Off

# 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 to read our [Privacy Act Statement](#).

### The name and address were 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:**

We need to know how to contact or leave a message for the claimant.

**Extension:**

- This is the claimant's phone number.
- The claimant does not have a phone, but you can leave a message at this number.

**Email Address:**

(Optional)

- Uncle
- Cousin
- Stepmother
- Stepfather
- Neighbor
- Friend
- Significant Other
- Other (such as Social Worker, Attorney, Legal Representative) :

**\* Address:**

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

# Disability Appeal

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



## About you: updated information

Please tell us about changes in your illnesses, injuries, or conditions **since you last completed a Disability Report**. 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 Since You Last Completed a Disability Report

\* Have you worked?  Yes  No

If yes, we will contact you for more information.

 Have you completed any of special job training, trade or vocational school?  Yes  No

Examples: Auto mechanics, cosmetology, computer courses

Change question as follows:  
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, vocational school, or college classes?

Add the following screen(s):  
Certificates/licenses/degrees attained, if any:  
Date of attainment:

\* 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)?  Yes  No

Sign Off (finish later)

Previous Next



# Disability Appeal

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



## About you: describe changes in your conditions

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

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.

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.

**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.

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.

**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.

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.

# Disability Appeal

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



## 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.

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.

[Examples](#)

You have entered 0 characters

# Disability Appeal

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

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

# 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

Information from plans or programs you have participated or are participating in helps us understand your conditions more fully.

- an individual work plan with an employment network under the Ticket to Work Program;
- an individualized plan for employment with a vocational rehabilitation agency or any other organization;
- a Plan to Achieve Self Support;
- an individualized education program through an educational institution (if a student age 18 - 21); or
- any program providing vocational rehabilitation, employment services, or other support services to help you go to work

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 since you last completed a Disability Report 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:

If you don't have the full street address, give us as much as you can. Be sure to include the city and state. Please do NOT use punctuation; for example, no periods 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 period 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.

You have entered 0 characters

Check here if you want to add another plan or program

# Disability Appeal

[About You](#) [Medical History](#) [Review and Send](#)

Name: **John G Public**  
SSN: 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.

**Note:** 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.

### Information About You

#### General Information

John G Public 555 Main Street  
Anywhere, MD 21087

#### People We Can Contact About Your Condition

June Public 555 Main Street  
Baltimore, MD 21087

### About Your Conditions Since You Last Completed a Disability Report

#### Changes in Your Conditions

These changes began January 2004  
Description of changes to your condition: Back pain is worse. Hard to stand and move around.

#### New Physical or Mental Limitations

Description of new physical or mental limitations: Back pain is worse. Hard to stand and move around.

#### New Conditions

The new condition began January 2004  
Description of new condition: Back pain is worse. Hard to stand and move around.

#### About Your Activities

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 and Training Since You Last Completed a Disability Report

#### Work History

You said that you have worked.

#### Special Job Training, Trade or Vocational School

Job Training Completed: Went to truck driving school., June 2003

#### Vocational Rehabilitation or Ticket-to-Work Program

Don Miko 123 Main Street  
Back to Work Inc Baltimore, MD 21202



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.

You have entered 0 characters

A large text area for entering reasons for visits or services, with a vertical scrollbar on the right side.

Check here if you want to add Another Place

[Contact Us](#) | [Tips for Using this Website](#)

Rs001 Review and send: summary

Social Security Online  
www.socialsecurity.gov

## Disability Appeal

About You

Medical History

Review and Send

Name: **John G Public**  
SSN: **xxx-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

##### Information About You

###### General Information

Edit

John G Public

555 Main Street  
Anywhere, MD 21087

###### People We Can Contact About Your Condition

Edit

June Public

555 Main Street  
Baltimore, MD 21087

Add Another Contact

##### About Your Conditions Since You Last Completed a Disability Report

###### Changes in Your Conditions

Edit

These changes began January 2004

Description of changes to your condition: Back pain is worse. Hard to stand and move around.

###### New Physical or Mental Limitations

Edit

Description of new physical or mental limitations: Back pain is worse. Hard to stand and move around.

###### New Conditions

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 and Training Since You Last Completed a Disability Report

###### Work History

Edit

You said that you have worked.

###### Special Job Training, Trade or Vocational School

Rs001 Review and send: summary (continued)

**Special Job Training, Trade or Vocational School**

[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 Another Agency](#)

**Medical History Summary**

**About Your Doctors and Other Medical Professionals**

**About Dr. John Ross**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. George Warren**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Margaret Stine**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Fourth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Fifth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Sixth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Seventh Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Eighth Doctor**

Rs001 Review and send: summary (continued)

**About Dr. Eighth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Nineth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Tenth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Eleventh Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Twelfth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Thirteenth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Fourteenth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Fifteenth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Sixteenth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Seventeenth Doctor**

[Edit](#) Main Street Professionals 123 Main St  
Reason for visit: Back Pain Baltimore, MD 21202  
Treatments received: Novacaine shots to my spine.

**About Dr. Eighteenth Doctor**

Rs001 Review and send: summary (continued)

**About Dr. Eighteenth Doctor**

<input type="button" value="Edit"/>	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202
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**About Dr. Nineteenth Doctor**

<input type="button" value="Edit"/>	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202
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**About Dr. Stephen Miles**

<input type="button" value="Edit"/>	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202
-------------------------------------	---	------------------------------------

**About Your Hospitals/Clinics**

**About City General**

<input type="button" value="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
<input type="button" value="Edit"/>	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
<input type="button" value="Edit"/>	Outpatient visits were between January 4, 2004 and "No Date Entered"	
<input type="button" value="Edit"/>	Emergency Room visits were on January 7, 2004	
<input type="button" value="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**

<input type="button" value="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
<input type="button" value="Edit"/>	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
<input type="button" value="Edit"/>	Outpatient visits were between January 4, 2004 and "No Date Entered"	
<input type="button" value="Edit"/>	Emergency Room visits were on January 7, 2004	
<input type="button" value="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.	

Rs001 Review and send: summary (continued)

**About University Hospital**

[Edit](#) Hospital/Clinic Record #: 12345678 123 Main Street  
You did not enter any doctors whom you see on a regular basis Baltimore, MD 21202  
at this hospital/clinic.  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

[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 Bayside**

[Edit](#) Hospital/Clinic Record #: 12345678 123 Main Street  
You did not enter any doctors whom you see on a regular basis Baltimore, MD 21202  
at this hospital/clinic.  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

[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 123 Main Street  
You did not enter any doctors whom you see on a regular basis Baltimore, MD 21202  
at this hospital/clinic.  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

[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 Sixth Street Eye Clinic**

Rs001 Review and send: summary (continued)

About Sixth Street Free Clinic		
<a href="#">Edit</a>	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
<a href="#">Edit</a>	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
<a href="#">Edit</a>	Outpatient visits were between January 4, 2004 and "No Date Entered"	
<a href="#">Edit</a>	Emergency Room visits were on January 7, 2004	
<a href="#">Edit</a>	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 Hospital Seven		
<a href="#">Edit</a>	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
<a href="#">Edit</a>	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
<a href="#">Edit</a>	Outpatient visits were between January 4, 2004 and "No Date Entered"	
<a href="#">Edit</a>	Emergency Room visits were on January 7, 2004	
<a href="#">Edit</a>	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 Hospital Eight		
<a href="#">Edit</a>	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
<a href="#">Edit</a>	Inpatient Stays: From: January 15, 2004 To: January 19, 2004	
<a href="#">Edit</a>	Outpatient visits were between January 4, 2004 and "No Date Entered"	
<a href="#">Edit</a>	Emergency Room visits were on January 7, 2004	
<a href="#">Edit</a>	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.	

Rs001 Review and send: summary (continued)

**About Hospital Nine**

- Hospital/Clinic Record #: 12345678 123 Main Street  
You did not enter any doctors whom you see on a regular basis Baltimore, MD 21202  
at this hospital/clinic.  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit
- Inpatient Stays:  
From: January 15, 2004 To: January 19, 2004
- Outpatient visits were between January 4, 2004 and "No Date Entered"
- Emergency Room visits were on January 7, 2004
- 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 Mercy Hospital**

- Hospital/Clinic Record #: 12345678 123 Main Street  
You did not enter any doctors whom you see on a regular basis Baltimore, MD 21202  
at this hospital/clinic.  
Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit
- Inpatient Stays:  
From: January 15, 2004 To: January 19, 2004
- Outpatient visits were between January 4, 2004 and "No Date Entered"
- Emergency Room visits were on January 7, 2004
- 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 Your Medications**

**About Wellbutrin**

- Reason for medicine: Back Pain  
Side effects: None  
You did not indicate which doctor or medical professional prescribed this medication.

**About Xanax**

- Reason for medicine: Back Pain  
Side effects: None  
You did not indicate which doctor or medical professional prescribed this medication.

**About Quonimine**

- Reason for medicine: Back Pain  
Side effects: None  
You did not indicate which doctor or medical professional prescribed this medication.

**About Arbutal**



Rs001 Review and send: summary (continued)

<b>About Arbutal</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Sergomax</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Livenol</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Allbetanow</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Medicine Eight</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Medicine Nine</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Medicine Ten</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Medicine Eleven</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Medicine Twelve</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Medicine Thirteen</b>	
<a href="#">Edit</a>	Reason for medicine: Back Pain Side effects: None You did not indicate which doctor or medical professional prescribed this medication.
<b>About Medicine Fourteen</b>	

Rs001 Review and send: summary (continued)

**About Medicine Fourteen**

Reason for medicine: Back Pain  
Side effects: None  
You did not indicate which doctor or medical professional prescribed this medication.

**About Tylenol**

Reason for medicine: Back Pain  
Side effects: None  
You did not indicate which doctor or medical professional prescribed this medication.

**About Your Medical Tests**

You had or have scheduled medical tests since you last gave us medical information. Select the "Add Another Type of Test" button if you would like to add another type of medical test that you have not told us about.

**About**

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.

**About Microfiber Imaging 1 of 2**

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**

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.

**Other Names Used**

You said that there are names on your medical records other than John G Public.

Jack Public

**About Your Other Medical Records**

**About Workers' Compensation**

WC Office  
Scott Glenn  
123 Main St  
Baltimore, MD 21202

Rs001 Review and send: summary (continued)

**About Welfare Agency**

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

**About Prison or Jail**

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

**About Insurance Company**

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

**About Attorney/Lawyer Records**

Law Firm  
LawyerFN LawyerLN You did not enter the address of this attorney/lawyer.  
Baltimore, MD

**About Medical Records at Another Place**

Other Place  
OtherPlaceFN OtherPlaceLN You did not enter the address of this other place.  
Baltimore, MD

[Contact Us](#) | [Tips for Using this Website](#)

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.

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

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

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

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.

**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:**

[Contact Us](#) | [Tips for Using this Website](#)

# Disability Appeal

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.

**I 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)
- 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

# Disability Appeal

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:

- Print a paper copy of the Medical Release Form
- 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

Rs003

Review and send: submit this appeal

Social Security Online  
www.socialsecurity.gov

## Disability Appeal

About You

Medical History

Review and Send

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



### Review and send: submit this appeal

When you are ready, use "Submit" to complete your appeal.

If you need to make changes, select "Previous" to go back.

**Important: You will NOT be able to come back to this appeal once you select "Submit".**

Sign Off (finish later)

Previous

Submit

[Contact Us](#) | [Tips for Using this Website](#)



## Disability Appeal

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



### Confirmation 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. [Medical Release Form \(Authorization to Disclose information to the Social Security Administration\)](#)  
(View [instructions](#) 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 [downloading and printing PDF documents](#).

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](http://www.socialsecurity.gov) and enter the form number (i.e. 827) in the search box.

Finish

## 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
  - 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, [read the official definition of disability for adults](#) 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, [read the official definition of disability for children](#) as written in the Social Security Act.

Close this window to return to the appeal process.

# 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
<b>Reconsideration</b>	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.
<b>Hearing</b>	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.
<b>Appeals Council Review</b>	You should complete a <a href="#">Request for Review of Decision/Order of Administrative Law Judge</a> . 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 on your case.
<b>District Court Case</b>	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.

Close this window to return to the appeal process.

## 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 [Social Security's definition of disability](#).

#### 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 [Disability Programs website](#).
- 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](#).

Close this window to return to the appeal process.

## Disability Appeal



### Your right to representation

You can handle your own Social Security appeal with free help from Social Security, or you can choose a lawyer, a friend or someone else to help you. Someone you appoint to help you is called your "representative". You cannot choose someone who has been suspended or disqualified from representing others before the Social Security Administration or who may not, by law, act as a representative. You may contact your local Social Security office for a list of legal referral and service organizations. We will work with your representative, just as we would work with you.

If you want to appoint someone as your representative, you or your representative must first complete SSA-1696 (Appointment of Representative) or send a written statement naming your representative. If your representative is not an attorney, he or she must sign the statement or SSA-1696 or state in writing that he or she accepts the appointment, before you send it to us.

Your representative cannot charge or collect a fee from you without first getting written approval from Social Security. However, your representative may accept money from you in advance as long as it is held in a trust or escrow account.

Both you and your representative are responsible for providing us with accurate information. It is illegal to furnish false information knowingly and willfully. If you do, you may face criminal prosecution.

You can get more information about having a representative by selecting the link [Your Right to Representation](#).

#### 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.

Close this window to return to the appeal process.

## Disability Appeal



### Checklist: Information you will need

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

**We recommend you gather the following information to complete your Disability Appeal.**

**General Information:**

- Your name, Social Security number, address, and phone number.
- Your Notice of Decision.
- If you have a representative, your representative's name, address, and phone number.
- Name, address, and phone number of a friend or relative who knows about your medical condition.

**Medical Information since you last filed a disability claim or appeal:**

- Description of any changes and new medical conditions.
- Name, address, phone number, type of treatment, and visit dates for all doctors, hospitals, and clinics.
- Names of medicine (over-the-counter and prescription) you are currently taking, who prescribed them, and any side effects.
- Name, location, and date of all medical tests you have had and who sent you for them.

Close this window to return to the appeal process.

---

Msg008

You do not live in the United States

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### You do not live in the United States

This Internet Appeal Process cannot be used by people who live outside 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.

Exit

## Disability Appeal



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

The information you entered does not match our records.

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

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

To contact Social Security:

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

Previous



Msg016

Check the Social Security Number you entered

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### Check the Social Security Number you entered

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

Please check this number:

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

To contact Social Security:

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

Previous

## Disability Appeal



### Sign-in problem

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

Please check the numbers and sign in again. You can retry no more than 3 times. After 3 times your Disability Report will no longer be available. To ensure your privacy, we cannot access your Reentry Number.

You can start the Disability Report over again or call us to help you file your appeal. To start a new report, refer to the directions in the notice you received from us.

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](#).

[Start New Report](#)[Sign-In](#)

Msg018

There is a pending report for this Social Security Number

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### 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

## Disability Appeal



### 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.

Exit

Msg020

You cannot use the Internet to complete your Appeal Request

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



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

You do not meet one or more of the qualifications to file your request for appeal using the Internet. To request an appeal, you should contact Social Security immediately as explained below and tell them that you received this message.

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**. Representatives are available Monday through Friday from 7 AM to 7 PM.
- 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.

Exit

Msg021

You cannot complete this Internet Appeal Process at this time

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



**You cannot complete this Internet Appeal Process at this time**

To be able to use this Internet Appeal Process, you must:

- Have previously applied for and been denied disability benefits.
- Have received a "Notice of Disapproved Claim," "Notice of Reconsideration," or a "Notice of Federal Reviewing Official Decision" and have it with you when you begin this report.
- 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.

Exit

## 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](#).

Close this window to return to the appeal process.

## Disability Appeal



### Special instructions for users who are blind

These instructions are for people using screen readers like JAWS version 5.0 or above, Window-Eyes or browser readers like Home Page Reader. Filling out the forms is best accomplished in a Forms or MSAA off mode that allows you to tab to controls and fill in input boxes, radio buttons, check boxes and list boxes. Instructional text usually occurs at the beginning of screens and can be accessed in non-MSAA or virtual cursor mode. Consistent headers have been set up to access questions and examples/instructions more easily. All headers that are at the 3 level will have additional help text. Also, the titles of each page are header level 1, and will have general help information.

Note to users of JAWS versions older than 5.0: If you are using an older version of JAWS, this application will work best if the virtual cursor is turned OFF. Press INS + Z to toggle the Virtual Cursor off.

Unless you have turned JavaScript off in your browser, you will receive a warning after 25 minutes and you can extend your time on the page. After the third warning, you must move to another page, or your time will run out and your work on that page will be lost.

Close this window to return to the appeal process.

---



Msg025

Your session has expired

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### 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 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.

[Return to Report](#)

[Exit](#)

## 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.

Exit

Msg027

We cannot process your request at this time

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### We cannot process your request at this time

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

If you still wish to complete the disability report, you may try again later.

If you want to know about other options for completing this disability report you may; call our toll-free number, **1-800-772-1213** or visit your [local Social Security Office](#). 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.

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

Exit

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.

[Exit](#)

Msg029

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

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



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

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

To resolve the discrepancy:

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

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

Exit

Msg030

We are processing your request

---

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



**We are processing your request**

Please wait a moment before selecting the Next button.

Next

---

## 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

Exit

Msg033

Please confirm (1)

---

Social Security Online  
www.socialsecurity.gov

## Disability 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 you 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

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



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

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

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

To contact Social Security:

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

Exit

Msg035

You have entered a new doctor

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### You have entered a new doctor

You have named as the person who . You did not list this person when asked about doctor or medical professionals you have seen for your condition. We will ask you to provide details for this doctor on the next page.

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

## 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. 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



### What is my notice date?

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



This is where to find the date printed on your notice.

Close this window to return to the appeal process.

# 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

This is where to find the title printed on your notice.

SOCIAL SECURITY ADMINISTRATION  
Retirement, Survivors, and Disability Insurance  
Supplemental Security Income  
Notice of Reconsideration

Date: [Month, Day, Year]  
Claim Number: 000-00-0000 A

[Your Name]  
[Your Address]

You asked us to take another look at your claim for Social Security disability benefits. Someone who did not make the first decision reviewed your case, including any new facts we received, and found that the first decision was correct.

Close this window to return to the appeal process.

## Disability Appeal



### Who is the wage earner?

The wage earner is a person who earns Social Security credits while working for wages or self-employment 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.

Close this window to return to the appeal process.

# Disability Appeal



## About your claim number

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

SOCIAL SECURITY ADMINISTRATION  
Retirement, Survivors, and Disability Insurance  
Supplemental Security Income  
Notice of Reconsideration

Date: [Month, Day, Year]  
Claim Number: 000-00-0000 A

[Your Name]  
[Your Address]

You asked us to take another look at your claim for Social Security disability benefits. Someone who did not make the first decision reviewed your case, including any new facts we received, and found that the first decision was correct.

This is where to find the claim number printed on your notice.

Close this window to return to the appeal process.



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.

Close this window to return to the appeal process.

---

## 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](http://www.socialsecurity.gov/disability/appeal)

Next

Exit

## Disability Appeal



### 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](#).

Close this window to return to the appeal process.

---

Msg047

Please confirm your change of answer

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### Please confirm your change of answer

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

To confirm, please answer the question again, below.

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

\*

Yes  No

Next

Msg048

Submitting additional medical evidence

Social Security Online  
www.socialsecurity.gov

## 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.

Close this window to return to the appeal process.

---

## Disability Appeal



### Work history

\* **Have you worked since you last completed a Disability Report?**  Yes  No

If yes, we will contact you for more information.

Next

Msg050

Changing the name of this test

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### 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 change from  
Microfiber Imaging to:**

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

Msg051

Contact us

Social Security Online  
www.socialsecurity.gov

## Disability Appeal



### Contact us

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.

Close this window to return to the appeal process.

---



## 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.

Close this window to return to the appeal process.

---

## 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.

Close this window to return to the appeal process.

---

## 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.

Close this window to return to the appeal process.

---

## Disability Appeal



## Medical test descriptions

**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.

Close this window to return to the appeal process.

## 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.

Close this window to return to the appeal process.

---

## Disability Appeal



### How to complete the medical release form

1. 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.
2. 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.
3. 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.
4. 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.
  - o An adult should sign his or her own form.
  - o An individual can sign with an "X" if necessary.
  - o If an individual has been declared legally incompetent, his or her legal guardian or legally recognized representative should sign the form.
  - o 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.
6. 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.
9. **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.
  - o The witness can be any competent adult (spouse, social worker, Social Security employee, etc.).
  - o The witness should sign and provide his or her address information in case the source wants to confirm the signature.
  - o A second witness is usually required only if the subject of the disclosure signs with an "X".

Close this window to return to the appeal process.

## 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 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 toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.

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## 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.

Close this window to return to the appeal process.

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## 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.

Close this window to return to the appeal process.

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## Disability Appeal

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.

# Disability Appeal

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



## Cover sheet

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

Close this window to return to the appeal process.

## Disability Appeal

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:

1. **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](#).
2. **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.
3. **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.

Close this window to return to the appeal process.

## 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:

1. To enable a third party or an agency to assist Social Security in establishing rights to Medicare benefits and/or coverage;
2. 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);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. 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 [www.socialsecurity.gov](http://www.socialsecurity.gov) or any local Social Security office.

Close this window to return to the appeal process.

## Disability Appeal



### Privacy information for Internet Appeals

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:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. 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);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative 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 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 on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

Close this window to return to the appeal process.