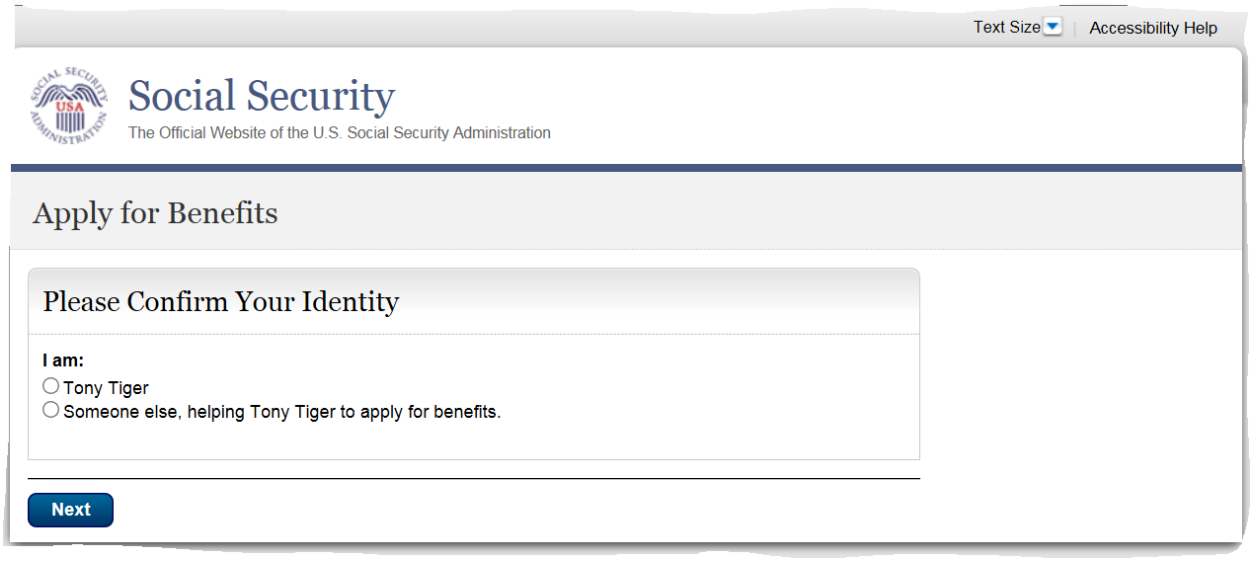
Text Size
Accessibility Help
Social Security
The Official Website of the U.S. Social Security Administration
Apply for Benefits
Please Confirm Your Identity
I am:
Tony Tiger
Someone else, helping Tony Tiger to apply for benefits.
Next

Text Size | Accessibility Help

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

OMB No. 0960-0579
Paperwork Reduction Act

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

### Preparer's Contact Information

The information collected on this page refers to you, the person helping Tony Tiger.

**Preparer's Name:**

| First | Middle | Last | Suffix |
|---|---|---|---|
| Chase | M | Higgenbottom | -- |

**Relationship to Applicant:**

Attorney Representative

**Organization Name:**

Smith, Jones, and Taylor, LLP

**Address:**

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1: 527 York Street

Street Line 2:

Add Line

| City/Town: | State/Territory: | ZIP Code: |
|---|---|---|
| Hanover | Pennsylvania | 17331 |

**Daytime Phone Number:**

(●) U.S. ( ) International

| 10-digit Number | Ext |
|---|---|
| (717) 630-5700 | |

Next

In this section...

- Preparer's Contact Information
- Contact Information
- Re-entry Number

**Your privacy is important.**

For details about our use of your information, we encourage you to read our Privacy Act Statement.

**Daytime Phone Number:**

◉ U.S. ○ International

10-digit Number

**Another phone number where we may reach you:**

◉ U.S. ○ International

10-digit Number Ext

**Email Address:**

**Confirm Email Address:**

## Ability to Communicate in English

**Can you speak and understand English?**

○ Yes ○ No

**Can you read and understand English?**

○ Yes ○ No

**Can you write more than your name in English?**

○ Yes ○ No

## Other Names

**Have you used any other names on medical or educational records?**

Examples: Maiden name, other married name, or nickname

○ Yes ○ No

Next

Text Size | Accessibility Help

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

OMB No. 0960-0579
Paperwork Reduction Act

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

### Contact Information for Tony Tiger

**Mailing Address:**

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

Street Line 2: Add Line

**City/Town:** **State/Territory:** **ZIP Code:**

--

**Daytime Phone Number:**

U.S. International

10-digit Number

**Another phone number where we may reach you:**

U.S. International

10-digit Number Ext

**Email Address:**

**Confirm Email Address:**

### Ability to Communicate in English

**Can you speak and understand English?**

Yes No

**Can you read and understand English?**

Yes No

**Can you write more than your name in English?**

Yes No

In this section...

- Contact Information
- Re-entry Number

**Your privacy is important.**

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## Other Names

**Have you used any other names on medical or educational records?**
Examples: Maiden name, other married name, or nickname

○ Yes ○ No

Next

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

OMB No. 0960-0579
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1 ✓ Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

### Contact Information for Tony Tiger

**Mailing Address:**

**Country:**

United States or U.S. Territory

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Street Line 1:

Street Line 2: Add Line

**City/Town:** **State/Territory:** **ZIP Code:**

--

In this section...

- Preparer's Contact Information
- **Contact Information**
- Re-entry Number

**Your privacy is important.**

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**Daytime Phone Number:**

◉ U.S. ○ International

10-digit Number

**Another phone number where we may reach Tony Tiger:**

◉ U.S. ○ International

10-digit Number Ext

### Ability to Communicate in English

**Can Tony Tiger speak and understand English?**

○ Yes ○ No

**Can Tony Tiger read and understand English?**

○ Yes ○ No

**Can Tony Tiger write more than his name in English?**

○ Yes ○ No

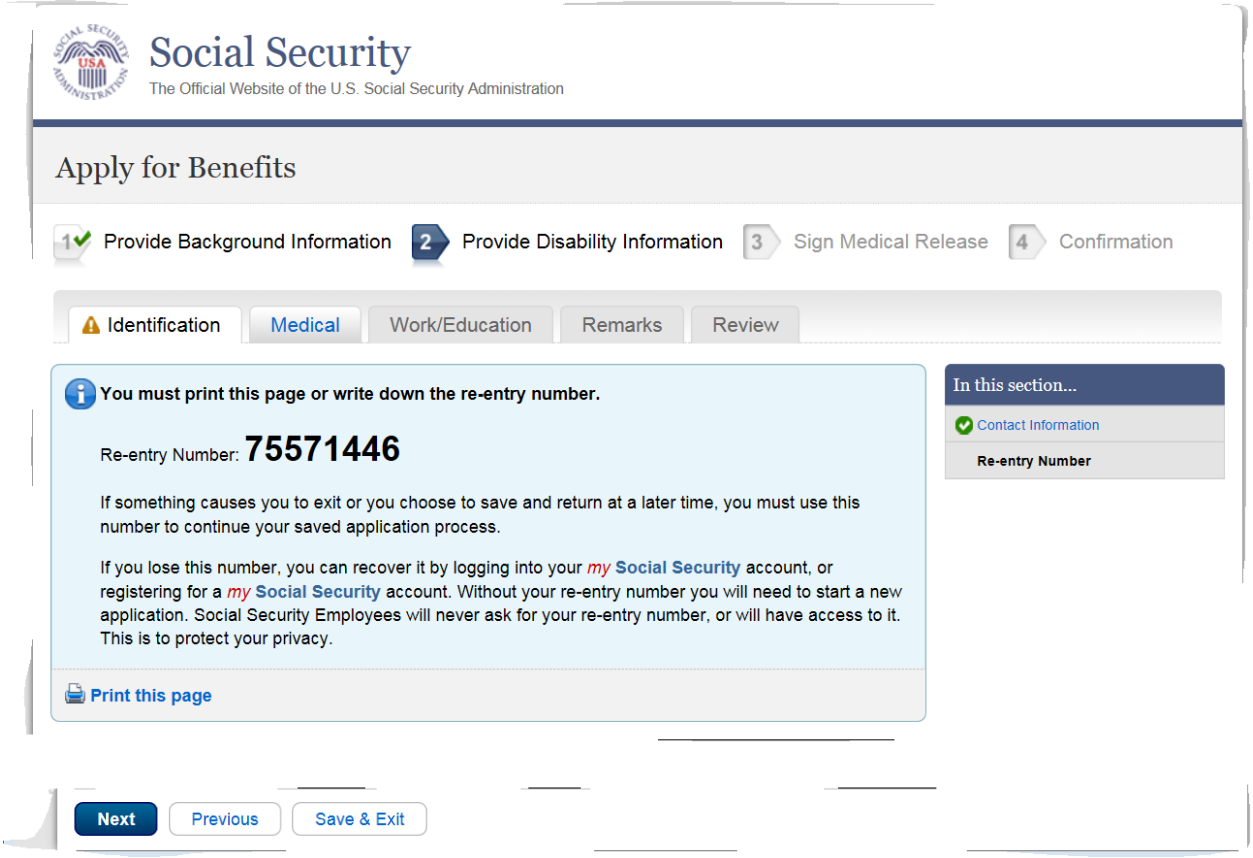
### Other Names

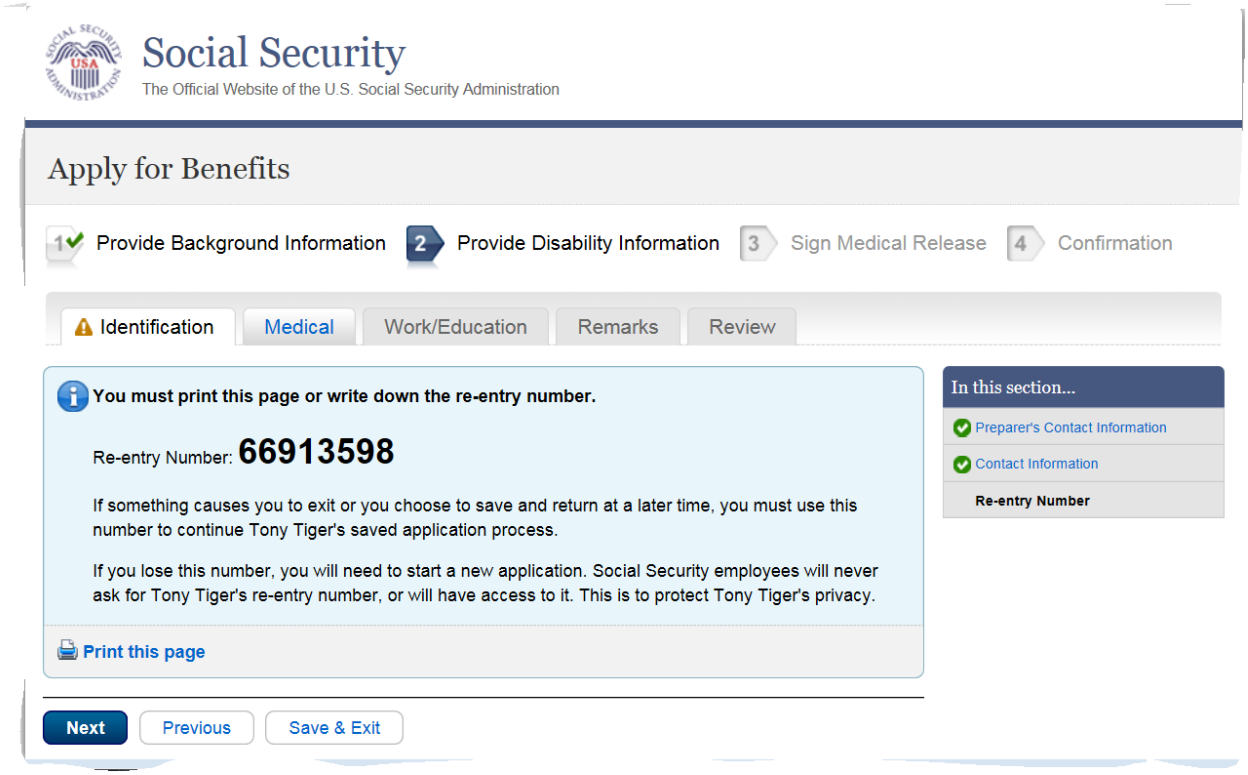
**Has Tony Tiger used any other names on medical or educational records?**

Examples: Maiden name, other married name, or nickname

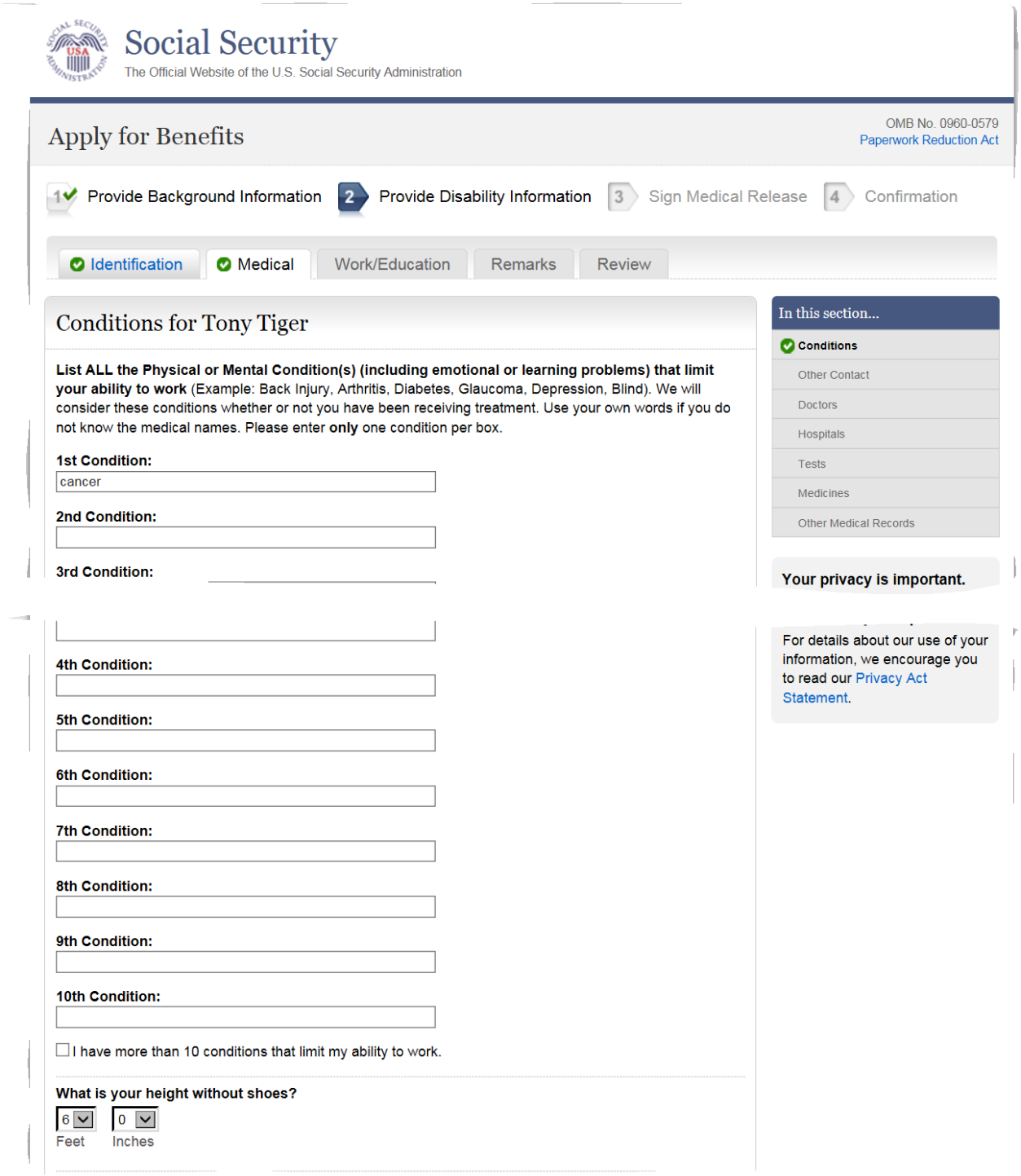
○ Yes ○ No

Next | Previous


Social Security
The Official Website of the U.S. Social Security Administration
Apply for Benefits
1 Provide Background Information
2 Provide Disability Information
3 Sign Medical Release
4 Confirmation
Identification
Medical
Work/Education
Remarks
Review
You must print this page or write down the re-entry number.
Re-entry Number: 75571446
If something causes you to exit or you choose to save and return at a later time, you must use this number to continue your saved application process.
If you lose this number, you can recover it by logging into your my Social Security account, or registering for a my Social Security account. Without your re-entry number you will need to start a new application. Social Security Employees will never ask for your re-entry number, or will have access to it. This is to protect your privacy.
Print this page
In this section...
Contact Information
Re-entry Number
Next
Previous
Save & Exit


Social Security
The Official Website of the U.S. Social Security Administration
Apply for Benefits
1 Provide Background Information
2 Provide Disability Information
3 Sign Medical Release
4 Confirmation
Identification
Medical
Work/Education
Remarks
Review
You must print this page or write down the re-entry number.
Re-entry Number: 66913598
If something causes you to exit or you choose to save and return at a later time, you must use this number to continue Tony Tiger's saved application process.
If you lose this number, you will need to start a new application. Social Security employees will never ask for Tony Tiger's re-entry number, or will have access to it. This is to protect Tony Tiger's privacy.
Print this page
In this section...
Preparer's Contact Information
Contact Information
Re-entry Number
Next
Previous
Save & Exit

Medical Pages



Social Security
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Apply for Benefits

OMB No. 0960-0579
Paperwork Reduction Act

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

Conditions for Tony Tiger

**List ALL the Physical or Mental Condition(s) (including emotional or learning problems) that limit your ability to work** (Example: Back Injury, Arthritis, Diabetes, Glaucoma, Depression, Blind). We will consider these conditions whether or not you have been receiving treatment. Use your own words if you do not know the medical names. Please enter **only** one condition per box.

**1st Condition:** cancer

**2nd Condition:**

**3rd Condition:**

**4th Condition:**

**5th Condition:**

**6th Condition:**

**7th Condition:**

**8th Condition:**

**9th Condition:**

**10th Condition:**

☐ I have more than 10 conditions that limit my ability to work.

**What is your height without shoes?**

6 Feet 0 Inches

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

**Your privacy is important.**

For details about our use of your information, we encourage you to read our Privacy Act Statement.

**What is your weight without shoes?**

200

lbs

**Does your condition cause you pain or other symptoms?**

(•) Yes ( ) No

## Treatment

**Have you seen a doctor or other healthcare professional or received treatment at a hospital or clinic or do you have a future appointment scheduled?**

**For any physical condition(s):**

( ) Yes (•) No

**For any mental condition(s):**

( ) Yes (•) No

Next | Previous | Save & Exit

# Social Security

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Paperwork Reduction Act

1 ✓ Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

✓ Identification | Medical | Work/Education | Remarks | Review

### Conditions for Tony Tiger

**List ALL the Physical or Mental Condition(s) (including emotional or learning problems) that limit Tony Tiger's ability to work** (Example: Back Injury, Arthritis, Diabetes, Glaucoma, Depression, Blind). We will consider these conditions whether or not Tony Tiger has been receiving treatment. Use your own words if you do not know the medical names. Please enter **only** one condition per box.

**1st Condition:**

**2nd Condition:**

**3rd Condition:**

**4th Condition:**

**5th Condition:**

**6th Condition:**

**7th Condition:**

**8th Condition:**

**9th Condition:**

**10th Condition:**

☐ Tony Tiger has more than 10 conditions that limit his ability to work.

**What is his height without shoes?**

-- Feet -- Inches

In this section...

- **Conditions**
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

**Your privacy is important.**

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**What is his weight without shoes?**

lbs

**Does his condition cause him pain or other symptoms?**

Yes No

## Treatment

**Has he seen a doctor or other healthcare professional or received treatment at a hospital or clinic or does he have a future appointment scheduled?**

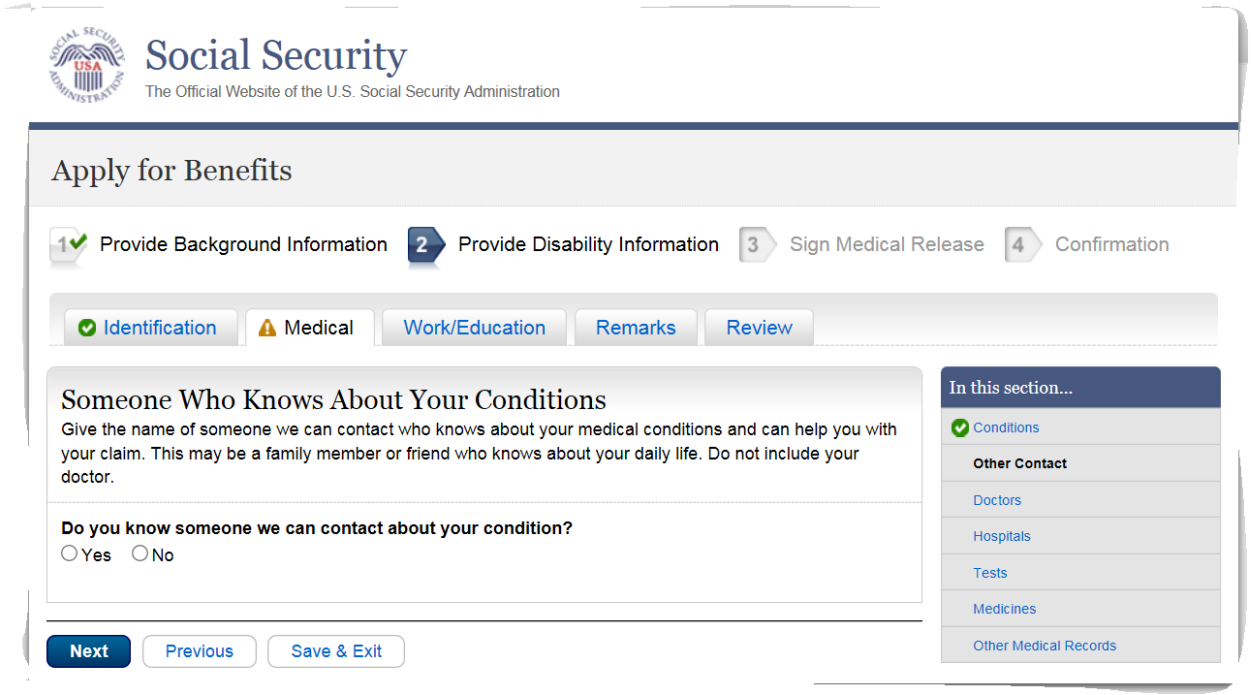
**For any physical condition(s):**

Yes No

**For any mental condition(s):**

Yes No

Next Previous Save & Exit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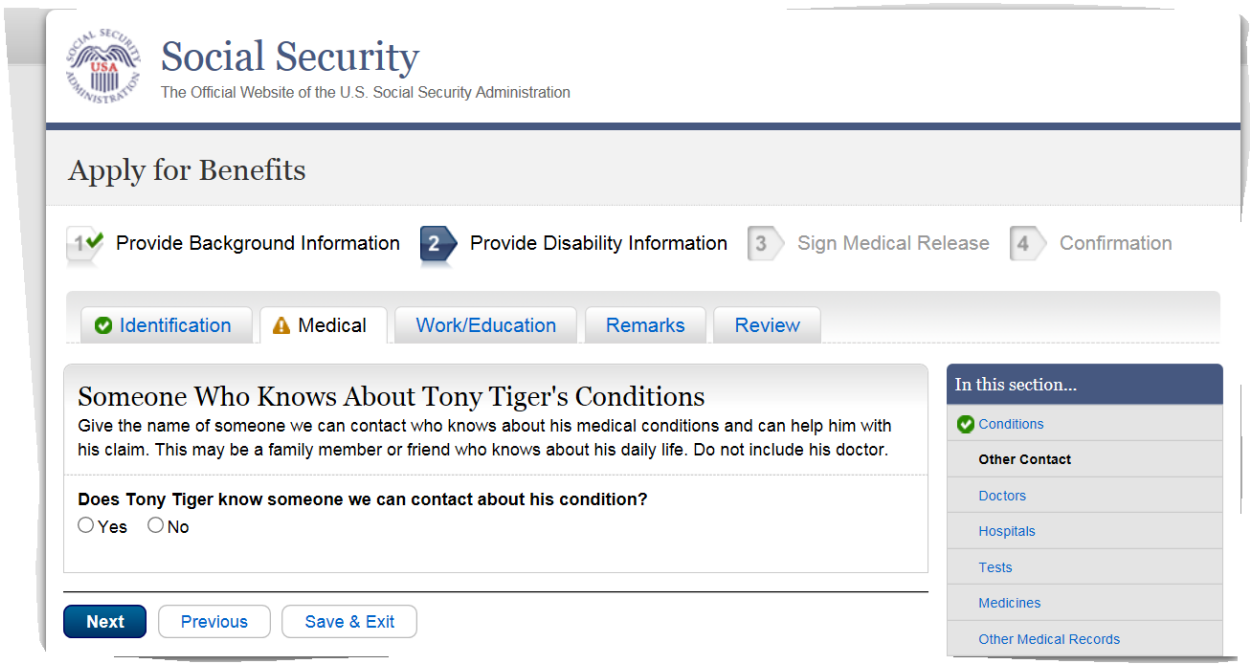
Medical
Work/Education
Remarks
Review
Someone Who Knows About Your Conditions
Give the name of someone we can contact who knows about your medical conditions and can help you with your claim. This may be a family member or friend who knows about your daily life. Do not include your doctor.
Do you know someone we can contact about your condition?
Yes
No
Next
Previous
Save & Exit
In this section...
Conditions
Other Contact
Doctors
Hospitals
Tests
Medicines
Other Medical Records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4 Confirmation
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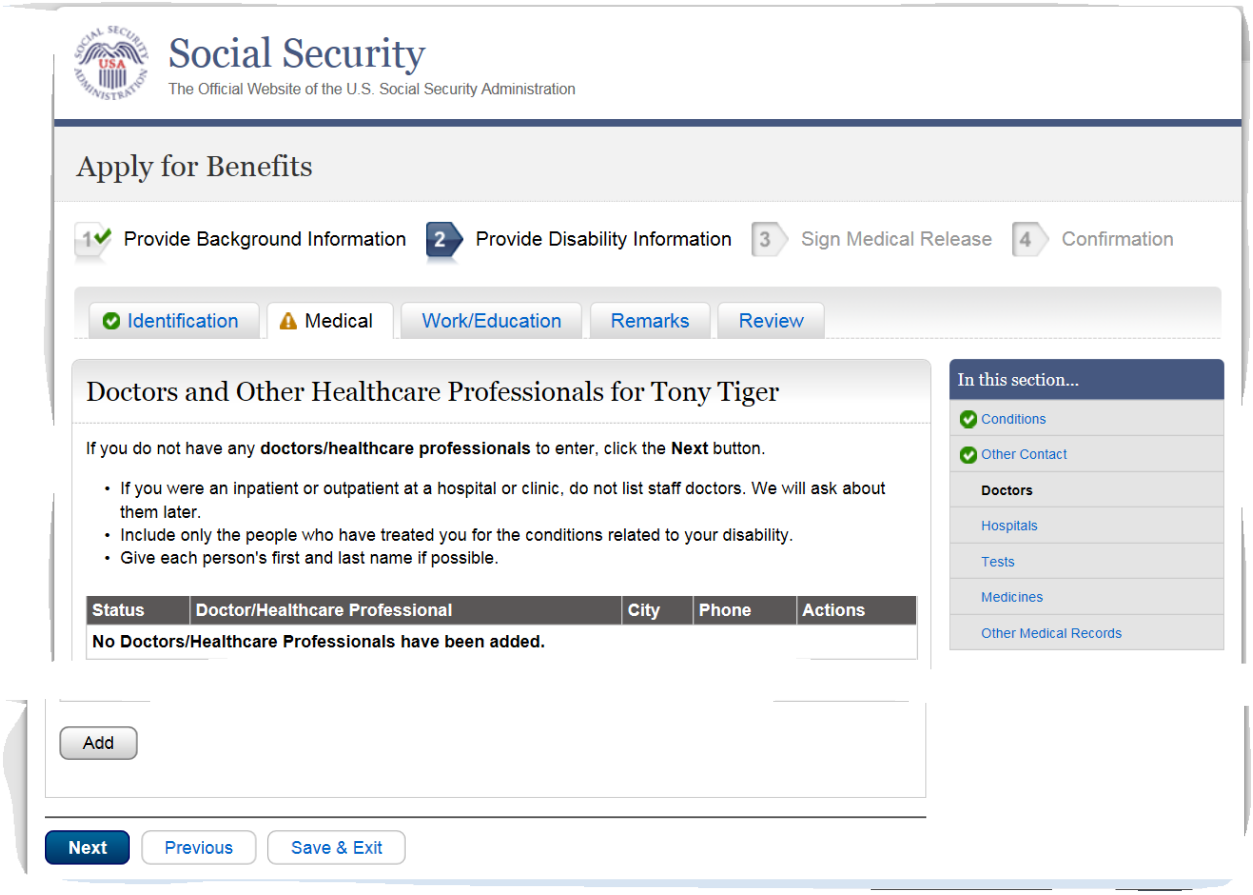
Medical
Work/Education
Remarks
Review
Someone Who Knows About Tony Tiger's Conditions
Give the name of someone we can contact who knows about his medical conditions and can help him with his claim. This may be a family member or friend who knows about his daily life. Do not include his doctor.
Does Tony Tiger know someone we can contact about his condition?
Yes
No
Next
Previous
Save & Exit
In this section...
Conditions
Other Contact
Doctors
Hospitals
Tests
Medicines
Other Medical Records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3 Sign Medical Release
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Identification
Medical
Work/Education
Remarks
Review
Doctors and Other Healthcare Professionals for Tony Tiger
If you do not have any doctors/healthcare professionals to enter, click the Next button.
If you were an inpatient or outpatient at a hospital or clinic, do not list staff doctors. We will ask about them later.
Include only the people who have treated you for the conditions related to your disability.
Give each person's first and last name if possible.
Status
Doctor/Healthcare Professional
City
Phone
Actions
No Doctors/Healthcare Professionals have been added.
In this section...
Conditions
Other Contact
Doctors
Hospitals
Tests
Medicines
Other Medical Records
Add
Next
Previous
Save & Exit

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

### Doctor/Healthcare Professional Details

**Name of Doctor/Healthcare Professional:** More Info

-- Title | First | Last | Suffix

**Office Name or Clinic, if applicable:**

**Doctor/Healthcare Professional's Address:**
If you don't have the full street address, give us as much as you can.
Example: "On Main St next to the Courthouse"

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

Street Line 2: Add Line

**City/Town:** | **State/Territory:** -- | **ZIP Code:**

**Doctor/Healthcare Professional's Phone Number:**

U.S. International

10-digit Number | Ext

**Patient ID Number, if known:**

### Treatment Dates with this Doctor/Healthcare Professional

Please give us the closest date(s) you can remember. More Info

**First visit:**

**Last visit:**

**Next visit:**
Leave blank if no appointment scheduled.

## Tests Ordered by this Doctor/Healthcare Professional

More Info

**Has this doctor/healthcare professional ordered any tests for you?**
This includes any medical tests you have had or will have.

○ Yes ○ No

## Medicines Recommended or Prescribed by this Doctor/Healthcare Professional

**Has this doctor/healthcare professional recommended or prescribed any medicines for you?**

○ Yes ○ No

## Medical Conditions Treated by this Doctor/Healthcare Professional

**What medical conditions were treated or evaluated by this doctor/healthcare professional?**
Examples: back injury, arthritis, diabetes, depression, blind. (1000 characters maximum)

Characters remaining: 1000

## Treatment from this Doctor/Healthcare Professional

**What treatment did you receive from this doctor/healthcare professional?**
You DO NOT need to repeat any information that you have already told us about medicines and tests.
Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 character maximum)

Characters remaining: 1000

Save Cancel

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

### Doctor/Healthcare Professional Details

**Name of Doctor/Healthcare Professional:** More Info

-- Title | First | Last | Suffix

**Office Name or Clinic, if applicable:**

**Doctor/Healthcare Professional's Address:**
If you don't have the full street address, give us as much as you can.
Example: "On Main St next to the Courthouse"

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

Street Line 2: Add Line

**City/Town:** | **State/Territory:** -- | **ZIP Code:**

**Doctor/Healthcare Professional's Phone Number:**

U.S. International

10-digit Number | Ext

**Patient ID Number, if known:**

### Treatment Dates with this Doctor/Healthcare Professional

Please give us the closest date(s) he can remember. More Info

**First visit:**

**Last visit:**

**Next visit:**
Leave blank if no appointment scheduled.

## Tests Ordered by this Doctor/Healthcare Professional

More Info

**Has this doctor/healthcare professional ordered any tests for him?**
This includes any medical tests he has had or will have.

○ Yes ○ No

## Medicines Recommended or Prescribed by this Doctor/Healthcare Professional

**Has this doctor/healthcare professional recommended or prescribed any medicines for him?**

○ Yes ○ No

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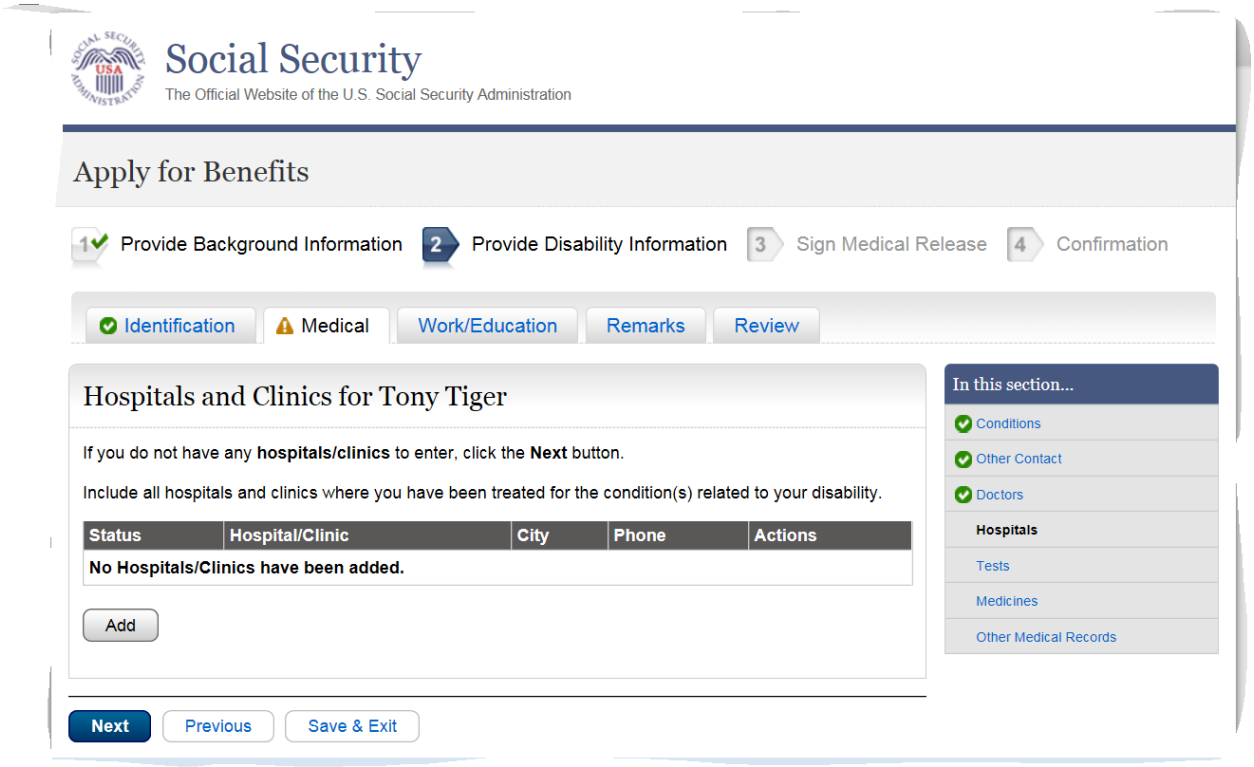
Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 character maximum)

Characters remaining: 1000

Save Cancel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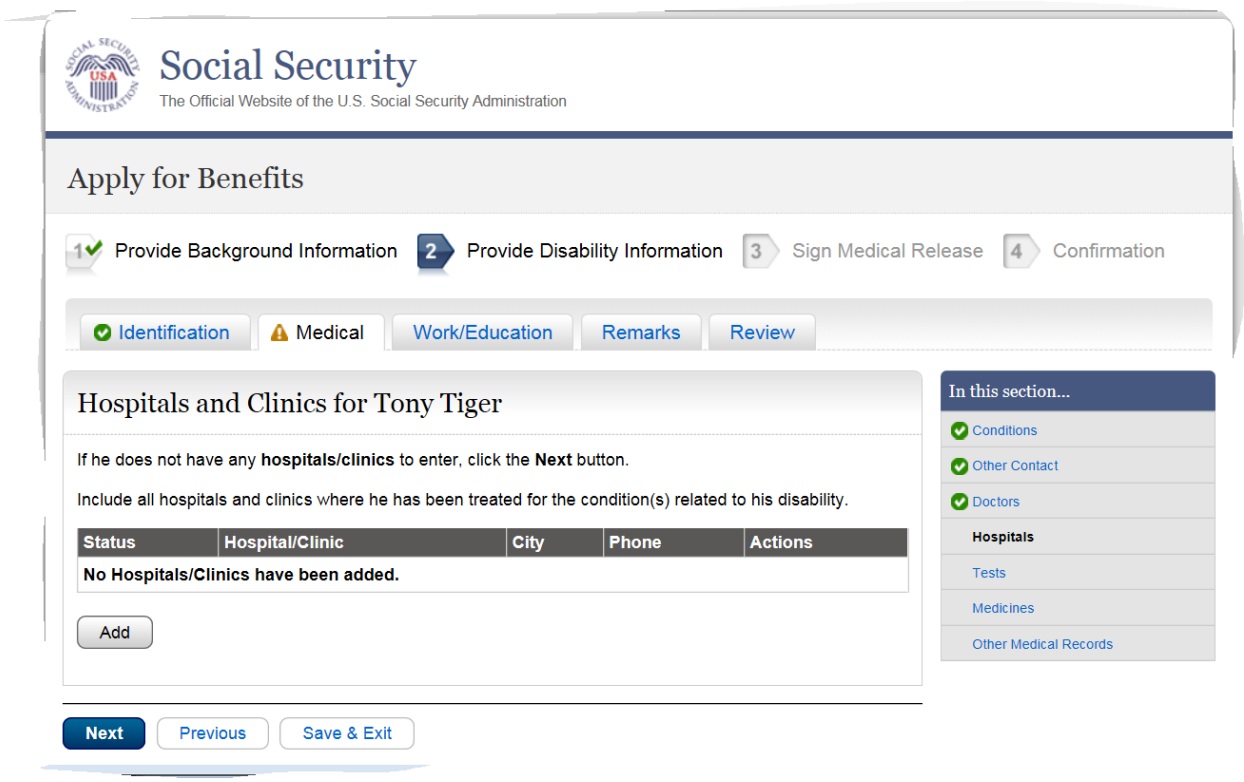
3 Sign Medical Release
4 Confirmation
Identification
Medical
Work/Education
Remarks
Review
Hospitals and Clinics for Tony Tiger
If you do not have any hospitals/clinics to enter, click the Next button.
Include all hospitals and clinics where you have been treated for the condition(s) related to your disability.
Status
Hospital/Clinic
City
Phone
Actions
No Hospitals/Clinics have been added.
Add
In this section...
Conditions
Other Contact
Doctors
Hospitals
Tests
Medicines
Other Medical Records
Next
Previous
Save & Exit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Include all hospitals and clinics where he has been treated for the condition(s) related to his disability.
Status
Hospital/Clinic
City
Phone
Actions
No Hospitals/Clinics have been added.
Add
In this section...
Conditions
Other Contact
Doctors
Hospitals
Tests
Medicines
Other Medical Records
Next
Previous
Save & Exit

Social Security
The Official Website of the U.S. Social Security Administration

# Apply for Benefits

## Hospital/Clinic Details

**Name of Hospital/Clinic:**

**Name of Healthcare Professional who treated you, if known:**

**Address:**
If you don't have the full street address, give us as much as you can.
Example: "On Main St next to the Courthouse"

**Country:**
United States or U.S. Territory

**Street Address:**
Street Line 1:
Street Line 2: Add Line

**City/Town:** **State/Territory:** **ZIP Code:**
--

**Hospital/Clinic Phone Number:**
U.S. International
10-digit Number Ext

**Hospital/Clinic Record Number, if known:**

## Treatment Dates at this Hospital/Clinic More Info

**Did you have any emergency room (ER) visits at this hospital/clinic?**
ER Visit means you went to the ER and then went home.
Yes No

**Did you have an inpatient stay at this hospital/clinic?**
Inpatient stay means you have stayed at least one night.
Yes No

**Did you have an outpatient visit at this hospital/clinic, or do you have one scheduled?** More Info
Outpatient visit means you went home the same day.
Yes No

## Tests Ordered by this Hospital/Clinic

More Info

**Have any of the doctors at this hospital/clinic ordered any tests for you?**
This includes any medical tests you have had or will have.

○ Yes ○ No

## Medicines Recommended or Prescribed by this Hospital/Clinic

**Have any of the doctors at this hospital/clinic recommended or prescribed any medicines for you?**

○ Yes ○ No

## Medical Conditions Treated by this Hospital/Clinic

**What medical conditions were treated or evaluated by this hospital/clinic?**
Examples: back injury, arthritis, diabetes, depression, blind. (1000 characters maximum)

Characters remaining: 1000

## Treatment from this Hospital/Clinic

**What treatment did you receive for the above at this hospital/clinic?**
You DO NOT need to repeat any information that you have already told us about medicines and tests.
Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 characters maximum)

Characters remaining: 1000

Save Cancel

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

### Hospital/Clinic Details

**Name of Hospital/Clinic:**

**Name of Healthcare Professional who treated him, if known:**

**Address:**
If you don't have the full street address, give us as much as you can.
Example: "On Main St next to the Courthouse"

**Country:**
United States or U.S. Territory

**Street Address:**
Street Line 1:
Street Line 2: Add Line

**City/Town:** **State/Territory:** **ZIP Code:**
--

**Hospital/Clinic Phone Number:**
U.S. International
10-digit Number Ext

**Hospital/Clinic Record Number, if known:**

### Treatment Dates at this Hospital/Clinic More Info

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Yes No

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More Info

**Have any of the doctors at this hospital/clinic ordered any tests for him?**
This includes any medical tests he has had or will have.

○ Yes ○ No

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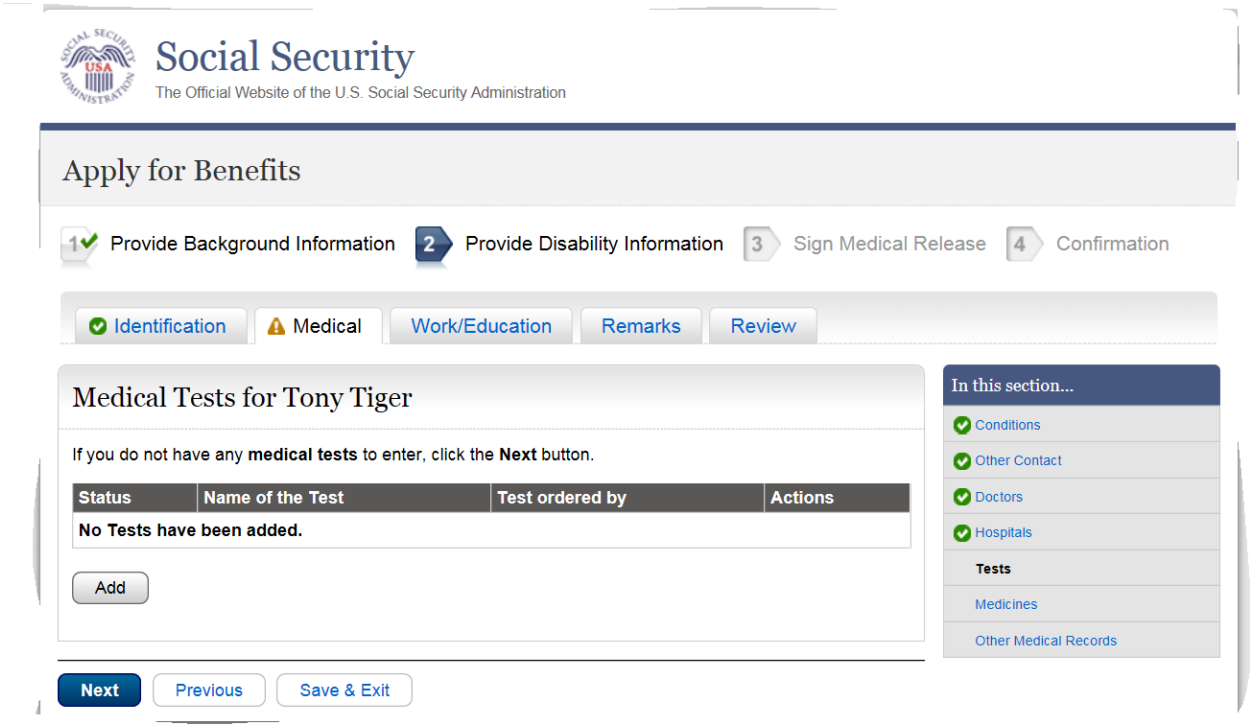
Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 characters maximum)

Characters remaining: 1000

Save Cancel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Remarks
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Medical Tests for Tony Tiger
If you do not have any medical tests to enter, click the Next button.
Status
Name of the Test
Test ordered by
Actions
No Tests have been added.
Add
In this section...
Conditions
Other Contact
Doctors
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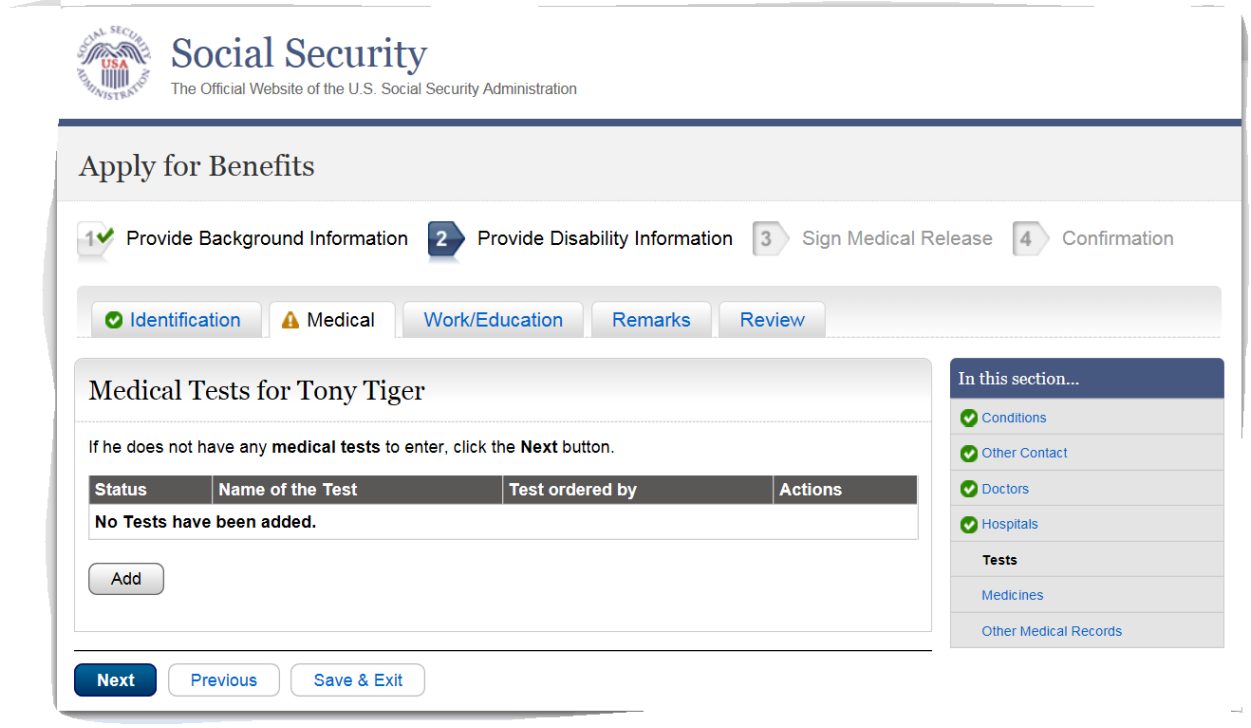
Tests
Medicines
Other Medical Records
Next
Previous
Save & Exit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If he does not have any medical tests to enter, click the Next button.
Status
Name of the Test
Test ordered by
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Add
In this section...
Conditions
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Hospitals
Tests
Medicines
Other Medical Records
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Save & Exit

Social Security

The Official Website of the U.S. Social Security Administration

# Apply for Benefits

## Test Details

**Kind of Test:**

--

**Date of Test:** More Info

**Who sent you or will send you for this test?**

If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".

Nothing Entered

☐ This provider ordered this test more than once.

Save Cancel

Social Security

The Official Website of the U.S. Social Security Administration

# Apply for Benefits

## Test Details

**Kind of Test:**

--

**Date of Test:** More Info

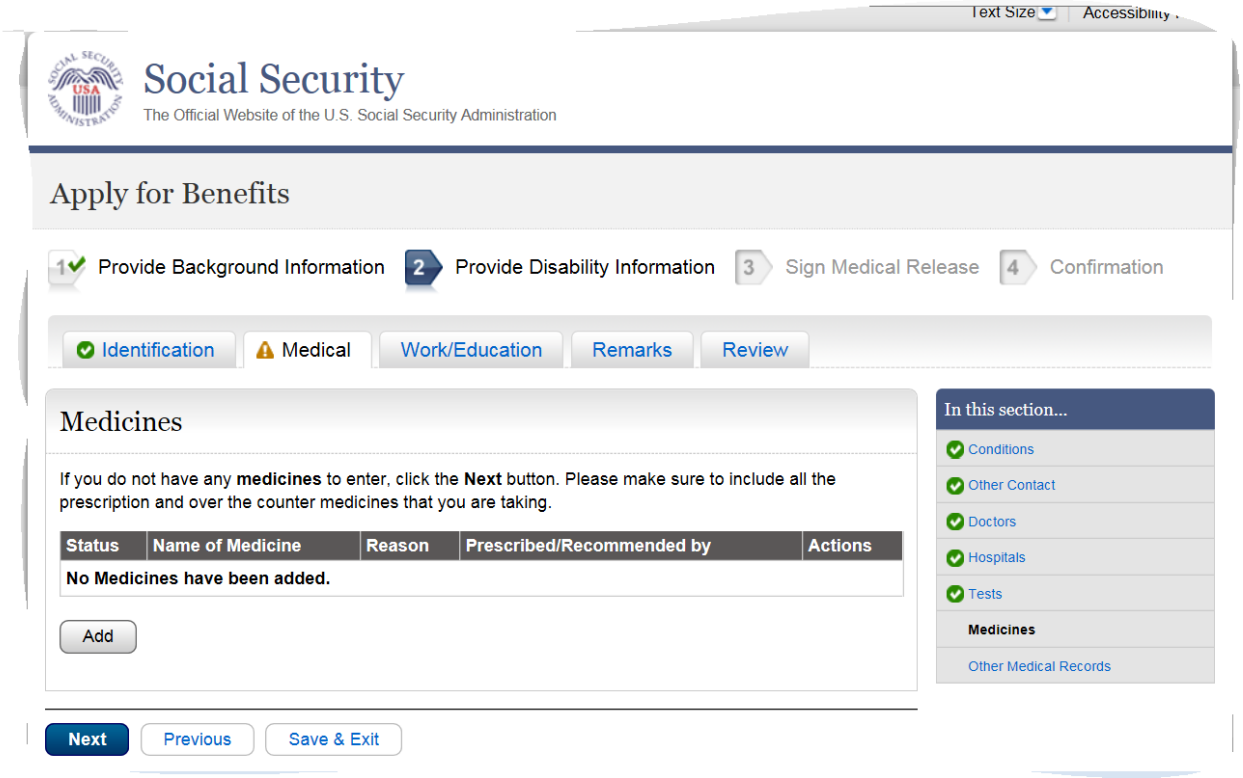
**Who sent him or will send him for this test?**

If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".

Nothing Entered

☐ This provider ordered this test more than once.

Save Cancel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Accessibility
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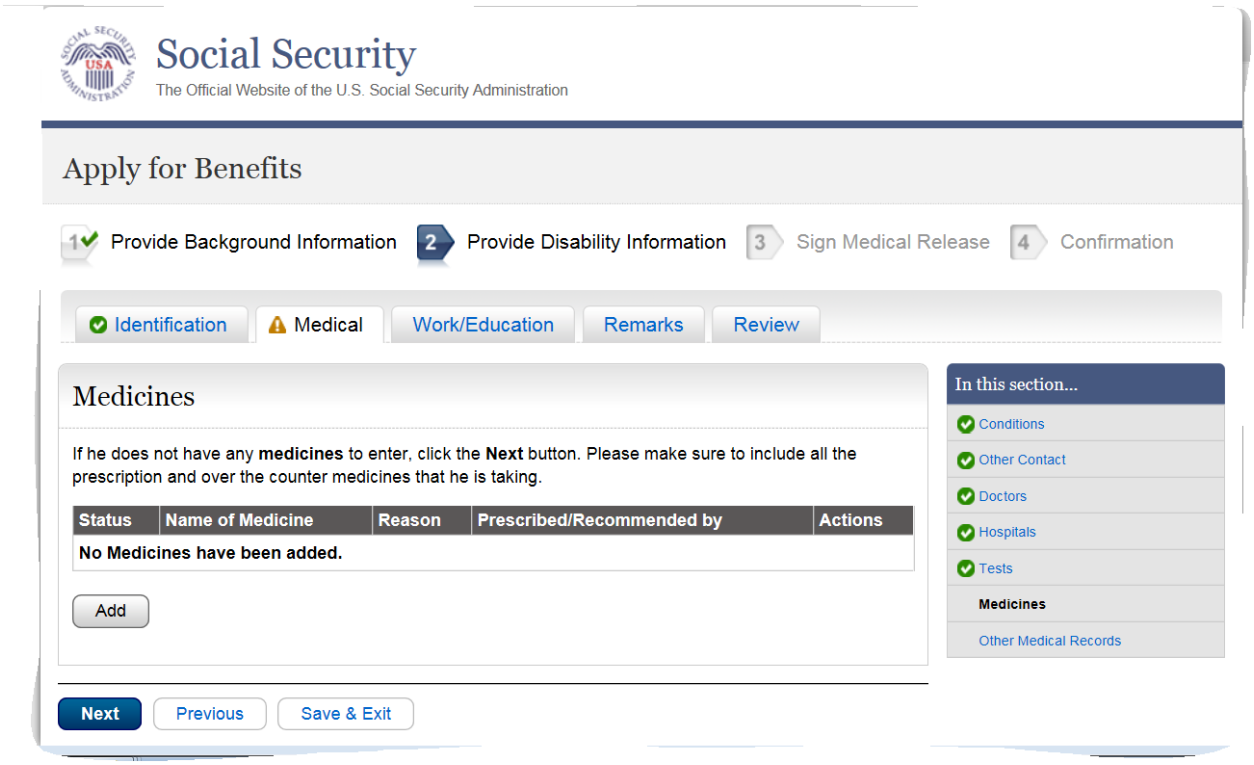
Review
Medicines
If you do not have any medicines to enter, click the Next button. Please make sure to include all the prescription and over the counter medicines that you are taking.
Status
Name of Medicine
Reason
Prescribed/Recommended by
Actions
No Medicines have been added.
Add
In this section...
Conditions
Other Contact
Doctors
Hospitals
Tests
Medicines
Other Medical Records
Next
Previous
Save & Exit


Social Security
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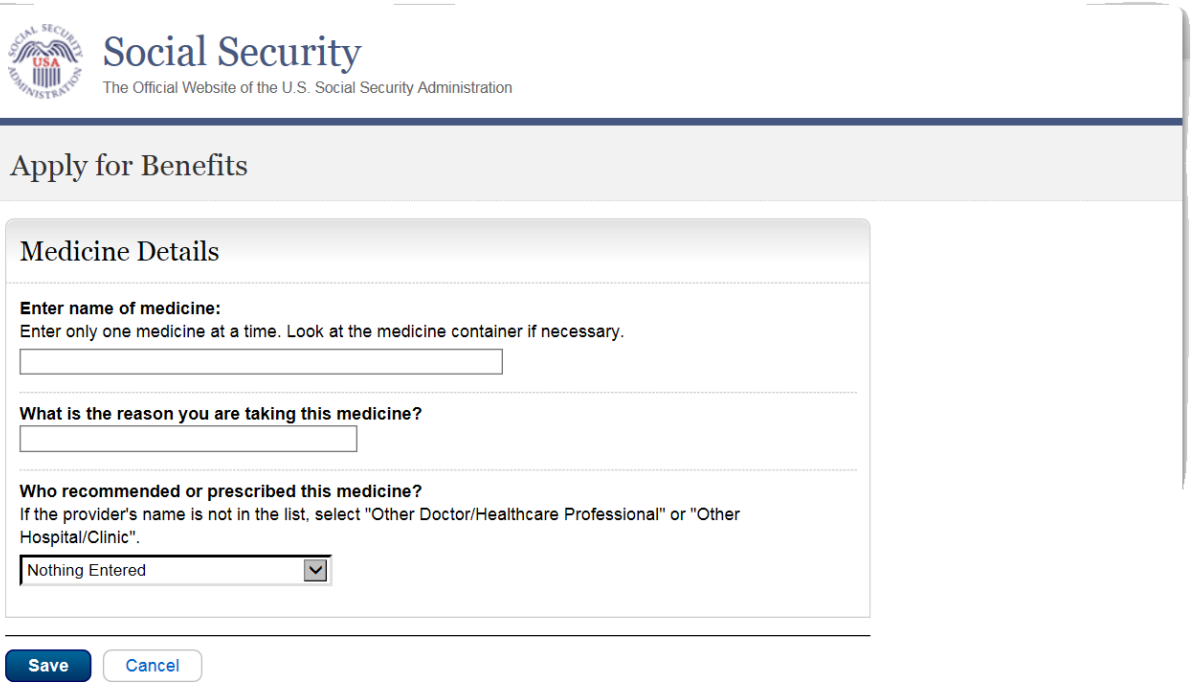
Identification
Medical
Work/Education
Remarks
Review
Medicines
If he does not have any medicines to enter, click the Next button. Please make sure to include all the prescription and over the counter medicines that he is taking.
Status
Name of Medicine
Reason
Prescribed/Recommended by
Actions
No Medicines have been added.
Add
In this section...
Conditions
Other Contact
Doctors
Hospitals
Tests
Medicines
Other Medical Records
Next
Previous
Save & Exit


Social Security
The Official Website of the U.S. Social Security Administration
Apply for Benefits
Medicine Details
Enter name of medicine:
Enter only one medicine at a time. Look at the medicine container if necessary.
What is the reason you are taking this medicine?
Who recommended or prescribed this medicine?
If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".
Nothing Entered
Save
Cancel


Social Security
The Official Website of the U.S. Social Security Administration
Apply for Benefits
Medicine Details
Enter name of medicine:
Enter only one medicine at a time. Look at the medicine container if necessary.
What is the reason he is taking this medicine?
Who recommended or prescribed this medicine?
If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".
Nothing Entered
Save
Cancel


Note: You do not need to list any organization that you have already mentioned.

If you do not have any sources of **other medical records**, please click the **Next** button.

| Status | Name of Organization/Office | City | Phone | Actions |
|---|---|---|---|---|
| **No Medical Records have been added.** | | | | |

Add

Next Previous Save & Exit

Social Security
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Apply for Benefits

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Identification | Medical | Work/Education | Remarks | Review

## Other Medical Records for Tony Tiger

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may be available from:

- vocational rehabilitation services
- worker's compensation
- public welfare
- doctors in a prison or jail
- records held by an attorney or lawyer or
- medical records at another place

These other records may contain important information that we need to consider in evaluating the disability application.

In this section...
- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

Note: You do not need to list any organization that you have already mentioned.

If he does not have any sources of **other medical records**, please click the **Next** button.

| Status | Name of Organization/Office | City | Phone | Actions |
|---|---|---|---|---|
| **No Medical Records have been added.** | | | | |

Add

Next | Previous | Save & Exit

Social Security

The Official Website of the U.S. Social Security Administration

# Apply for Benefits

## Other Medical Record Details

**Name of Place:**

**Name of Contact:**

First Last

**Address:**

If you don't have the full street address, give us as much as you can. Example: "On Main St next to the Courthouse"

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

Street Line 2: Add Line

**City/Town:** **State/Territory:** **ZIP Code:**

--

**Daytime Phone Number:**

U.S. International

10-digit Number Ext

**First visit:**

Please give us the closest date you can remember.

**Last visit:**

Please give us the closest date you can remember.

**Next visit:**

Leave blank if no appointment scheduled.

**Case Number, if any:**

**Reason for Visits or Services:**
If you need more space, continue in the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Save Cancel

Social Security
The Official Website of the U.S. Social Security Administration

# Apply for Benefits

## Other Medical Record Details

**Name of Place:**

**Name of Contact:**

First Last

**Address:**
If you don't have the full street address, give us as much as you can. Example: "On Main St next to the Courthouse"

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

Street Line 2: Add Line

**City/Town:** **State/Territory:** -- **ZIP Code:**

**Daytime Phone Number:**

U.S. International

10-digit Number Ext

**First visit:**
Please give us the closest date he can remember.

**Last visit:**
Please give us the closest date he can remember.

**Next visit:**
Leave blank if no appointment scheduled.

**Case Number, if any:**

**Reason for Visits or Services:**

If you need more space, continue in the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Save Cancel

Work/Education Pages


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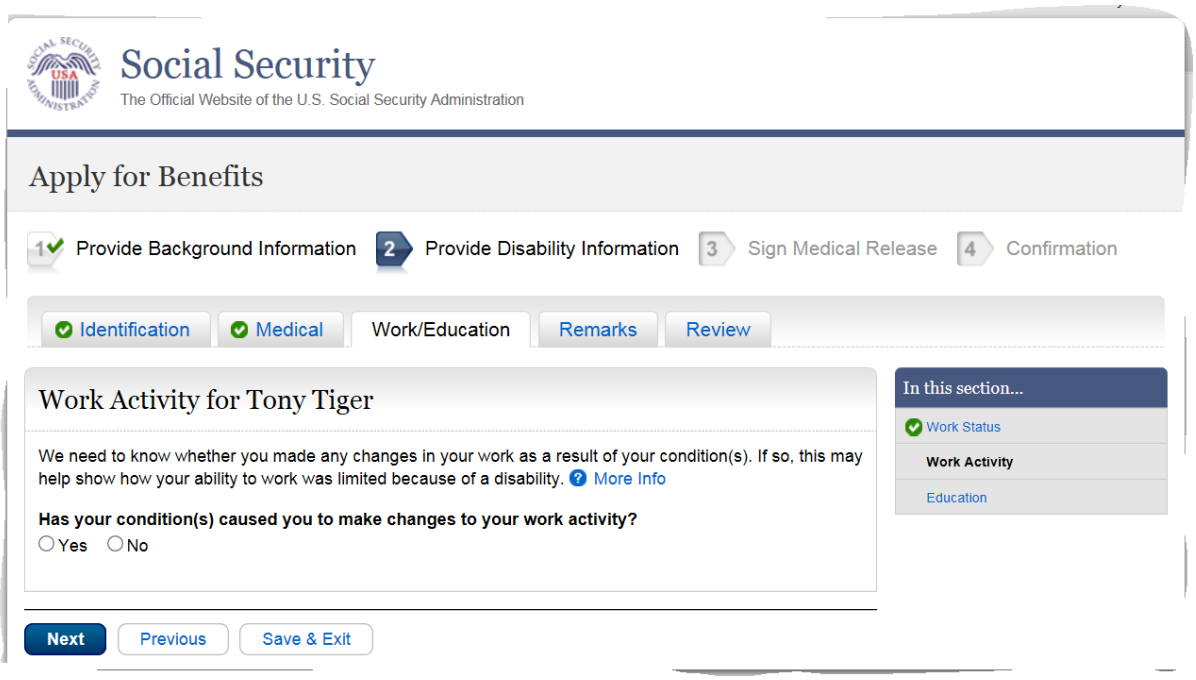
Medical
Work/Education
Remarks
Review
Work Status for Tony Tiger
In determining whether Tony Tiger meets the requirements for receiving disability benefits, we must consider his work experience and job skills. More Info
This section of the report asks for information about:
• when his condition(s) began to affect his ability to work;
• his 5 most recent jobs; and
• his education and training.
Please give as much information as you can. We will contact you later if we need more information.
In this section...
Work Status
Education
Is Tony Tiger currently working?
No, he has never worked
No, he has stopped working
Yes, he is currently working
Next
Previous
Save & Exit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Medical
Work/Education
Remarks
Review
Work Activity for Tony Tiger
We need to know whether you made any changes in your work as a result of your condition(s). If so, this may help show how your ability to work was limited because of a disability. More Info
Has your condition(s) caused you to make changes to your work activity?
Yes
No
In this section...
Work Status
Work Activity
Education
Next
Previous
Save & Exit


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Work/Education
Remarks
Review
Work Activity for Tony Tiger
When do you believe your condition(s) became severe enough to keep you from working (even though you have never worked)?
If you don't know the exact date, enter the closest date you can remember.
September
Month
10
Day
2011
Year
In this section...
Work Status
Work Activity
Job History
Education
Next
Previous
Save & Exit


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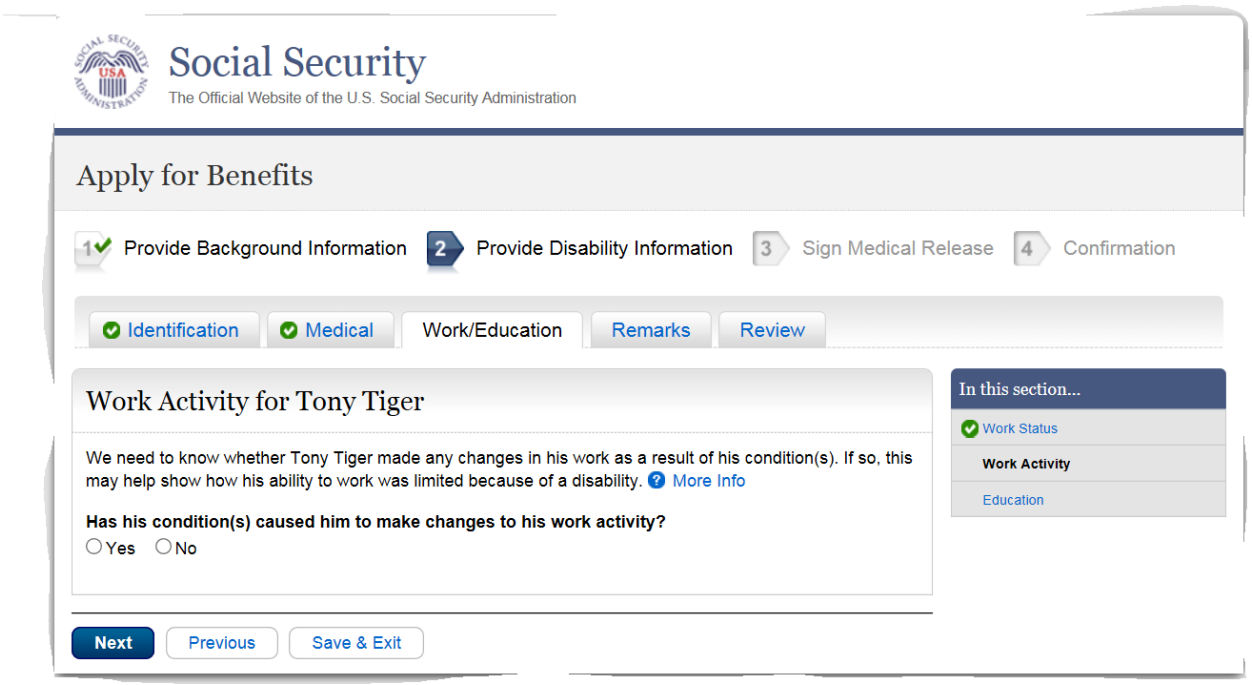
Remarks
Review
Work Activity for Tony Tiger
We need to know more about your reasons for stopping work and whether you made any changes in your work as a result of your condition(s).
When did you stop working?
If you don't know the exact date, enter the closest date you can remember.
Month
Day
Year
In this section...
Work Status
Work Activity
Education
Why did you stop working?
Because of my condition
Because of my condition AND other reasons
Because of other reasons
Did your condition(s) cause you to make changes in your work activity before you stopped working?
More Info
Yes
No
Next
Previous
Save & Exit


Social Security
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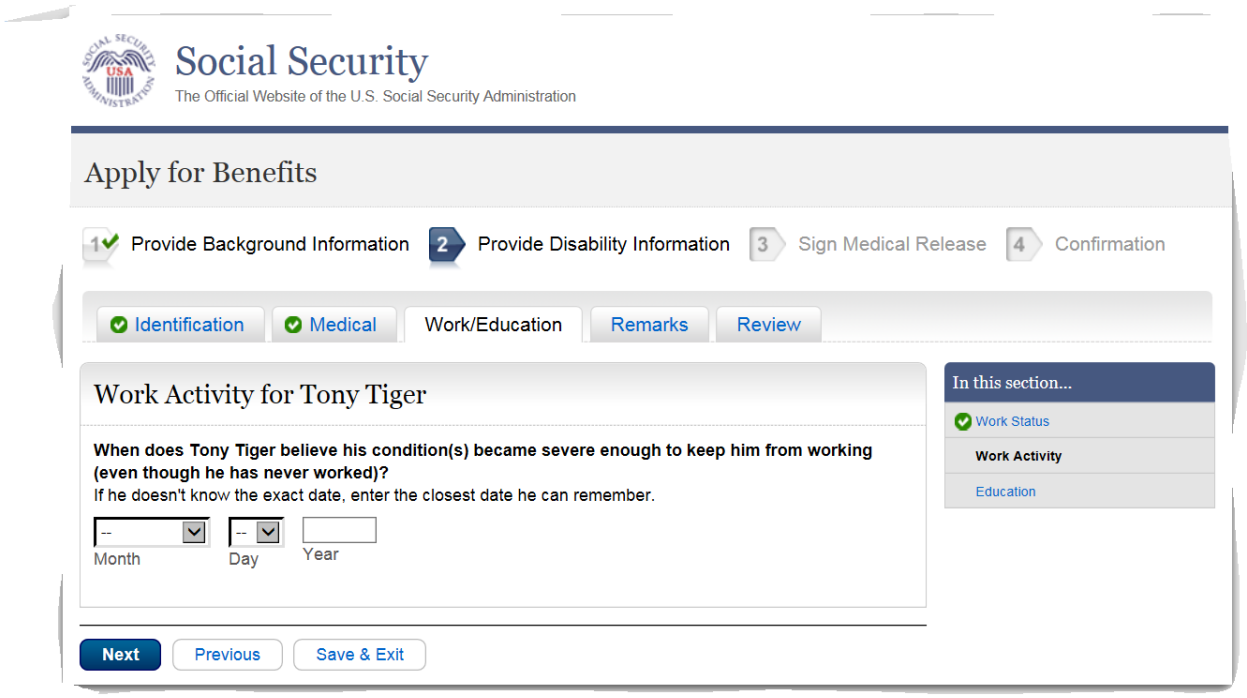
3 Sign Medical Release
4 Confirmation
Identification
Medical
Work/Education
Remarks
Review
Work Activity for Tony Tiger
We need to know whether Tony Tiger made any changes in his work as a result of his condition(s). If so, this may help show how his ability to work was limited because of a disability. More Info
Has his condition(s) caused him to make changes to his work activity?
Yes
No
In this section...
Work Status
Work Activity
Education
Next
Previous
Save & Exit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Apply for Benefits
1 Provide Background Information
2 Provide Disability Information
3 Sign Medical Release
4 Confirmation
Identification
Medical
Work/Education
Remarks
Review
Work Activity for Tony Tiger
When does Tony Tiger believe his condition(s) became severe enough to keep him from working (even though he has never worked)?
If he doesn't know the exact date, enter the closest date he can remember.
Month
Day
Year
In this section...
Work Status
Work Activity
Education
Next
Previous
Save & Exit


Social Security
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2 Provide Disability Information
3 Sign Medical Release
4 Confirmation
Identification
Medical
Work/Education
Remarks
Review
Work Activity for Tony Tiger
We need to know more about Tony Tiger's reasons for stopping work and whether he made any changes in his work as a result of his condition(s).
When did he stop working?
If he doesn't know the exact date, enter the closest date he can remember.
Month
Day
Year
In this section...
Work Status
Work Activity
Education
Why did he stop working?
Because of his condition
Because of his condition AND other reasons
Because of other reasons
Did his condition(s) cause him to make changes in his work activity before he stopped working?
More Info
Yes
No
Next
Previous
Save & Exit


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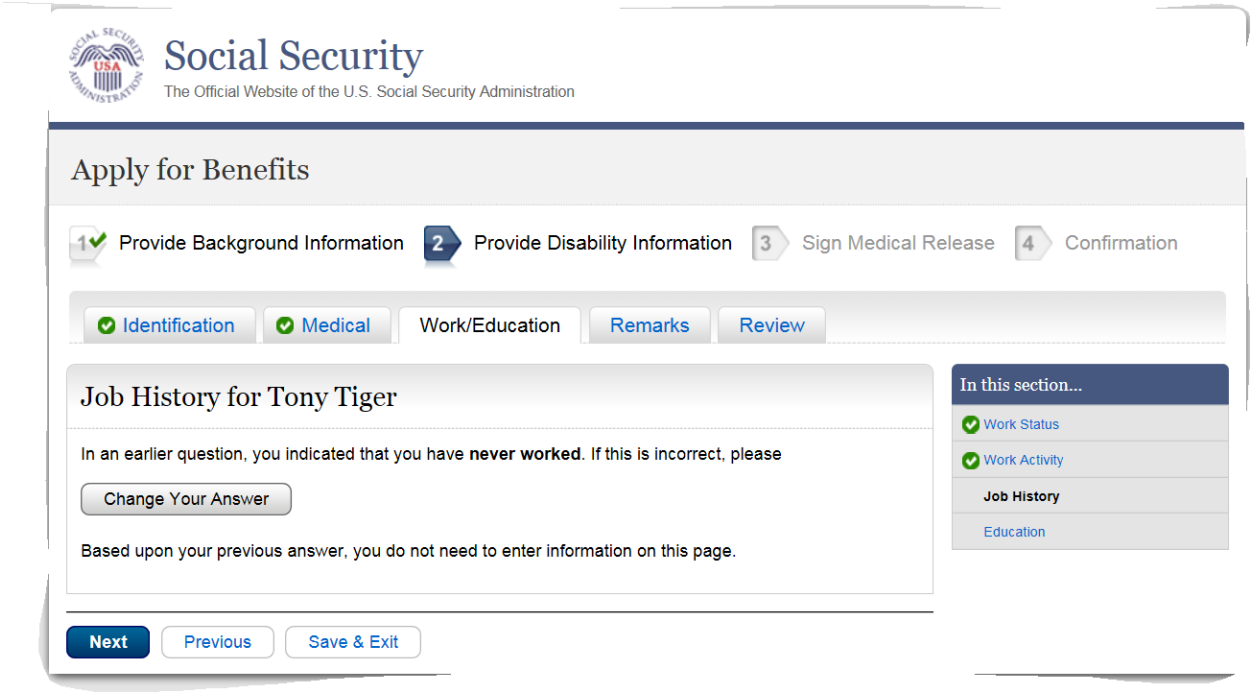
Medical
Work/Education
Remarks
Review
Job History for Tony Tiger
Since Sep 10, 2011, have you had gross earnings greater than $1000 in any month? Do not count sick leave, vacation, or disability pay.
We may contact you for more information.
Yes
No
In this section...
Work Status
Work Activity
Job History
Education


Job Listing
List the jobs (up to 5) that you have had in the past 15 years. Start with your most recent job.
Select the number of jobs you have had in the past 15 years:
--
Next
Previous
Save & Exit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Medical
Work/Education
Remarks
Review
Job History for Tony Tiger
In an earlier question, you indicated that you have never worked. If this is incorrect, please
Change Your Answer
Based upon your previous answer, you do not need to enter information on this page.
In this section...
Work Status
Work Activity
Job History
Education
Next
Previous
Save & Exit

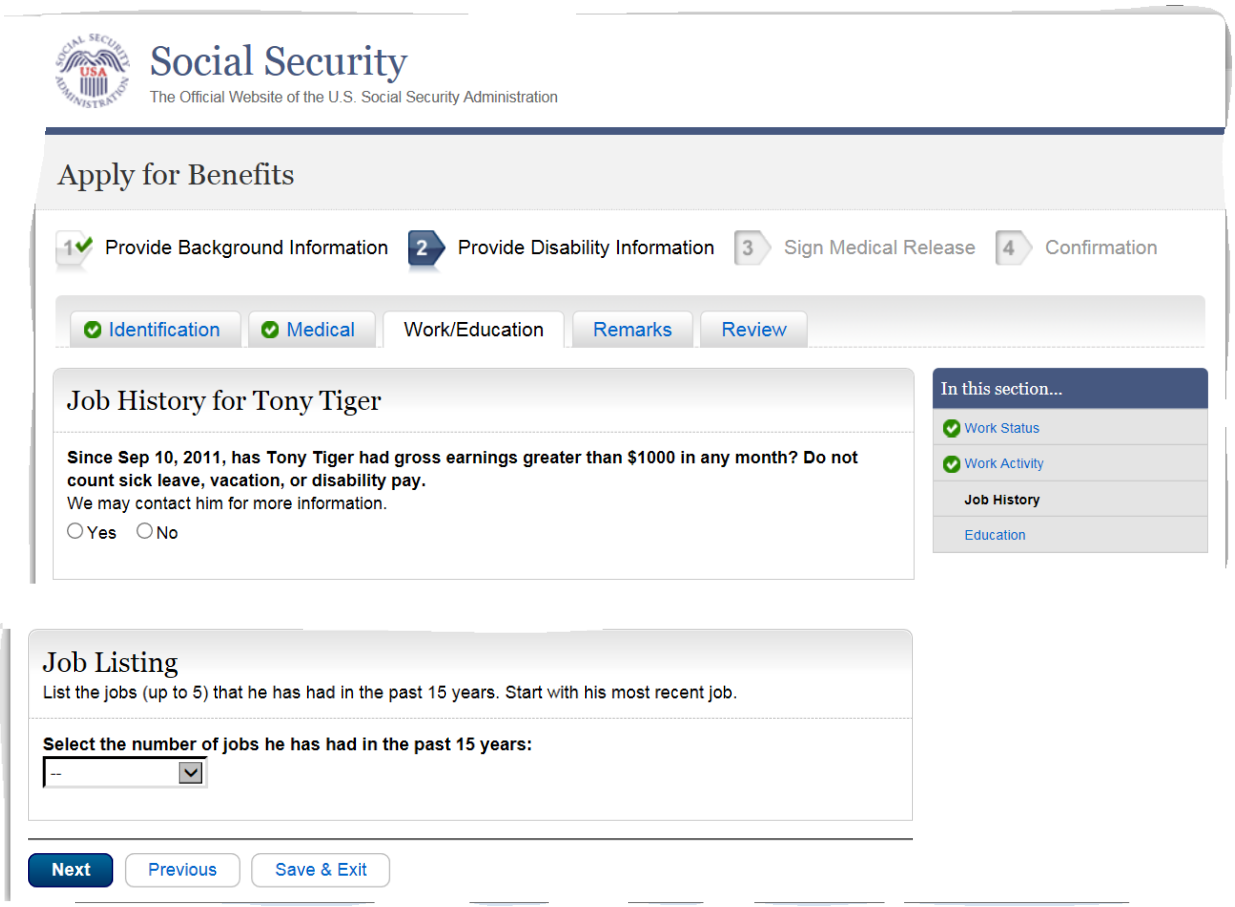
## Job Listing

List the jobs (up to 5) that you have had in the past 15 years before you became unable to work because of your physical and/or mental conditions. Start with your most recent job.

**Select the number of jobs you have had in the past 15 years before you became unable to work:**

--

Next | Previous | Save & Exit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Work/Education
Remarks
Review
Job History for Tony Tiger
Since Sep 10, 2011, has Tony Tiger had gross earnings greater than $1000 in any month? Do not count sick leave, vacation, or disability pay.
We may contact him for more information.
Yes
No
In this section...
Work Status
Work Activity
Job History
Education


Job Listing
List the jobs (up to 5) that he has had in the past 15 years. Start with his most recent job.
Select the number of jobs he has had in the past 15 years:
--
Next
Previous
Save & Exit


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3 Sign Medical Release
4 Confirmation
Identification
Medical
Work/Education
Remarks
Review
Job History for Tony Tiger
In an earlier question, you indicated that he has never worked. If this is incorrect, please
Change Your Answer
Based upon your previous answer, you do not need to enter information on this page.
In this section...
Work Status
Work Activity
Job History
Education
Next
Previous
Save & Exit

Social Security
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# Apply for Benefits

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

## Job History for Tony Tiger

**Since Sep 10, 2011, has Tony Tiger had gross earnings greater than $1000 in any month? Do not count sick leave, vacation, or disability pay.**
We may contact him for more information.

○ Yes ○ No

In this section...
- Work Status
- Work Activity
- **Job History**
- Education

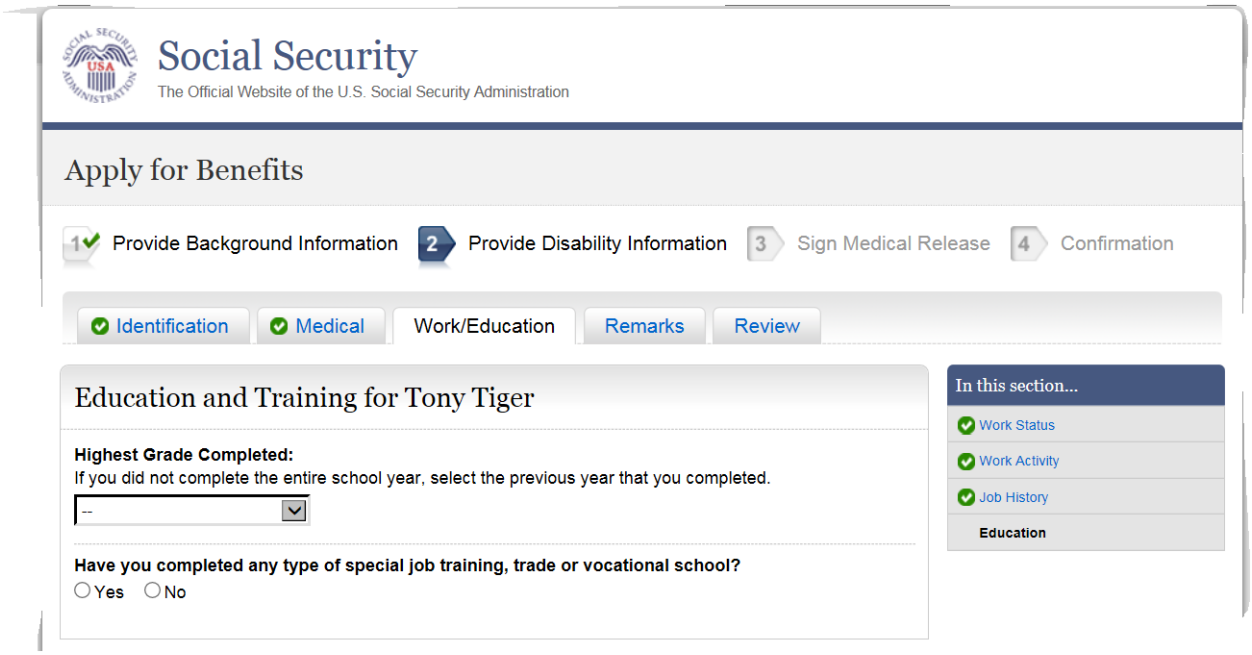
## Job Listing

List the jobs (up to 5) that he has had in the past 15 years before he became unable to work because of his physical and/or mental conditions. Start with his most recent job.

**Select the number of jobs he has had in the past 15 years before he became unable to work:**

--

Next | Previous | Save & Exit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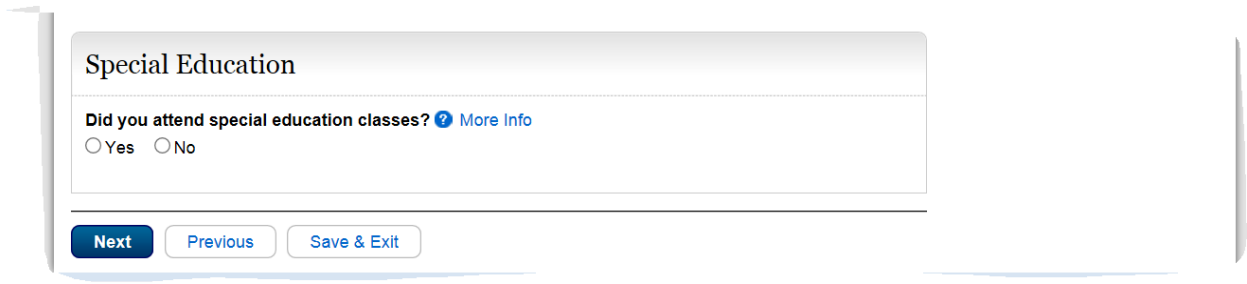
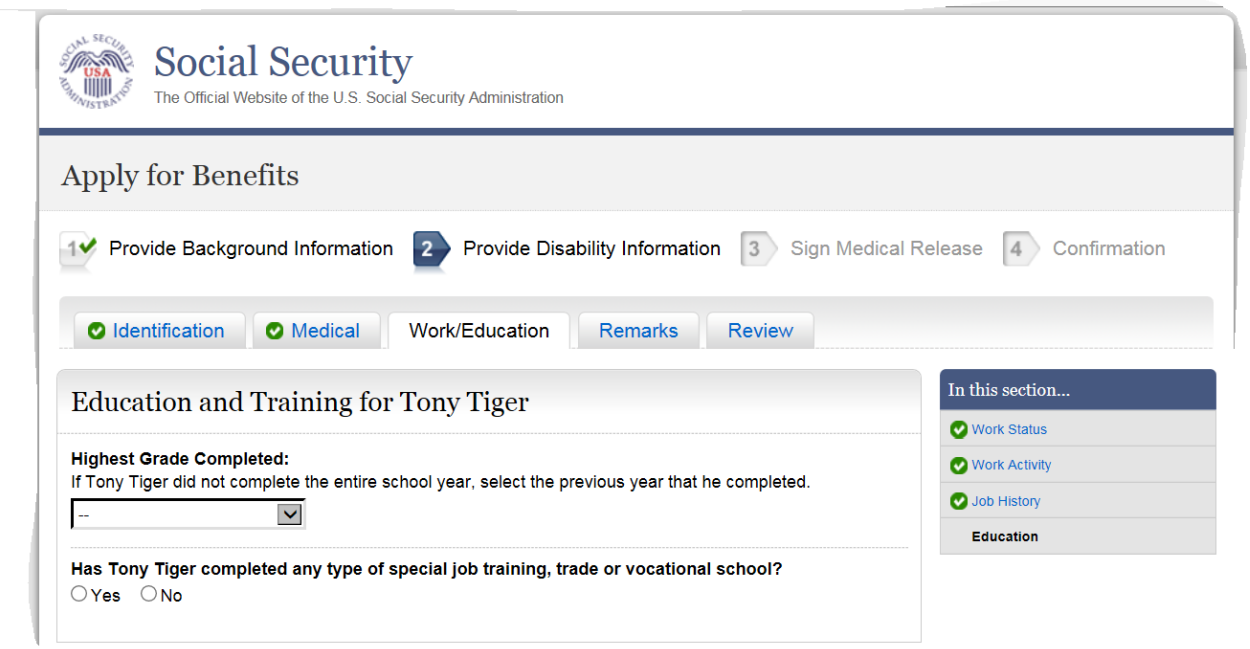
Work/Education
Remarks
Review
Education and Training for Tony Tiger
Highest Grade Completed:
If you did not complete the entire school year, select the previous year that you completed.
--
Have you completed any type of special job training, trade or vocational school?
Yes
No
In this section...
Work Status
Work Activity
Job History
Education


Special Education
Did you attend special education classes? More Info
Yes
No
Next
Previous
Save & Exit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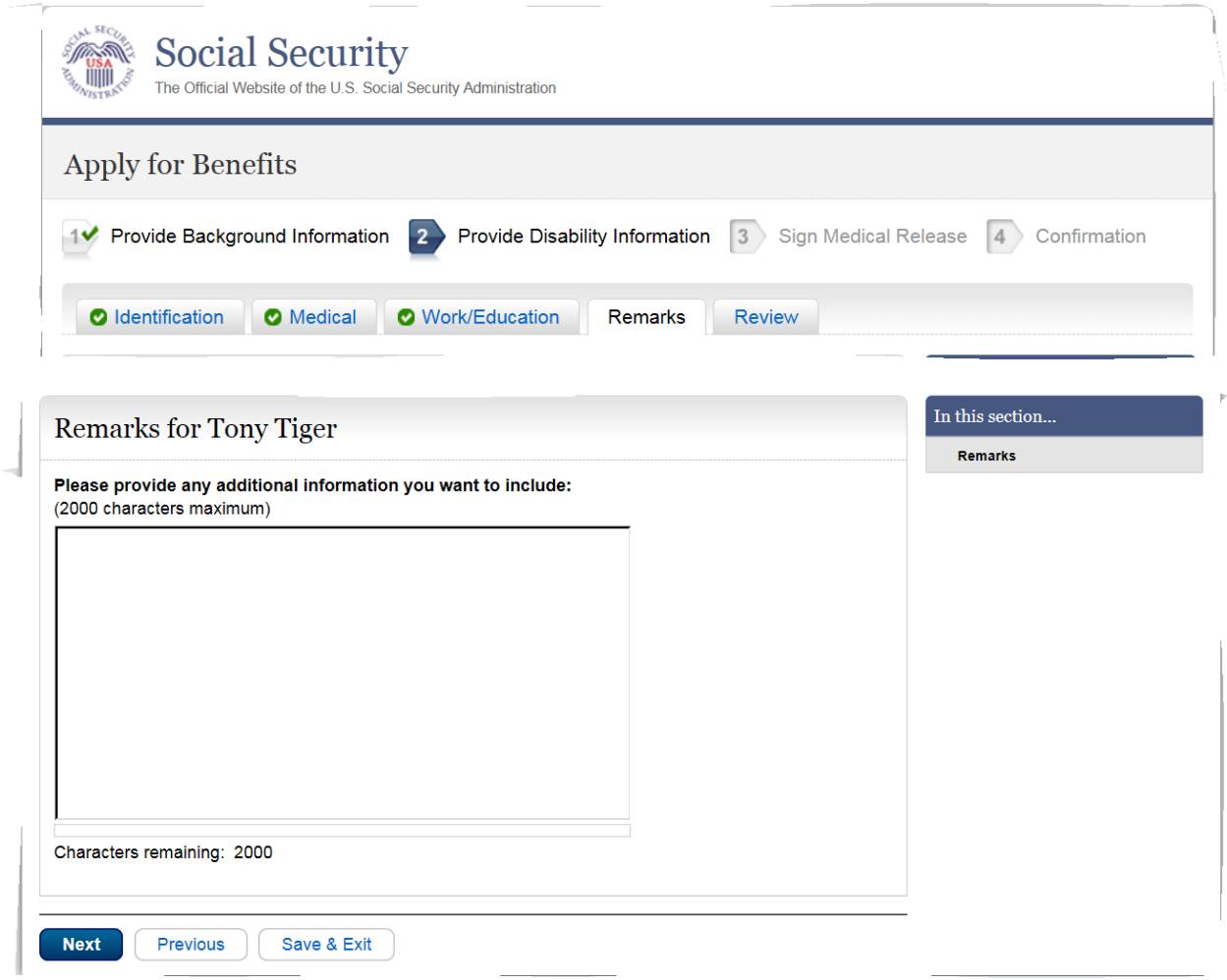
Remarks
Review
Education and Training for Tony Tiger
Highest Grade Completed:
If Tony Tiger did not complete the entire school year, select the previous year that he completed.
--
Has Tony Tiger completed any type of special job training, trade or vocational school?
Yes
No
In this section...
Work Status
Work Activity
Job History
Education

## Special Education

**Did Tony Tiger attend special education classes?** More Info

○ Yes ○ No

Next | Previous | Save & Exit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Remarks
Review
Remarks for Tony Tiger
Please provide any additional information you want to include:
(2000 characters maximum)
Characters remaining: 2000
In this section...
Remarks
Next
Previous
Save & Exit

Social Security
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# Apply for Benefits

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

Identification | Medical | Work/Education | Remarks | Review

## Remarks for Tony Tiger

**Please provide any additional information you want to include:**
(2000 characters maximum)

Characters remaining: 2000

In this section...

Remarks

Next | Previous | Save & Exit

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

1 ✔ Provide Background Information | 2 ✔ Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

### 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.

Please 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 benefit application. 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 benefit application. I understand this may delay the processing of my disability claim.

Submit | Save & Exit

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

1 ✓ Provide Background Information | 2 ✓ Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

### Medical Release Form

In order to make a decision about Tony Tiger's disability claim, we need to obtain his:

- Medical Records
- Education Records
- Other information related to his ability to perform tasks

We will help get his records if he gives 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 his claim, and could result in denial or loss of benefits.

The Medical Release Form will be available to print and sign when you select the 'Submit' button.

Submit | Save & Exit

**WHOSE *Records to be Disclosed***

Form Approved
OMB No.0960-0623
Name(*First, Middle, Last, Suffix*)

Tony Tiger

SSN

***-**-0030

Birthday (mm/dd/yy)

02/17/63

## AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **

**I voluntarily authorize and request disclosure** (including paper, oral, and electronic interchange):

**OF WHAT** ***All my medical records;*** **also education records and other information related to my ability to perform tasks. This includes specific permission to release:**

**1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s), including, and not limited to:**
- Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
- Drug abuse, alcoholism, or other substance abuse
- Sickle cell anemia
- Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
- Gene-related impairments (including genetic test results)

**2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.**
**3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.**
**4. Information created within 12 months after the date this authorization is signed, as well as past information.**

**FROM WHOM**

- **All medical sources** (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers,insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

**THIS BOX TO BE COMPLETED BY SSA/DDS (as needed)** Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

**TO WHOM**

**PURPOSE**

**The Social Security Administration and to the State agency authorized to process my case** (usually called "disability determination services"), **including contract copy services, and doctors or other professionals consulted during the process.** [Also, for international claims, to the U.S. Department of State Foreign Service Post.]
Determining my **eligibility for benefits,** including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am **capable of managing benefits ONLY** (check only if this applies)

**EXPIRES WHEN** This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- **I have read both pages of this form and agree to the disclosures above from the types of sources listed.**

PLEASE SIGN USING BLUE OR BLACK INK ONLY INDIVIDUAL authorizing disclosure
SIGN
▶

Electronically signed
by:
Tony Tiger

IF not signed by subject of disclosure, specify basis for authority to sign

☐ **Parent of minor**

☐ **Guardian**

☐ **Other personal representative (explain)**

(Parent/guardian/personal representative sign here if two signatures required by State law)

▶

Date Signed

10/07/2016

Phone Number (with area code)

(410) 325-8132

Street Address

1324 Some Street

City

Baltimore

State

MD

Zip

21201

**WITNESS** *I know the person signing this form or am satisfied of this person's identity:*

SIGN

▶

Phone Number (or Address)

**IF** needed, second witness sign here (e.g., if signed with "X" above)

SIGN

Phone Number (or Address)

*This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.*

**Explanation of Form SSA-827,**
**"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

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

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(1) and 1383(e)(1)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. 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, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, 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 ensure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entitites 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. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0090; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDIB) Claims File, 60-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any Social Security office.

**Paperwork Reduction Act Statement -** This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE**. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory **or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)** . *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

**Thank you for applying for disability online.**

Your Confirmation Number is: **43326411**

You can check the status of your application online. Go to "www.socialsecurity.gov," and sign in or create a *my* Social Security account.

We will contact you with any updates or questions we may have about your information.

**What you need to do next:**

1. **Gather** the following documents:
   - Any medical evidence you already have about your disability;
   - Award letters, pay stubs, settlement agreements or other proof of temporary or permanent workers' compensation type benefits you received.
2. **Print** your personalized cover sheet;
3. **Mail** all of these items to:
   SOCIAL SECURITY
   1010 PARK AVE
   SUITE 200
   BALTIMORE , MD 21201-5637

If you prefer to bring your documents in person, you can visit **your local Social Security office**.

If you do not have all the documents listed above we will help you get any documents you need.

**Caution: Do not mail** foreign records or any Department of Homeland Security (DHS) documents to us - especially those you are required to keep with you at all times. These documents are sensitive and expensive to replace if lost; and some cannot be replaced. Instead, **bring them to your local Social Security office** where they will be examined and returned to you.

**View & Print the following:**

- Your Receipt
- Electronically Signed Medical Release Form

We recommend that you keep a copy of each for your records.

Useful Links | Contact Us

- Reporting Responsibilities: What Needs to be Reported
- Frequently Asked Questions - Internet Benefit Claim
- Social Security Online: What You Can Do Online
- Voluntary Tax Withholding
- Helpful Health Information Online
- Prescription Assistance

Done

Print this page

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

1 Provide Background Information | 2 Provide Disability Information | 3 Sign Medical Release | 4 Confirmation

**Thank you for applying for disability online.**

We will contact you with any updates or questions we may have about Tony Tiger's information.

**What you need to do next:**

1. **Gather** the following documents:
   - Any medical evidence Tony Tiger already has about his disability;
   - Award letters, pay stubs, settlement agreements or other proof of temporary or permanent workers' compensation type benefits Tony Tiger received.
2. **Print** Tony Tiger's personalized cover sheet;
3. **Mail** all of these items to:
   SOCIAL SECURITY
   1010 PARK AVE
   SUITE 200
   BALTIMORE , MD 21201-5637

If Tony Tiger prefers to bring his documents in person, he can visit **his local Social Security office**.

If Tony Tiger does not have all the documents listed above we will help him get any documents he needs.

**Caution: Do not mail** foreign records or any Department of Homeland Security (DHS) documents to us - especially those he is required to keep with him at all times. These documents are sensitive and expensive to replace if lost; and some cannot be replaced. Instead, **bring them to his local Social Security office** where they will be examined and returned to him.

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- Frequently Asked Questions - Internet Benefit Claim
- Social Security Online: What You Can Do Online
- Voluntary Tax Withholding
- Helpful Health Information Online
- Prescription Assistance

Done

Print this page

Print Now

# Cover Sheet for Tony Tiger

I have applied for disability online. I understand that the information I provided and sent to SSA electronically will be used in making a decision on this claim for benefits.

**My address:**

1324 Some Street
Baltimore, MD 21201

**My phone number:**

(410) 325-8132

**When necessary, SSA can contact this person who knows about my condition:**

**I have attached the following items (check all that apply):**

☐ Copies of Medical Records I Already Have

☐ Other (Please list below)

**Name of the person completing this application:**

Tony Tiger

**Mail to:**

SOCIAL SECURITY
1010 PARK AVE
SUITE 200
BALTIMORE , MD 21201-5637

Print Now

# Cover Sheet for Tony Tiger

I have applied for disability online. I understand that the information I provided and sent to SSA electronically will be used in making a decision on this claim for benefits.

**Tony Tiger's address:**

1324 Some Street
Baltimore, MD 21204

**Tony Tiger's phone number:**

(410) 325-8132

**When necessary, SSA can contact this person who knows about Tony Tiger's condition:**

**I have attached the following items (check all that apply):**

☐ Copies of Medical Records Tony Tiger Already Has

☐ Other (Please list below)

**Name of the person completing this application:**

Chase M Higgenbottom

**Mail to:**

SOCIAL SECURITY
28 ALLEGHENY AVENUE
4TH FLOOR
TOWSON , MD 21204-2386

Print Now

# Disability Information for Tony Tiger

Your information was received on October 7, 2016 at 2:20:04 PM.

## Disability Information: Identification

### Applicant Information

**Identification Information**

Name: **Tony Tiger**

Social Security Number: ***-**-0030

Date of Birth: **February 17, 1963**

Gender: **Male**

**Contact Information**

Mailing Address: **1324 Some Street, Baltimore, Maryland, 21201**

Daytime Phone Number: **(410) 325-8132**

Alternate Phone Number:

Email Address:

**Ability to Communicate in English**

Speak English: **Yes**

Read English: **Yes**

Write English: **Yes**

**Other Names**

Other Names Used on Medical or Educational Records: **No**

## Disability Information: Medical

### Conditions

**List of physical and mental conditions:**

1: **cancer**

Height without shoes: **6** feet **0** inches

Weight without shoes: **200** lbs

Conditions cause pain or other symptoms: **Yes**

**Seen a healthcare provider or received treatment, or have an appointment scheduled:**

For physical conditions: **No**

For mental conditions: **No**

## Other Contact

Someone to contact about conditions: **No**

## Doctor/Healthcare Professional 1

**Doctor/Healthcare Professional Details**

Name: **Dr. Isee Clearly**

Office Name:

Address: **3800 Hooper Avenue, Baltimore, Maryland, 21211**

Phone Number: **(443) 436-7931**

Patient ID Number:

**Treatment**

First Visit: **March 2013**

Last Visit:

Next Scheduled Appointment:

Medical Conditions Treated: **headache**

Treatment Received: **Bandaid**

## Hospital/Clinic 1

**Hospital/Clinic Details**

Name: **Johns Hopkins**

Name of Healthcare Professional Treated By:

Address: **1800 Orleans Street, Baltimore, Maryland, 21205**

Phone Number: **(443) 436-7507**

Record Number:

Emergency Room Visits: **No**

Inpatient Stays: **Yes**

Admission Date 1: **March 10 2013**

Discharge Date 1: **March 15 2013**

Admission Date 2:

Discharge Date 2:

Admission Date 3:

Discharge Date 3:

Outpatient Visits: **No**

Medical Conditions Treated: **headache**

Treatment Received: **head examination**

## Test 1

## Test 1

Kind of Test: **EEG (Brain Wave Test)**
Date of Test: **12/29/2012**
Sent for Test by: **No one ordered this test**

## Medicine 1

Medicine: **Triopenin**
Reason: **Headache**
Prescribed by: **No one prescribed this medicine**

## Other Medical Record 1

Name of Place: **Hanover Eye Associates**
Name of Contact: **Sarah Smyle**
Address: **1224 Baltimore Street, Hanover, Pennsylvania, 17331**
Phone Number: **(717) 633-5407**
First Visit: **10/27/2012**
Last Visit: **10/27/2012**
Next Visit:
Case Number:
Reasons for Visits: **Headache**

# Disability Information: Work/Education

## Work Status

Currently Working: **No, I have never worked**

## Work Activity

Date Conditions Became Severe Enough to Keep From Working: **September 10, 2011**

## Job History

Never worked.

## Education

**Education and Training**
Highest grade completed: **12th Grade**
Date completed: **June 1980**
Special training, trade or vocational school: **No**

**Special Education**
Attended special education: **No**

Disability Information: Remarks

## Remarks

Additional information: **I'm too sick to work.**

## Medical Release Form for Tony Tiger

Your information was received on October 7, 2016 at 2:20:04 PM.

## Medical Release Form

Agreed to electronically sign the medical release form.

Print Now

# Disability Information for Tony Tiger

Your information was received on October 7, 2016 at 2:21:28 PM.

## Disability Information: Identification

### Applicant Information

**Identification Information**

Name: **Tony Tiger**

Social Security Number: ***-**-0034

Date of Birth: **February 17, 1963**

Gender: **Male**

**Contact Information**

Mailing Address: **1324 Some Street, Baltimore, Maryland, 21204**

Daytime Phone Number: **(410) 325-8132**

Alternate Phone Number:

**Ability to Communicate in English**

Speak English: **Yes**

Read English: **Yes**

Write English: **Yes**

**Other Names**

Other Names Used on Medical or Educational Records: **No**

### Preparer's Contact Information

Name: **Chase M Higgenbottom**

Relationship to Applicant: **Attorney Representative**

Organization Name: **Smith, Jones, and Taylor, LLP**

Address: **527 York Street, Hanover, Pennsylvania, 17331**

Phone: **(717) 630-5700**

## Disability Information: Medical

### Conditions

**List of physical and mental conditions:**

1: **sick**

Height without shoes: **6** feet **0** inches

Weight without shoes: **200** lbs

Conditions cause pain or other symptoms: **Yes**

**Seen a healthcare provider or received treatment, or have an appointment scheduled:**

For physical conditions: **No**

For mental conditions: **No**

## Other Contact

Someone to contact about conditions: **No**

## Doctor/Healthcare Professional 1

**Doctor/Healthcare Professional Details**

Name: **Dr. Isee Clearly**

Office Name:

Address: **3800 Hooper Avenue, Baltimore, Maryland, 21211**

Phone Number: **(443) 436-7931**

Patient ID Number:

**Treatment**

First Visit: **March 2013**

Last Visit:

Next Scheduled Appointment:

Medical Conditions Treated: **headache**

Treatment Received: **Bandaid**

## Hospital/Clinic 1

**Hospital/Clinic Details**

Name: **John Hopkins**

Name of Healthcare Professional Treated By:

Address: **1800 Orleans Street, Baltimore, Maryland, 21205**

Phone Number: **(443) 436-7507**

Record Number:

Emergency Room Visits: **No**

Inpatient Stays: **Yes**

Admission Date 1: **March 10 2013**

Discharge Date 1: **March 15 2013**

Admission Date 2:

Discharge Date 2:

Admission Date 3:

Discharge Date 3:

Outpatient Visits: **No**

Medical Conditions Treated: **headache**

Treatment Received: **head examination**

## Test 1

Kind of Test: **EEG (Brain Wave Test)**
Date of Test: **12/29/2012**
Sent for Test by: **No one ordered this test**

## Medicine 1

Medicine: **Triopenin**
Reason:
Prescribed by: **No one prescribed this medicine**

## Other Medical Record 1

Name of Place: **Hanover Eye Associates**
Name of Contact: **Sarah Smyle**
Address: **1224 Baltimore Street, Hanover, Pennsylvania, 17331**
Phone Number: **(717) 633-5407**
First Visit: **10/27/2012**
Last Visit: **10/27/2012**

Next Visit:
Case Number:
Reasons for Visits: **Headache**

# Disability Information: Work/Education

## Work Status

Currently Working: **No, he has never worked**

## Work Activity

Date Conditions Became Severe Enough to Keep From Working: **September 10, 2011**

## Job History

Never worked.

## Education

**Education and Training**

Highest grade completed: **12th Grade**

Date completed: **June 1980**

Special training, trade or vocational school: **No**

**Special Education**

Attended special education: **No**

Disability Information: Remarks

## Remarks

Additional information: **I'm too sick to work.**

# Medical Release Form for Tony Tiger

Your information was received on October 7, 2016 at 2:21:28 PM.

# Social Security

The Official Website of the U.S. Social Security Administration

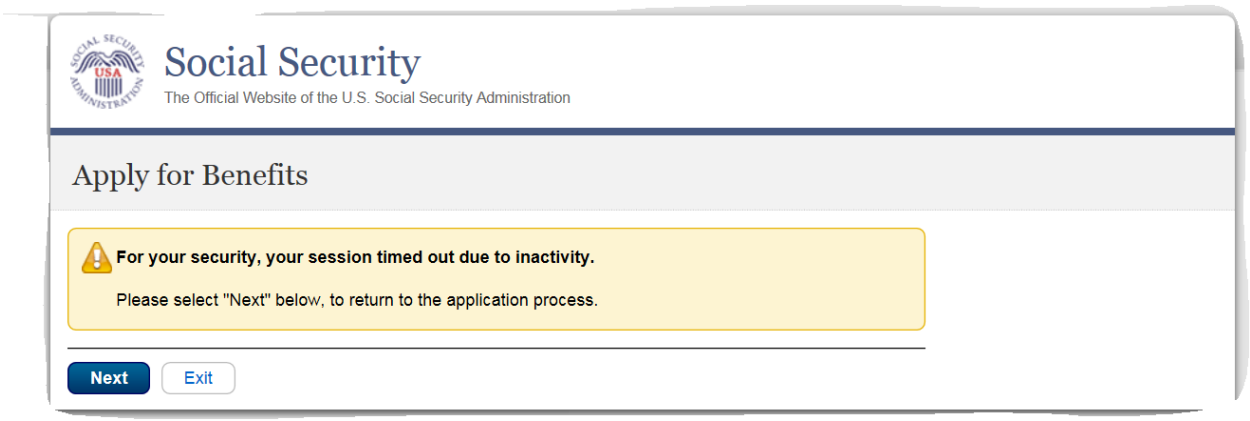
## Apply for Benefits

**You must enable session cookies in your browser to use this service.**

To enable "session cookies," please refer to your browser's help instructions.

When you are finished, please select the following link to continue where you left off.

Return to the application


Social Security
The Official Website of the U.S. Social Security Administration
Apply for Benefits
For your security, your session timed out due to inactivity.
Please select "Next" below, to return to the application process.
Next
Exit

# Social Security

The Official Website of the U.S. Social Security Administration

## We're sorry...

**We can not process your request at this time. Please try again later.**

If you need immediate help, please contact us.

Exit

Social Security

The Official Website of the U.S. Social Security Administration

# Apply for Benefits

**This service is not available at this time.**

Please try again during our regular service hours (Eastern Time):

| Day | Service Hours |
|---|---|
| Monday - Friday | 5:00 a.m. - 1:00 a.m. |
| Saturday | 5:00 a.m. - 11:00 p.m. |
| Sunday | 8:00 a.m. - 11:30 p.m. |

Exit

# Social Security

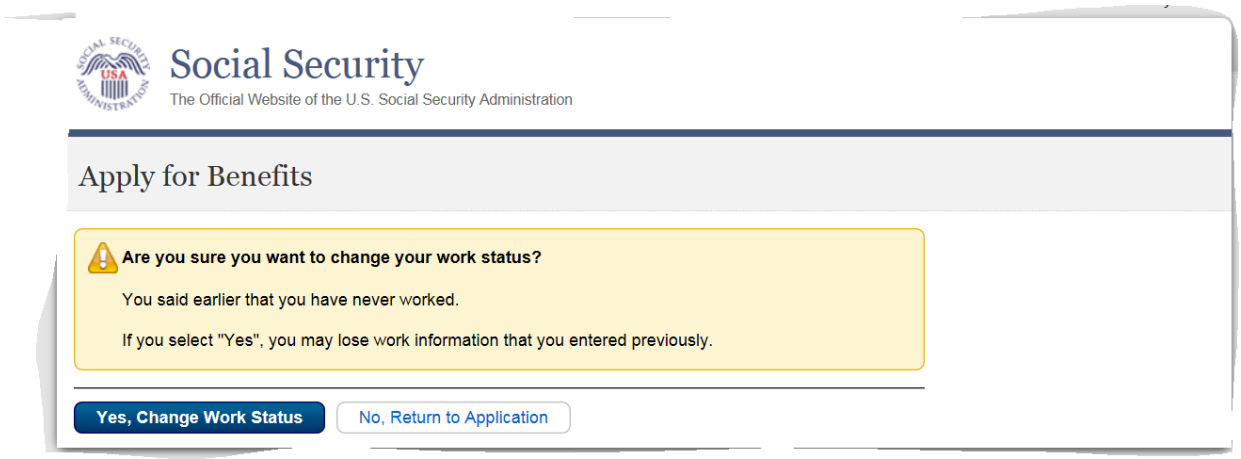
The Official Website of the U.S. Social Security Administration

## Apply for Benefits

**We are processing your request.**

Please wait a moment before selecting the "Next" button.

Next


Social Security
The Official Website of the U.S. Social Security Administration
Apply for Benefits
Are you sure you want to change your work status?
You said earlier that you have never worked.
If you select "Yes", you may lose work information that you entered previously.
Yes, Change Work Status
No, Return to Application

Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

**Are you sure you want to remove this entry?**

If you select "Yes," you will delete this entry and its information.

Yes, Delete | No, Return to Application

# Social Security

The Official Website of the U.S. Social Security Administration

## Apply for Benefits

**Are you sure you want to save and exit?**

Before you save and exit, print this page or write down the re-entry number. You will need this number to return to your saved application later.

Re-entry Number: **25679793**

If you lose this number, you can recover it by logging into your *my* Social Security account, or registering for a *my* Social Security account. Without your reentry number you will need to start a new application. Social Security employees will never ask for your re-entry number and they do not have access to it. This is to protect your privacy.

Print this page

Yes, Save & Exit | No, Return to Application Process

Social Security

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## Apply for Benefits

**Please describe the type and stage of the cancer.**

One of the disabling conditions you listed is cancer. If you have not already done so, please describe the type and stage of cancer on the same line (for example, Lung cancer, Stage 4).

Return to Application