

454 About You

Identification

Name:

Daytime telephone number:

Alternate telephone number is: U.S. Foreign None

Alternate telephone number: (999-999-9999) Ext:

E-mail address:

Your Language Information

Can you speak and understand English?

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

Yes No Not yet answered

What language do you prefer?

Other Language:

Can you read and understand English?

Yes No Not yet answered

Can you write more than your name in English?

Yes No Not yet answered

Other Names Used

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

Examples are maiden name, other married name, or nickname

Yes No Not yet answered

To add a name, choose Add Other Name. To edit, select the name below.

Other Names

Add Other Name

454 Education and Training

Education

Have you received any education since 09/25/2019?

Yes No Not yet answered

Name of school:

Address is: U.S. Foreign

City: State:

Type of program or degree:

Date(s) of attendance (MM/YYYY): from to

Date completed (or scheduled to be completed) (MM/YYYY):

If 'Foreign' is selected, the following will be displayed:

Address is: U.S. Foreign

City:

Postal zone: Country:

Job Training or Vocational School

Have you received any type of specialized job, trade, or vocational training since 09/25/2019?

Yes No Not yet answered

Name of Training Facility:

Address is: U.S. Foreign

City: State: ZIP Code:

Telephone number is: U.S. Foreign None

Telephone number is: (999-999-9999) Ext:

*Type of Program:

Date completed (or scheduled to be completed) (MM/YYYY):

Language Information

What written language do you use every day in most situations (at home, work, school, in community, etc.)?

If the language is not listed, please select 'Other' and provide the language below. If 'Other' is selected, please specify language.

Other language:

In the language you identified above, can you read a simple message, such as a shopping list or short and simple notes?

Yes No Not yet answered

In the language you identified above, can you write a simple message, such as a shopping list or short and simple notes?

Yes No Not yet answered

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

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

Sections 205(a), 221(i), 223(d), 1614(a), 1631(e), and 1633(c) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to determine eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting Social Security Administration (SSA) in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To private medical and vocational consultants for use in making preparation for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by SSA or a State agency acting in accord with sections 221 or 1633 of the Act.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784, and 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

SSA will insert the following revised PRA Statement into the form as soon as possible:

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 (OMB) control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***