

Education

Alleged onset date:

What is the highest grade of school that you completed?

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

(Select 12, if you have education equivalent to high school from another country.)

Approximate date completed (MM/YYYY):

Address is: U.S. Foreign
 City:
 Postal zone: Country:

Name of school:

Address is: U.S. Foreign

City: State:

Special Education

Did you receive special education, such as through an Individualized Education Plan (IEP) or equivalent education?

Yes No Not yet answered

What is the last grade you received special education?

Reason(s) for IEP or equivalent education:

List all schools where you attended special education classes.

Name	Address
Andover Elementary School	* 20 School Street
MALDEN MEDICAL CENTER	* 100 Hospital Rd
Radiation Oncology Associates	* One Elliot Way
Robert B Jolicoeur School	* 1 Mammoth Rd
Robert B Jolicoeur School	* 1 Mammoth Rd

Job Training or Vocational School

Have you completed any type of specialized job training, trade, or vocational school?

Yes No Not yet answered

Describe the types of vocational programs attended.

Electronics repair

Approximate date 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), 223(d), 1614(a), and 1631 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 contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
- 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 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.

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 control number. We estimate that it will take about 90 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 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. Send only comments relating to our time estimate to this address, not the completed form.