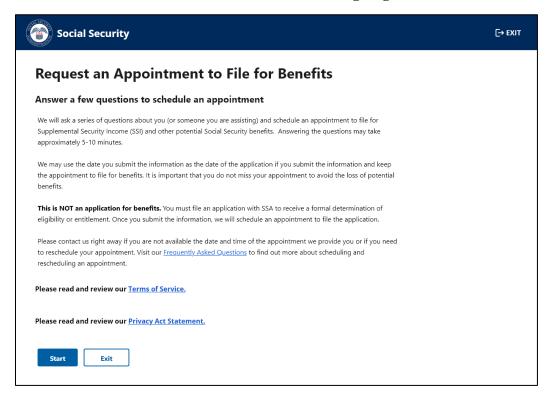




Individuals visiting the SSA website to learn about <u>Supplemental Security Income (SSI)</u> payments will be provided with a description of the SSI program and information about how to file an application. In the informational section, individuals will be able to access the link "**Request an Appointment to File for Benefits**" which will direct them to this "Landing Page" shown above. This page informs individuals about the information needed prior to accessing the online tool, the process for the request, and what to expect next once the information is submitted.

Screen #2 – Welcome/Starting Page



This is the "Starting page" where individuals receive information about the process. It informs them that we may use the date of this request as their date of the application if they submit the requested information and keep an appointment to file an application for benefits. The page also offers links to the Frequently Asked Questions (FAQ), the Terms of Service (ToS), and the Privacy Act (PA) statement. The FAQ link directs individuals to a SSA.gov page where individuals can find different SSA topics, which includes information about appointments and ways to contact us to reschedule an appointment when needed.

Individuals selecting the ToS link receive the pop-up message below.

nn l	Inneintment to File for Penefite
an	×
qu	Terms of Service
rity l ) min	I understand that I am entering a U.S. Government System to request an appointment with the Social Security Administration. I understand that I need to provide the Social Security Administration information in order to request an appointment. I understand that failing to agree to the statements below will prevent me from requesting an appointment online for me or for the person for whom I am requesting an appointment.
	I understand that: • my activities may be monitored within this site. • use of the online form may protect an application filing date but is not itself an application for any benefit.
ment	<ul> <li>any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.</li> </ul>
ght á	Information about Social Security's Online Policies
appc point	We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, SSA.gov. Our <u>Internet Privacy Policy</u> explains our online information practices.
evie	Back
eview o	ur <u>Privacy Act Statement.</u>

### Screen #2 – (Cont.) Welcome/Starting Page

The ToS link informs individuals of various privacy and security aspects before the individual enters the Government information system. The ToS acknowledges that we may monitor activity within the online system. Individuals can either select "Back" to go back to the online tool, or "Exit" to leave the tool.

The pop-up message also provides a direct link to SSA's Internet Privacy Policy that explains the agency's online information practices.

Individuals selecting the PA statement link will receive the message below.

rivacy	Act Statement: Collection and Use of Information
amended, a	, 205, 223, 226, 806, 1611(c), 1616, 1631(d) and (e), 1634(a), and 1837 of the Social Security Act, as low us to collect this information.  Furnishing us this information is voluntary.  However, failing ll or part of the information may prevent us from scheduling an appointment.
eligibility fo	the information you submit to schedule an appointment to determine a potential claimant's r benefits. We may also share your information and the information you submit on behalf of a imant for the following purposes, called routine uses:
contacte or her be payment being sou	earty contacts (e.g., employers and private pension plans) in situations where the party to be d has, or is expected to have, information relating to the individual's capability to manage his nefits or payments, or his or her eligibility for or entitlement to benefits or eligibility for s, under the Social Security program when: (a) The individual is unable to provide information ght; OR (b) the data is necessary to establish the validity of evidence or to verify the accuracy ation presented by the individual; and
congress knowleda Security	ctors, cooperative agreement awardees, State agencies, Federal agencies and Federal onal support agencies for research and statistical activities that are designed to increase te about present or alternative Social Security programs; are of importance to the Social program or the Social Security beneficiaries; or are for an epidemiological project that relates cial Security program or beneficiaries. We will disclose information under this routine use
example, wl which our re	we may share this information in accordance with the Privacy Act and other Federal laws. For here authorized, we may use and disclose this information in computer matching programs, in ecords are compared with other records to establish or verify a person's eligibility for Federal rams and for repayment of incorrect or delinquent debts under these programs.
entitled Clai	tional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, ms Folders System, as published in the Federal Register (FR) on October 31, 2019 at 84 FR 58422. nformation, and a full listing of all of our SORNs, is available on our website at <u>www.ssa.gov/</u>

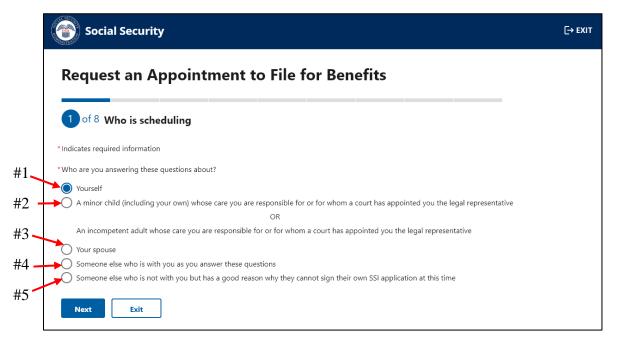
Individuals must select the link and view the PA statement before continuing, otherwise they will receive the following alert:

Social Security	[→ EXIT
Request an Appointment to File for Benefits	
Please correct the following information:  • Error: Privacy Act Statement	
We will ask a series of questions about you (or someone you are assisting) and schedule an appointment to file for Supplemental Security Income (SSI) and other potential Social Security benefits. Answering the questions may take approximately 5-10 minutes.	

## Screens for the Online Appointment Tool – First Party Path

P a g e | 4

Screen #3 Selecting path for users



We ask individuals to indicate who they are answering the questions about. If they select option #1 "Yourself" or option #4 "Someone else who is with you as you answer these questions", individuals will continue the path for "First-Party users" (see screen #4). A first party user is an individual who can sign an application on their own behalf. If the individual selects any other option, the system presents the third-party/Assistor path. Although individuals making the request for their child or for an incompetent adult whose care they are responsible for (option #2) are also considered "First-Party users" as they might be able to sign the benefit application on the claimant's behalf, for the purpose of the description of this online tool, we include them on the "Third-Party/Assistor Screens" package as it follows the same pathing for questions and format.

All fields with an asterisk (\*) are mandatory fields and individuals must enter a response in order to proceed to the next screen. If an individual does not enter or select a response, the system provides an alert for individuals to take action and correct the information.

### **Screen #4 Personal Information**

Social Secu	ity			[→ E>		
Request an Appointment to File for Benefits						
2 of 8 Personal	2 of 8 Personal Information					
*Indicates required informa	tion					
*First name	Middle name *Last	name	Suffix			
John	Albert Do	be	Select one 🕈			
Phone type U.S. International Phone number 444-444-4444 Mailing address	]					
Street address		Street address line 2	1			
123 Test St						
Street address line 3		Street address line 4	ļ			
City Baltimore Email	State     ZIP Code       MD      21231					
johndoe@mail.com						
Your phone numb address where we an email is provid	can send an appointment conf	cted so we have a number firmation. We will also sen	to contact you about the appointm d your appointment confirmation el	ent and an ectronically if		
Next Previou	s Exit					

Individuals must provide their personal contact information (name, phone number, and mailing address) in order to submit their appointment request and receive an appointment confirmation via mail. If an individual voluntarily provides an email address, we will email the appointment confirmation as well.

#### Screen #4 (Cont.) Personal Information – Alerts

Social Securit	У	[→ EXIT
Request an A	ppointment to File for Benefits	
2 of 8 Personal Int	formation	
Please correct     Error: First nam     Error: Last nam     Error: Phone nu     Error: Mailing av	e imber	
* Indicates required information  * First name Please enter a first name.  * Phone type U.S.	n Middle name  XLast name Suffix Please enter a last name. Select one ◆	
International     Phone number     Please enter 10 digits (Exam     12-345-6789	nple: 999-999-9999)	
Street address	match the street address, city and state entered. Street address line 2	
123 Test St Street address line 3	Street address line 4	
City Baltimore	State ZIP Code	
Email johndoe@mail.com		
<ul> <li>Your phone number a address where we car an email is provided a</li> </ul>	and address are being collected so we have a number to contact you about the appointment and an n send an appointment confirmation. We will also send your appointment confirmation electronically if above.	
Next Previous	Exit	

Individuals who do not provide all the required information will receive an alert prompting them to either enter the missing information or to enter the information in the proper format. For example, phone number must be numeric and 10 digits, and the zip code must match the city and state based on the postal service directory. At any point, individuals can choose to exit the tool by selecting the "Exit" button. To ensure that the individual does want to exit the tool, the system provides the following alert.

ai ht sc ni	Are you sure you want to exit? You have entered information that will be lost if not submitted.	×
e	Cot wrondi submitting	

Social Security	[→ EXIT
Request an Appointment to File for Benefits	
3 of 8 Date of Birth	
*Indicates required information	
*What is your date of birth? Example: 4 21 1975	
Month Day Year 7 24 1966	
Next Previous Exit	
Social Security	[→ EXIT
Social Security Request an Appointment to File for Benefits	<b>G→ exit</b>
	E→ exit
Request an Appointment to File for Benefits	[-→ EXIT
Request an Appointment to File for Benefits	[→ EXIT
Request an Appointment to File for Benefits 4 of 8 Social Security Number *Indicates required information *What is your Social Security Number (SSN)?	[→ EXIT
Request an Appointment to File for Benefits of 8 Social Security Number Indicates required information What is your Social Security Number (SSN)? Example: 111-11-111	[→ EXIT

#### Screens #5 Date of Birth and # 6 Social Security Number

Upon entering their personal contact information and selecting next, the individual is asked to provide their date of birth and social security number. We require this information to establish the appointment under the correct record and to alert us if there are special internal indicators that need further evaluation. In addition, we use the provided date of birth to determine if the individual is under the age of 13 years old to ensure compliance with the <u>Children's Online</u> <u>Privacy Protection Act</u> (COPPA) and <u>OMB M-03-22</u> guidelines. Individuals under the age of 13 who attempt to use this tool will receive the following alert to contact us for additional assistance.

Social Security	[→ EXIT
Request an Appointment to File for Benefits	
We cannot process your request at this time. If you need help to schedule an appointment, please <u>contact us</u> .	
Print Exit	

## Screens for the Online Appointment Tool – First Party Path

Page | 8

Screen #7 Disability Information

Social Security	[→ EXIT
Request an Appointment to File for Benefits	
5 of 8 Disability	
*Indicates required information	
*Do you have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death?	
<ul> <li>Yes</li> <li>No</li> </ul>	
* Are you blind or do you have low vision even with glasses or contacts?	
O Yes O No	
*What date did the physical or mental disabling condition begin?	
• We know it can be hard to identify a specific date for many people. If you do not know the specific day but you know the month, you can enter the first day of the month. If you do not know the specific month, try to make your best guess based on your memory.	
Example: 4 21 1975 Month Day Year 4 21 1975	
• There are several ways to receive information from us if you are blind or have a visual impairment. You can request special notice options at the conclusion of this request for an appointment.	
Next Previous Exit	

The Supplemental Security Income (SSI) program provides monthly payments to certain adults and children with a disability or blindness, and individuals age 65 and older without a disability. Therefore, we request individuals to indicate if they have a disability or if they are blind. If they select "Yes" to the first question, the system presents the third question to provide us with an estimated date of when the condition began. This information, along with the date of birth, helps us to determine the type of appointment needed (e.g., aged, adult, or child appointment). In addition, we provide a message about the option to request special notices for those with a visual impairment.

Individuals selecting "No" to the first two questions receive the following alert advising them of the SSI eligibility requirement. The alert does not prevent individuals from continuing to request an appointment, as individuals are able to file an application to obtain a formal determination from SSA about whether they may be entitled to benefits.

Г

	Ð	Please review your answers before clicking next. To be eligible for SSI benefits, you must be disabled, blind, or over the age of 65.
e	•	There are several ways to receive information from us if you are blind or have a visual impairment. You can request special notice options at the conclusion of this request for an appointment.
	Ne	xt Previous Exit

#### Screen #8 Language Preference

Social Security	[→ EXIT
Request an Appointment to File for Benefits	
6 of 8 Language Preference	
*Indicates required information *What language do you prefer for speaking? English × v	
This is the language used while you go through the application process with a representative. We can arrange for an interpreter at no cost to you.	
*What language do you prefer for reading?	
Next Previous Exit	

This screen provides a scroll down with 89 languages and an option for "other" for the individual to indicate their language preference. We request information about the language preference for both speaking and reading. We use the information about the speaking language preference to provide interpreters during the appointment interview. We use the information about reading language preference to provide reading materials (if available) about our programs and certain notices.

Screen #9 Special Circumstances

Social Security				
Request an Appointment to File for Benefits				
7 of 8 Special Circumstances				
* Indicates required information				
*Select all life circumstances that apply to you This information will help us provide the best service for these special cases.				
Military casualty/Wounded Warrior				
Veterans Affairs 100% disability				
Homelessness				
Medical condition that is untreatable and expected to result in death				
Need sign language interpreter services				
Need visual accommodation				
Recently released from a correctional institution				
None of the above				
Next Previous Exit				

This screen offers the option for individuals to choose from a list of special circumstances that may apply to them. We use this information to provide either expedited appointments or additional assistance as needed during the appointment interview.

### Screen #10 Review and Submit

Social Security	[→ EXIT
Request an Appointment to File for Benefits	
8 of 8 Review and Submit	
Your Information —	
Are you answering these questions about yourself? Yes	
First name <b>John</b> Middle name <b>Albert</b> Last name <b>Doe</b> Suffix <b>No answer</b>	
Phone Type <b>U.S.</b> Phone number <b>444-444-4444</b>	
Mailing address Street address 123 Test St City Baltimore State MD Zip Code 21231	
Email johndoe@mail.com	
What is your Date of Birth? 07/26/1966	
What is your Social Security Number (SSN)? ***_***** <u>Show SSN</u>	
Do you have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death? <b>Yes</b>	
Are you blind or do you have low vision even with glasses or contacts? <b>No</b>	
What date did the physical or mental disabling condition begin? 04/21/1975	
Appointment Information -	
What language do you prefer for speaking? <b>English</b>	
What language do you prefer for reading? English	
Select all life circumstances that apply to you None	
Electronic Signature Agreement I understand and agree that my request will be signed electronically when I select the check box below. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature. I have provided the Social Security Administration with truthful and accurate information. I agree with the Electronic Signature Agreement above.	
• You can select the "Previous" button below to go back and make changes if needed. If the information is correct, select the "Submit" button to complete the process and send all collected information to us.	
Submit Previous Exit	

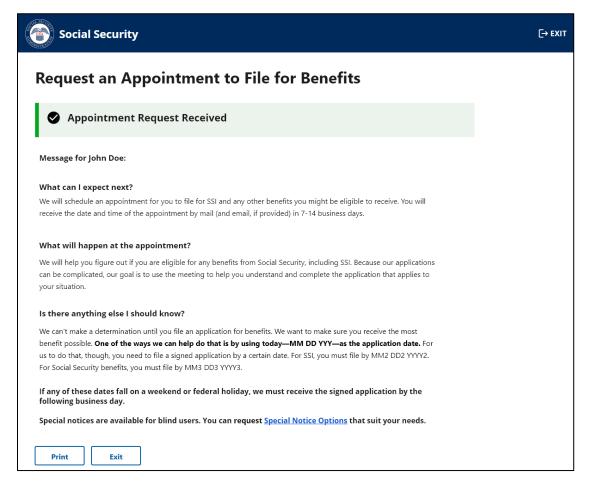
This screen provides the opportunity for the individual to review all the provided information prior to submission. If individuals need to correct any information, they can go back to the previous pages to edit the answers.

### Screen #10 (Cont.) Review and Submit

Social Security	[→ EXIT
Request an Appointment to File for Benefits	
8 of 8 Review and Submit	
Please correct the following information:  • Error: Electronic Agreement Signature	
Your Information -	
Are you answering these questions about yourself? Yes	
First name <b>John</b> Middle name <b>Albert</b> Last name <b>Doe</b> Suffix No answer	
Phone Type <b>U.S.</b> Phone number <b>444-444-4444</b>	
Mailing address Street address 123 Test St City Baltimore State MD Zip Code 21231	
Email johndoe@mail.com	
What is your Date of Birth? 07/26/1966	
What is your Social Security Number (SSN)? 123-45-6789 Hide SSN	
Do you have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death? <b>Yes</b>	
Are you blind or do you have low vision even with glasses or contacts? <b>No</b>	
What date did the physical or mental disabling condition begin? 04/21/1975	
Appointment Information -	
What language do you prefer for speaking? <b>English</b>	
What language do you prefer for reading? English	
Select all life circumstances that apply to you None	
<ul> <li>Electronic Signature Agreement         Understand and agree that my request will be signed electronically when I select the check box below. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature. I have provided the Social Security Administration with truthful and accurate information.     </li> <li>Please click the Electronic Signature Agreement to continue.              `1 agree with the Electronic Signature Agreement above.      </li> </ul>	
• You can select the "Previous" button below to go back and make changes if needed. If the information is correct, select the "Submit" button to complete the process and send all collected information to us.	
Submit Previous Exit	

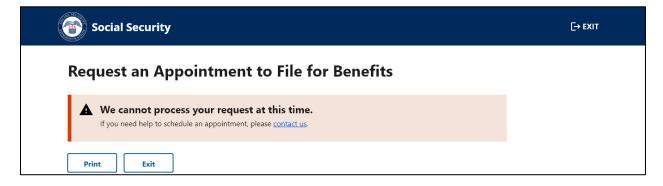
If the information is correct and no changes are needed, individuals can agree with the electronic signature agreement and select "Submit" to transmit the information to us. Individuals must agree with the electronic signature agreement to submit the information, otherwise they will receive an alert message.

#### Screen #11 Information submitted and alert



After the individual submits the requested information, and the information passes certain internal checks, the system displays this screen to inform the individual that SSA has received the information. This screen also provides the specific date the individual submitted the appointment request and the dates that an application must be submitted by to avoid losing benefits.

If the information provided does not pass the internal checks, the system provides the following alert informing the individual that we cannot process the request and they can call us.

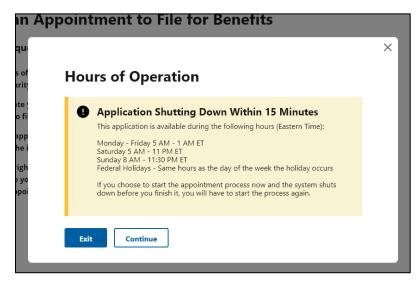


Screen #12 Alert - Online Tool Unavailable or Tool shutting down - 15 minutes



Our systems undergo daily maintenance during certain timeframes. During this "downtime", our systems may be interrupted and unavailable. Individual trying to use the tool during the "downtime" will receive the message above.

Individuals attempting to use this online tool within 15 minutes of the "downtime" will receive the screen below to alert them about the system interruption.



#### **Screen #13 Email Confirmation Message**

Subject: Online Appointment Request

The Social Security Administration has received your request for an appointment. You will receive the date and time of your appointment by mail and email in 7-14 business days.

If you are interested in applying for benefits, we may use today—MM DD YYYY—as the application date, but only if you file a signed application by a certain date. For Supplemental Security Income (SSI), you must file by MM2 DD2 YYYY2. For Social Security benefits, you must file by MM3 DD3 YYYY3.

We are here to help. If you have questions about this message, please call us at 1-800-772-1213.

Please do not reply to this email, as we are unable to respond to messages sent to this address.

Once the information is transmitted to SSA, and if an email address was provided, individuals will receive an email confirmation with the information shown above.