

## Screen #1 – Welcome/Starting Page

The screenshot shows the top of a web page with a dark blue header. On the left is the Social Security Administration logo and the text 'Social Security'. On the right is an 'EXIT' button with a right-pointing arrow. Below the header, the main content area has a white background with a dark blue border. The title 'Request an Appointment to File for Benefits' is in bold. Below it is a sub-heading 'Answer a few questions to schedule an appointment'. The text explains that users will be asked questions to schedule an appointment for Supplemental Security Income (SSI) and other benefits, which may take 5-10 minutes. It also states that the date of submission will be used as the application date. A note clarifies that this is not an application for benefits, but a step to schedule a formal application. There are links for 'Frequently Asked Questions', 'Terms of Service', and 'Privacy Act Statement'. At the bottom are two buttons: 'Start' (dark blue) and 'Exit' (white with a blue border).

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.

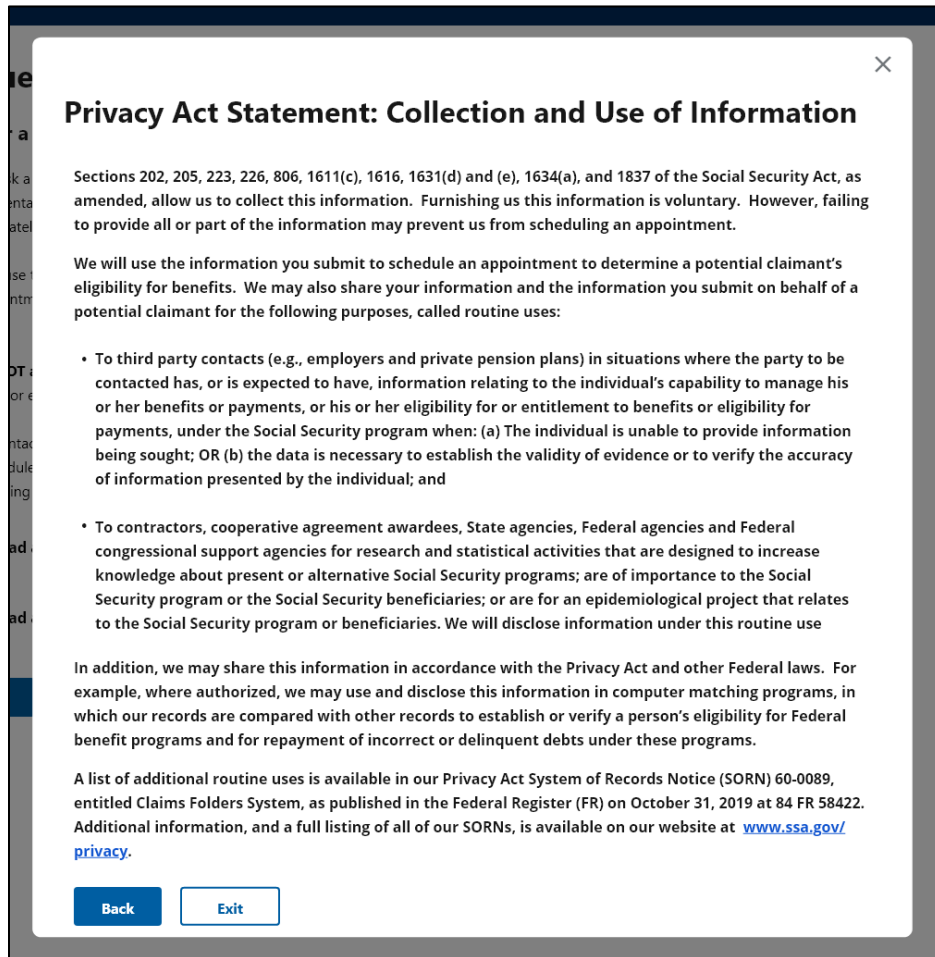
The screenshot shows a pop-up window titled 'Terms of Service' with a close button (X) in the top right corner. The text inside the window reads: 'I understand that I am entering a U.S. Government System to request an appointment with the Social Security Administration. I understand that I need to provide 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.' Below this, it says 'I understand that:' followed by a bulleted list: '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.', and 'any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.' There is also a section titled 'Information about Social Security's Online Policies' which states: 'We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, SSA.gov. Our Internet Privacy Policy explains our online information practices.' At the bottom are two buttons: 'Back' (dark blue) and 'Exit' (white with a blue border). A link 'view our Privacy Act Statement.' is visible at the very bottom of the window.

### Screen #1 – (Cont.) Welcome/Starting Page

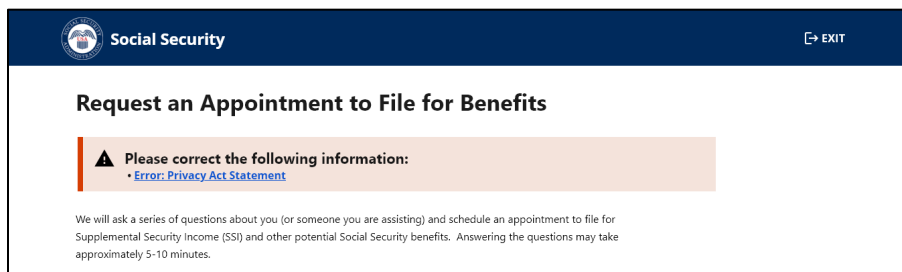
The ToS link informs individuals of various privacy and security aspects before the individual enters the Government information system. The ToS acknowledges that we may monitor activity within the online system. Individuals can either select “Back” to go back to the online tool, or “Exit” to leave the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



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



## Screen #2 Selecting path for users

**Social Security** [EXIT]

## Request an Appointment to File for Benefits

1 of 8 **Who is scheduling**

\* Indicates required information

\* Who are you answering these questions about?

#1  Yourself

#2  A minor child (including your own) whose care you are responsible for or for whom a court has appointed you the legal representative

OR

#3  An incompetent adult whose care you are responsible for or for whom a court has appointed you the legal representative

#4  Your spouse

#5  Someone else who is with you as you answer these questions

Someone else who is not with you but has a good reason why they cannot sign their own SSI application at this time

**Next** **Exit**

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 #3 Personal Information

The screenshot shows a web form titled "Request an Appointment to File for Benefits" under the "Social Security" logo. It is the second step of an 8-step process. The form includes fields for name (First, Middle, Last, Suffix), phone type (U.S. or International), phone number, mailing address (Street address lines 1-4, City, State, ZIP Code), and email. A notification box states that phone number and address are collected for contact and confirmation. Navigation buttons for "Next", "Previous", and "Exit" are at the bottom.

**Social Security** EXIT

### Request an Appointment to File for Benefits

2 of 8 **Personal Information**

\* Indicates required information

\*First name: John Middle name: Albert \*Last name: Doe Suffix: Select one...

\*Phone type:  U.S.  International

\*Phone number: 444-444-4444

\*Mailing address

Street address: 123 Test St Street address line 2: [Empty]

Street address line 3: [Empty] Street address line 4: [Empty]

City: Baltimore State: MD ZIP Code: 21231


Email: johndoe@mail.com

**i** Your phone number and address are being collected so we have a number to contact you about the appointment and an address where we can send an appointment confirmation. We will also send your appointment confirmation electronically if an email is provided above.

**Next** **Previous** **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 #3 (Cont.) Personal Information – Alerts

 Social Security
EXIT

## Request an Appointment to File for Benefits

**2** of 8 Personal Information

**⚠ Please correct the following information:**

- [Error: First name](#)
- [Error: Last name](#)
- [Error: Phone number](#)
- [Error: Mailing address](#)

\* Indicates required information

\* First name **Please enter a first name.** Middle name \* Last name **Please enter a last name.** Suffix

\* Phone type

U.S.  
 International

\* Phone number **Please enter 10 digits (Example: 999-999-9999)**

\* Mailing address **The entered ZIP Code must match the street address, city and state entered.**

Street address  Street address line 2

Street address line 3  Street address line 4

City  State  ZIP Code

Email

**i** Your phone number and address are being collected so we have a number to contact you about the appointment and an address where we can send an appointment confirmation. We will also send your appointment confirmation electronically if an email is provided above.

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.

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

You have entered information that will be lost if not submitted.

## Screens #4 Date of Birth and # 5 Social Security Number

**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]

### Request an Appointment to File for Benefits

4 of 8 **Social Security Number**

\*Indicates required information

\*What is your Social Security Number (SSN)?  
Example: 111-11-1111

\*\*\*-\*\*-\*\*\*\*

**i** If you do not have an SSN, please review the [SSI eligibility requirements](#) or learn more about [obtaining an SSN](#).

Next Previous Exit

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 [Children's Online Privacy Protection Act](#) (COPPA) and [OMB M-03-22](#) 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 [contact us](#).

Print Exit

## Screen #6 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?

Yes  
 No

\* Are you blind or do you have low vision even with glasses or contacts?

Yes  
 No

\* What date did the physical or mental disabling condition begin?

**i** 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

**i** 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.

**i** Please review your answers before clicking next. To be eligible for SSI benefits, you must be disabled, blind, or over the age of 65.

**i** 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

### Screen #7 Language Preference

The screenshot shows a web interface for the Social Security system. At the top left is the Social Security logo and the text 'Social Security'. At the top right is a 'EXIT' button with a right-pointing arrow. The main heading is 'Request an Appointment to File for Benefits'. Below this is a progress bar with 8 segments, the 6th of which is highlighted in blue. The current step is labeled '6 of 8 Language Preference'. A red asterisk indicates required information. The first question is '\*What language do you prefer for speaking?' with a dropdown menu showing 'English'. Below this is a light blue information box with an 'i' icon: '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.' The second question is '\*What language do you prefer for reading?' with a dropdown menu also showing 'English'. At the bottom are three buttons: 'Next' (dark blue), 'Previous' (light blue), and 'Exit' (light blue).

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 #8 Special Circumstances

The screenshot shows a web interface for Social Security. At the top left is the Social Security Administration logo and the text 'Social Security'. The main heading is 'Request an Appointment to File for Benefits'. Below this is a progress indicator showing '7 of 8 Special Circumstances'. A note states '\*Indicates required information'. Another note says '\*Select all life circumstances that apply to you. This information will help us provide the best service for these special cases.' There are eight checkboxes with corresponding labels: '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', and 'None of the above'. At the bottom are three buttons: 'Next', 'Previous', and '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 #9 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 **John**  
Middle name **Albert**  
Last name **Doe**  
Suffix **No answer**

Phone Type **U.S.**  
Phone number **444-444-4444**

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)? **\*\*\*-\*\*-\*\*\*\*** [Show 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? **Yes**

Are you blind or do you have low vision even with glasses or contacts? **No**

What date did the physical or mental disabling condition begin? **04/21/1975**

**Appointment Information**

What language do you prefer for speaking? **English**

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.

**i** 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 #9 (Cont.) Review and Submit

Social SecurityEXIT

### 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 **John**  
Middle name **Albert**  
Last name **Doe**  
Suffix **No answer**

Phone Type **U.S.**  
Phone number **444-444-4444**

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? **Yes**

Are you blind or do you have low vision even with glasses or contacts? **No**

What date did the physical or mental disabling condition begin? **04/21/1975**

**Appointment Information** —

What language do you prefer for speaking? **English**

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.

**⊗ Please click the Electronic Signature Agreement to continue.**

\* 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.

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 #10 Information submitted and alert

The screenshot shows the top of a web page with the Social Security logo and 'EXIT' button. The main heading is 'Request an Appointment to File for Benefits'. Below it is a green success banner with a checkmark icon and the text 'Appointment Request Received'. The message is addressed to 'John Doe'. It contains three sections: 'What can I expect next?' (appointment scheduling), 'What will happen at the appointment?' (eligibility review), and 'Is there anything else I should know?' (application deadlines). At the bottom are 'Print' and 'Exit' buttons.

**Social Security** EXIT

## Request an Appointment to File for Benefits

✔ **Appointment Request Received**

**Message for John Doe:**

**What can I expect next?**  
We will schedule an appointment for you to file for SSI and any other benefits you might be eligible to receive. You will receive the date and time of the appointment by mail (and email, if provided) in 7-14 business days.

**What will happen at the appointment?**  
We will help you figure out if you are eligible for any benefits from Social Security, including SSI. Because our applications can be complicated, our goal is to use the meeting to help you understand and complete the application that applies to your situation.

**Is there anything else I should know?**  
We can't make a determination until you file an application for benefits. We want to make sure you receive the most benefit possible. **One of the ways we can help do that is by using today—MM DD YYYY—as the application date.** For us to do that, though, you need to file a signed application by a certain date. For SSI, you must file by MM2 DD2 YYYY2. For Social Security benefits, you must file by MM3 DD3 YYYY3.

**If any of these dates fall on a weekend or federal holiday, we must receive the signed application by the following business day.**

Special notices are available for blind users. You can request [Special Notice Options](#) that suit your needs.

Print Exit

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.

The screenshot shows the top of a web page with the Social Security logo and 'EXIT' button. The main heading is 'Request an Appointment to File for Benefits'. Below it is an orange error banner with a warning triangle icon and the text 'We cannot process your request at this time.' followed by a link to 'contact us'. At the bottom are 'Print' and 'Exit' buttons.

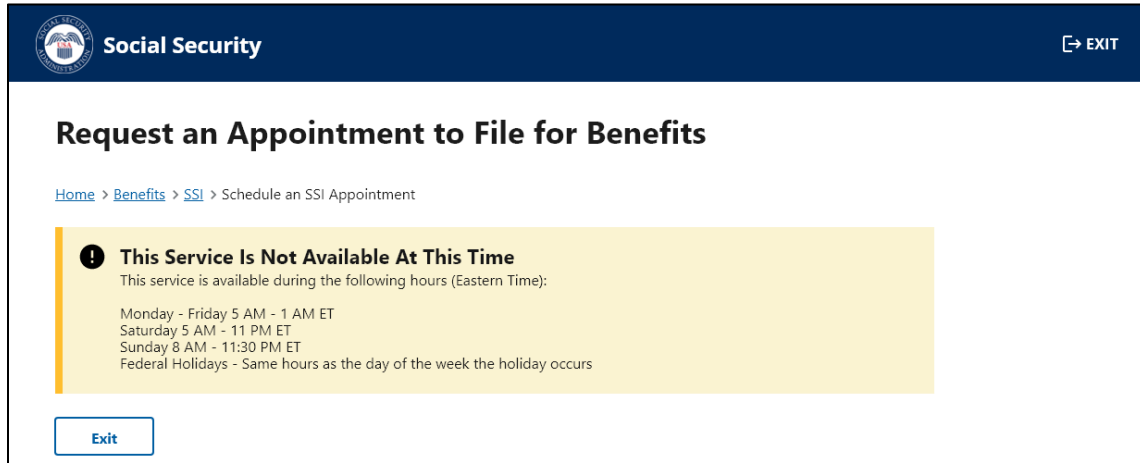
**Social Security** EXIT

## Request an Appointment to File for Benefits

⚠ **We cannot process your request at this time.**  
If you need help to schedule an appointment, please [contact us](#).

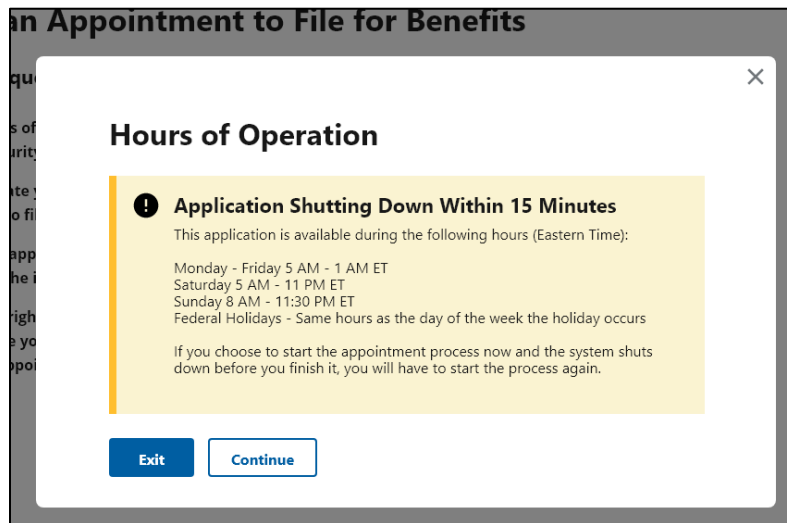
Print Exit

Screen #11 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 #12 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.