



This is the "Welcome Page" where individuals receive information about the process. We revised the headers of this tool to replace "File" with "Apply" as suggested by public comments received during the emergency OMB clearance. We also made the same changes within the pages based on the appropriate context of the statement.

Terms of Service (ToS) link



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

We removed the "Back" and "Exit" button options and replaced them with a single "Close" option at the bottom of this screen to simplify the screen, as both options led to the same result: a return to the welcome page.

Once individuals close the ToS pop-up message, they can select the "Start" button to proceed in the tool.



Social Security	[→ EXIT
Request an Appointment to Apply for Benefits	
Privacy Act Statement: Collection and Use of Information	
Sections 202, 205, 223, 226, 806, 1611(c), 1616, 1631(d) and (e), 1634(a), and 1837 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 us from scheduling an appointment.	
We will use the information you submit to schedule an appointment to determine a potential claimant's eligibility for benefits. We may also share your information and the information you submit on behalf of a potential claimant for the following purposes, called routine uses:	
 To third party contacts (e.g., employers and private pension plans) in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his or her benefits or payments, or his or her eligibility for or entitlement to benefits or eligibility for payments, under the Social Security program when: (a) The individual is unable to provide information being sought; OR (b) the data is necessary to establish the validity of evidence or to verify the accuracy of information presented by the individual; and 	
 To contractors, cooperative agreement awardees, State agencies, Federal agencies and Federal congressional support agencies for research and statistical activities that are designed to increase knowledge about present or alternative Social Security programs; are of importance to the Social Security program or the Social Security beneficiaries; or are for an epidemiological project that relates to the Social Security program or beneficiaries. We will disclose information under this routine use pursuant only to a written agreement with us. 	
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 Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019 at 84 FR 58422. Additional information, and a full listing of all of our SORNs, is available on our website at <u>www.ssa.gov/</u> privacy.	
Next Exit	

Due to 508 compliance issues, we converted the link for the PA Statement into a single page so mobile users can read and review it. The prior link included within the welcome page generated a pop-up message, which generated issues reports.



Screen #3- Selecting path for users (Who is Scheduling)

We ask individuals to indicate who they are answering the questions about. If they select the "Yourself" option or the "Someone else who is with you as you answer these questions" option, individuals will continue on the path for "First-Party" users.

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 Assistor (Third-Party) path. Although individuals making the request for their child or for an incompetent adult whose care they are responsible for are considered "First-Party users" in some contexts because 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 Path" screen package as it follows the same pathing for questions and format.

Based on public comments submitted during the emergency OMB clearance, we revised this screen to separate "An incompetent adult whose care you are responsible for or for whom a court has appointed you the legal representative" into its own standalone radio button option.

<u>Note:</u> 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.

Sci cch π - i ci sonai inioi matioi	Screen	#4 -	Personal	Informati	on
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Request an	Appointm	ent to Apply	for Benefits	ن ج <u>ي</u>
2 of 8 Persona	I Information			
*Indicates required inform	nation			
*First name	Middle name	*Last name	Suffix	
John	Albert	Doe	Select one 🗢	
Phone type U.S. International Phone number 444-444-4444				
*Mailing address Street address		Street address	i line 2	
123 Test St				
Street address line 3		Street address	s line 4	
	Sec. 70			
Baltimore	MD \$ 2	1231		
				_
We will also send	your appointment con	irmation electronically if an e	mail is provided below.	
Email				
johndoe@mail.com				

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.

Based on a public comment about the contact information, we split the prior information message into two new informational messages to inform users about the importance of the information and why we are collecting a phone number, mailing address, and optional email address.

Individuals not entering the required information or selecting "Exit" receive the following alerts:

2 of 8 Personal Information	
Please correct the following information: • Error: Flust name • Error: Ast name • Error: Mone number • Error: Mailing address	
*Indicates required information First name Flasse enter a first name. Flasse enter a last name. Flease enter a last name. Select one	
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. Please provide the most reliable phone number and mailing address.	Are you sure you want to exit?
*Phone pupe © U.S. International Phone number	You have entered information that will be lost if not submitted.
Please enter 10 digits (Example: 999-999-999) 12-345-6789 Thating address That enter 0710 Folde must match the stream defease site and state entered	

Social Security	[→ EXIT
Request an Appointment to Apply 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	
Request an Appointment to Apply for Benefits	[→ EX
4 of 8 Social Security Number	
*Indicates required information	
*What is your Social Security Number (SSN)? Example: 111-11-1111	
_** O	
If you do not have an SSN, please review the <u>SSI eligibility requirements</u> or learn more about <u>obtaining an SSN</u> .	
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 <u>Children's Online Privacy Protection</u> <u>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.



Screen #7 - Disability Information

Social Security	[→ EXIT
Request an Appointment to Apply 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? 	
Ves No	
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	

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 a 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 requirements. 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	9	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	0	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 Apply for Benefits	
6 of 8 Language Preference	
* Indicates required information	
*What language do you prefer for speaking?	
English × v	
This is the language you will use to communicate with us at your appointment to apply for benefits. We can arrange for an interpreter at no cost to you.	
*What language do you prefer for reading?	
English × v	
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.

For consistency purposes throughout the tool, we revised the language in the informational message to explain to the user that the language selected helps us to communicate with them in the appointment to apply for benefits.

Screen #9 - Special Circumstances

Social Security	[→ EXIT
Request an Appointment to Apply f	or 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 (Notices in braille, data compact disc (CD), audio compact disc (CD), large print, follow-up telephone call)	
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.

Based on a public comment provided during the OMB emergency clearance, we added language to the "Need visual accommodation" checkbox to include a list of available options to the user.

Final 5-23-22 1st Party screens

Screen #10 - Review and Submit

of 8 Review and Submit Are your answoring these questions about yourself? Yes Are your answoring these questions about yourself? Yes Are your answoring these questions about yourself? Yes Strink to answoring Brite and the subscription of the su	equest an Appointment to Apply for Benefits	
<pre>ver undometation to complete the "Previous" button belows to go go back and makes changes if needed. If the information is correct, select the "Secient Secient Conception to complete the process and send all collected information to us."</pre>	of 8 Review and Submit	
Are you answering these questions about yourself? Yes First name John Middige name Albert List name Dom List name Li	our Information –	
Find and matrix tare ma both With the matrix tare ma both Sinter tare tare both Sinter tare both Show source Phone number 444-444-444 Mailing address Street address 123 Test 58 City Baltimore Sate MD Zip Code 21231 Enall joindoe@mail.com What is your Date of Birth? 07726/1966 What is your Date of Birth? 07726/1966 What is your Date of Birth? 07726/1966 What is your Social Security Number (SM)? ************************************	Are you answering these questions about yourself? Yes	
Middle name Albert Last name Doe Stiffs: No answer Phone number 444444444 Mailing address Street address 123 Text St. City Ballinore State MD Zip Code 21231 Email Johndoe@mail.com What is your Date of Birth? 0726/1966 What is your Date of Birth? 0726/1966 What is your Social Security Number (SSN)? ******** Show SSN Do you have a physical or mental disabiling 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 die did the physical or mental disabiling condition begin? 04/21/1975 Appointment Information	First name John	
Last name Doe Suffix No answerer Phone Type U.S. Phone number 444-44444 Mailing address Street address 123 rest 53: City Baltimore State MD 2jp Code 21231 Email Johndoe@mail.com What is your Date of Birth? 07/26/1966 What is your Date of Birth? 07/26/1966 Do you have a physical or mental disabiling condition that has lasted or can be expected to last at least 12 months or result in death? '07: Are you blind or do you have low vision even with glasses or contacts? No What date did the physical or mental disabiling condition begin? 04/21/1975 Are you blind or do you have low vision even with glasses or contacts? No What date did the physical or mental disabiling condition begin? 04/21/1975 Applottment Information	Middle name Albert	
Junit Networket Phone Type: US. Phone number 444-444.444 Mailing address Street address 132 Test St. City Balkinore 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 disabiling condition that has lasted or can be expected to last at least 12 months or result in death? Fes Are you blind or do you have low vision even with glasses or contacts? No What date did the physical or mental disabiling condition bagin? 04/21/1975 AppoIntment Information What language do you prefer for speaking? English Select all life circumstances that apply to you None Image: Circumstances that apply to you None Image: Life address and gree that regreet with English and gree that regreet big inde electronically when I select the check box below. I undenstand and gree that regreet big inde electronically when I select the check box below. I understand and gree that regreet with the advertione information. Image: Life address a	Last name Doe Suffix No answor	
Phone Type US. Phone number 4444444444 Mailing address Street address 123 Tes 1S City Bailing rest Start MD 2D Code 21231 Email johndoe@mail.com What is your Date of Birth? 0726/1966 What is your Social Security Number (SSN)? ***.***** Show 55N Do you have a physical or mental disabiling 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 deat did the physical or mental disabiling condition begin? 04/21/1975 Appointment Information What language do you prefer for speaking? English Select all life circumstances that apply to you None Information and agreen tim progress Will be signed electronically when I select the check box below I undentand ther welectronic Signature has the same logal meaning wilding, and effect as my handwritten signature. I have greeneent above. I agree with the Electronic Signature Agreement above. I agree with the Electronic Signature Agreement above. I agree with the Electronic Signature Agreement above. I agree with the Electronic bignature has expansel for needed. If the information is correct, select the "Thevious" button below to go back and make changes if needed. If the information is correct, select the "Subnit" button to comple	Junia no unawei	
Mailing address Street address 123 Test 15 City Bailingores Dip Code 21231 Email Johndoe@mail.com What is your Date of Birth? 0726/1966 What is your Social Security Number (SSN)? ******** Show SSN De you have a physical or mental disabiling 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 deat did the physical or mental disabiling condition begin? 04/21/1975 Appointment Information What language do you prefer for speaking? English Select all life circumstances that apply to you None Indestand and gare fitting request will be signed electronically when Leeker, the check box below. Lundenstand that my electronic Signature has the same logal menerity widdity, and effect as my handwritten signature. I have greenweit the Social Security Administration with truthful and accurate information. I agree with the Electronic Signature Agreement above. I agree with the Electronic Signature Agreement above. I warne sleet the "Previous" button below to go back and make changes if needed. If the Information is correct, selet the "Submit to to complete the process and send all collected information to us.	Phone Type U.S. Phone number 444-444-4444	
Street address 123 Test 51 Street address 12 St	Mailing address	
City Eakimore 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 disabiling condition that has lasted or can be expected to last at least 12 months or result in death? *Es Are you blind or do you have low vision even with glasses or contacts? No What date did the physical or mental disabiling condition begin? 04/21/1975 AppoIntment Information What language do you prefer for speaking? English Select all life circumstances that apply to you None Imderstand agree that my request will be signed electronically when I select the check box below. I undenstand that my electronic Signature Agreement alow: Indextonic Signature Agreement elegal meaning, widdity, and effect as my handwritten signature. I have previded 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.	Street address 123 Test St	
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 De you have a physical or mental disabiling 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 disabiling condition begin? 04/21/1975 Appointment Information - What language do you prefer for speaking? English Select all life circumstances that apply to you None Electronic Signature Agreement Indextoric Signature Agreement logal menoring visifity understand disabiling condition addity understand that my electronic Signature Agreement load and accurate information. I agree with the Electronic Signature Agreement logal menoring visifity and effect as my handwritten signature. I have greetwork before Signature has the same logal menoring visifity and effect as my handwritten signature. I have greetwork before Signature has the same logal menoring visifity and effect as my handwritten signature. I have greetwork before Signature Agreement above. I agree with the Electronic Signature Agreement above. I vow can select the "Previous" button below to go back and make changes if medded. If the information is correct select the "Submit bot to nophete the process and send all collected information to us. <td>City Baltimore</td> <td></td>	City Baltimore	
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Than i panoodermat.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 disabiling condition that has lasted or can be expected to last at least 12 months or result in death? *Es Are you blind or do you have low vision even with glasses or contacts? No What date did the physical or mental disabiling condition begin? 04/21/1975 Are you blind or do you have low vision even with glasses or contacts? No What date did the physical or mental disabiling condition begin? 04/21/1975 Are you blind or do you prefer for speaking? English What language do you prefer for speaking? English Select all life circumstances that apply to you None Flactsonic Signature Agreement Lunderstand ad agree that my request will be signed electronically when I select the check box below. I understand that my electronic Signature Agreement above. 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 "Subnit" button to complete the process and send all collected information to us.		
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What is your Social Security Number (SSN)? ******** Show SSN De you have a physical or mental disabiling 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 disabiling condition begin? 04/21/1975 Appointment information What language do you prefer for reseaking? English What language do you prefer for reading? English Select all life circumstances that apply to you None Important my detectronic Signature Agreement Indestronic Signature Agreement Indestronic Signature Agreement legal meaning validity, and effect as my handwritten signature. I have prevoked the Social Security Administration with truthful and accurate information. Import and agree Inter my request ville be signed electronically them I select the check box below. I undentand the my bectronic Signature Agreement above.	What is your Date of Birth? 07/26/1966	
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What date did the physical or mental disabiling condition begin? 94/21/1975 Appointment Information	Are you blind or do you have low vision even with glasses or contacts? No	
AppoIntment Information - What language do you prefer for speaking? English - Usta language do you prefer for reading? English - Select all life circumstances that apply to you None - Image: Control Signature Agreement provided the Social Security Administration with truthful and accurate information. - Image: Im	What date did the physical or mental disabling condition begin? 04/21/1975	
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 Image: Comparison of the select and the select select and the select the check box below. Lunderstand then yelectronic Signature Agreement Indextdent and agree that my request will be signed electronically when I select the check box below. Lunderstand then yelectronic signature has the same legal meaning, walify, and effect as my handwritten signature. I have provided the Social Security Administration with truthful and accurate information. Image:	ppointment Information -	
What language do you prefer for reading? English Select all life circumstances that apply to you None Image: Comparison of the 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. Image: 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.	What language do you prefer for speaking? English	
Select all life circumstances that apply to you None	What language do you prefer for reading? English	
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, wildling, 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.	Select all life circumstances that apply to you None	
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Frovided 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.	that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature. I have	
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.	provided the Social Security Administration with truthful and accurate information.	
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.	Larrae with the Electronic Signature Agreement shows	
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.	Tagree with the Lieutonic Signature Agreement above.	
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"Submit" button to complete the process and send all collected information to us.	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.	

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. Individuals receive the following alert if the electronic signature agreement box is not checked.

Select all life circumstances that apply to you None
 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. 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. Submit Previous Exit

Screen #11 - Appointment Request Received

Social Security	[→ EX
Request an Appointment to Apply for Benefits	
Appointment Request Received	
Message for John Doe:	
What can I expect next? We will schedule an appointment for you to apply 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 submit an application for benefits. We want to make sure you receive the most	
benefits possible. One of the ways we can help do that is by using todayMM DD YYYas the application date.	
DD2 YYYY2. For other Social Security benefits, you must apply 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.	
How can I prepare for my appointment?	
To help prepare for John Doe's appointment, you may use our <u>Child Disability Starter Kit</u> to get answers to commonly asked questions about applying for SSI. You may also complete the <u>Child Disability Report</u> online.	
Special notice options are available for people who are blind or visually impaired to receive notices and other communications from Social Security in formats other than standard print. You can request <u>Special</u> <u>Notice Options</u> that meet 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.

For consistency within the tool and other related publications, we updated the language on this screen as follows:

- Replaced all occurrences of the word "file" with "apply" or "submit" based on the appropriate context of the statement.
- Added "other Social Security benefits" where applicable.
- Revised the last sentence on the screen to read "Special notice options are available for people who are blind or visually impaired to receive notices and other communications from Social Security in formats other than standard print. You can request a Special Notice Options that meet your needs."
- Added the new section: "**How can I prepare for my appointment?**" to provide additional information about the medical portion of the process. The information on this section is dynamic and is displayed based on the information provided (e.g., date of birth, disabled, etc.).

How can I prepare for my appointment?
To help prepare for your appointment, you may use our <u>Adult Disability Starter Kit</u> to get answers to commonly asked questions about applying for SSI.
Special notice options are available for people who are blind or visually impaired to receive notices and other communications from Social Security in formats other than standard print. You can request <u>Special Notice Options</u> that meet your needs.
Print Exit

Screen #12 - Alerts

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.



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



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.



Final 5-23-22 1st Party screens

Screen #12 – Alerts cont.

To improve the functionality of the tool, avoid duplicative efforts, and expedite the process for individuals requesting appointments, we updated the system to identify individuals already receiving benefits. Individuals already receiving benefits will receive an alert to contact us.



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 submit a signed application by a certain date. For Supplemental Security Income (SSI), you must apply by MM2 DD2 YYYY2. For other Social Security benefits, you must apply 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.

For consistency, we updated the language from "file" to "apply" or "submit" based on the appropriate context of the statement.