

Person Information Summary Page



Person Information

Help

Person Information on Record for [REDACTED]

Identity Information

Go to [Social Security Number Application Process \(SSNAP\)](#) to update identity information, when required evidence is available.

Social Security Number

Name

Sex

Birth Date

Birth Place

Birth Date Proof

Birth Date Proof Type

Parent/Mother's Name at Her

Birth

Parent/Father's Name

Death Information

No death information exists for this person. Go to [Death Information Processing System \(DIPS\)](#) to record death information.

Citizenship Information

Citizenship Details

Citizenship Country	U.S. Citizenship Basis	U.S. Citizenship Proof	Start Date	End Date
United States	Birth in U.S.	Enumeration Record	[REDACTED]	

Contact Information

Addresses on Record

Address	Purpose

Primary Phone Number
Receive Text Message
Receive Voice Message
Primary Phone Number
Remarks
Alternate Phone Number
Receive Text Message
Receive Voice Message
Alternate Phone Number
Remarks
Email
Spoken Language Preference
Written Language Preference

Military Service Information

Department of Defense (DoD)
Wounded Warrior
Veterans Affairs 100%
Permanent and Total
Disability Compensation
Rating

Edit

Accommodation Information

* Indicates required information

Add or update notice option due to visual impairment Yes No

Active Accommodations

Active Accommodations	Request Date
No records found	

Non-Standard Accommodations

Non-Standard Accommodations	Request Date	Status
he is unable to read		


Accept

Cancel

Approved Accommodation Display

Accommodation Information

Accommodation(s) Provided

*Provided Date 
mm/dd/yyyy

*Office Code where accommodation is provided.

Active Accommodations	Provided
Standard print notices sent by first-class mail	<input checked="" type="checkbox"/>
Bariatric chair	<input checked="" type="checkbox"/>
Hearing Loop	<input checked="" type="checkbox"/>

Non-Standard Accommodation	Provided
3D goggles	<input checked="" type="checkbox"/>

If an accommodation was provided that is not included in the list above please click "Add" below to edit the requested accommodations.

Request for Reasonable Accommodation Page

Request For Reasonable Accommodation

1 Provide Information 2 Review Information 3 Confirmation

Paperwork Reduction Act | Privacy Act

Request Information

*Request Date MM/DD/YYYY

*Office Code where accommodation is requested

*Originating Region where accommodation is requested

Please select, enter, or modify, at least one of the accommodation options listed below. Select the associated impairment type.

Accommodation Approved Today

Hide Special Notice Options

Special Notice Options [Help](#)

Complete this section when a notice accommodation is requested by or for a claimant, beneficiary, applicant, recipient, or representative payee who is blind or visually-impaired.
NOTE: Organizational representative payees ARE NOT eligible for special notice options.
If none of these options are adequate, please visit the SNO Website.

For Applicants, Beneficiaries, Recipients or Representative Payees

Policy information relating to SNO can be referenced from [POMO](#), [HALLEX](#), [TBCOO](#)

- Standard print notices sent by first-class mail
- Standard print notices sent by certified mail
- Standard print notices sent by first-class mail and a follow-up telephone call within 5 business days to read the client the notice
- Standard print notices and Braille notices sent by first-class mail
- Standard print notices and data compact discs (CDs) that contain a Microsoft Word file sent by first-class mail
- Standard print notices and audio compact discs (CDs) that contain a voice recording of the notice sent by first-class mail
- Standard print notices and large print (18-point font) notices sent by first-class mail

Impairment Type

Blind or Visually Impaired

Use the "Non-Standard Accommodations" section below when a special notice option is requested by or for:
 • Someone other than a claimant, beneficiary, applicant, recipient, or individual representative payee, or
 • It based on an impairment other than blindness or visual impairment.

Hide Standard Accommodation

Standard Accommodation [Help](#)

If required, select one or more Standard Accommodation(s).

Show Standard Accommodation Policies

Standard Accommodation	Impairment Type	Provided
<input type="checkbox"/> Certified and Qualified Sign Language Interpreter	-	<input type="checkbox"/>
<input type="checkbox"/> Certified and Qualified Video Remote Sign Language Interpreter (VRI)	-	<input type="checkbox"/>
<input type="checkbox"/> Social Security employee who is a Qualified Sign Language Interpreter	-	<input type="checkbox"/>
<input type="checkbox"/> Lip reading or speech reading	-	<input type="checkbox"/>
<input type="checkbox"/> Social Security employee who knows American Sign Language (ASL)	-	<input type="checkbox"/>

Hide Locally-Available Accommodation

Locally-Available Accommodation [Help](#)

If required, select one or more Locally-Available Accommodation. (These may not be available in every office.)

Show Locally-Available Accommodation Policies

Locally-Available Accommodation	Impairment Type	Provided
<input type="checkbox"/> Bariatric chair	-	<input type="checkbox"/>
<input type="checkbox"/> Hearing Loop	-	<input type="checkbox"/>
<input type="checkbox"/> Real-time Court Reporting	-	<input type="checkbox"/>

Hide Other Accommodation

Other Accommodation [Help](#)

If required, describe any other accommodation that SSA can provide today. Only document accommodations provided by SSA.

Other Accommodation	Impairment Type	Provided	Actions
<input type="text"/>	-	<input type="checkbox"/>	<input type="button" value="Remove"/>

If none of the above accommodations meet the requirement, please create Non Standard Accommodation by clicking on below button.

entries have been entered.

Accommodation Referred to 504 Center Page

Accommodation Referred to 504 Center

1st Non-Standard Accommodation [Help](#)

If required, please answer all 4 questions. Describe the requested Non-Standard Accommodation that will be submitted to the Center for Section 504 Compliance.

Impairment Type

*What is the condition (disability or impairment) that causes the individual to request an accommodation?

Characters remaining: 500

*Explain why SSA cannot communicate with the individual with one of our standard accommodations?

Characters remaining: 1000

*What is the accommodation the individual prefers?

Characters remaining: 500

*Are there any alternative accommodations that will work for the individual?

Characters remaining: 500

Add 2nd Accommodation

Clear 1st Section Entries

Previous

Next

Reset

Cancel


Summary of Request for Reasonable Accommodation Page

 **Person Information** Help

SSN 039-48-8700 Name JOSEPH W CASEY

Summary of Request For Reasonable Accommodation

1 Provide Information 2 Review Information 3 Confirmation

 You're almost finished. Please make sure your information is correct before you submit.

Review and Submit

Accommodation

Request Information

Request Date 8/25/2015
Office Code where accommodation is requested LIS

Standard Accommodation

Certified and Qualified Sign Language Interpreter Deaf or Hard of Hearing [-provided today](#)

Confirmation of Request for Reasonable Accommodation Page

 **Person Information** Help

SSN 039-48-8700 Name JOSEPH W CASEY

Confirmation of Request for Reasonable Accommodation

1 Provide Information 2 Review Information 3 Confirmation

Confirmation Receipt

Congratulations! You have successfully completed your request for accommodation.

Confirmation Receipt

Congratulations! You have successfully completed your request for accommodation.

Accommodation

Request Information

Request Date 8/25/2015
Office Code where accommodation is requested LIS

Standard Accommodation

Certified and Qualified Sign Language Interpreter Deaf or Hard of Hearing [-provided today](#)