


# Third Party Screens

## Modified Screen #1



**Social Security**  
Official Website of the U.S. Social Security Administration

### Apply for Benefits

Identification    General    Other Benefits    Remarks & Options    Review & Sign

#### Information About the Applicant

**Applicant's name:**  
Please provide the name as it appears on the most recent Social Security card

First                      Middle                      Last                      Suffix

**Social Security Number (SSN):**

**Date of Birth:**  
--     
Month                      Day                      Year

**Gender:**  
 Male     Female

**Is the applicant blind or does the applicant have low vision even with glasses or contacts?**  
 Yes     No

**During the last 14 months, has the applicant been unable to do any substantial gainful work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death?** [More Info](#)  
 Yes     No

**Approximately when does the applicant believe their illnesses, injuries or conditions became severe enough to significantly reduce their ability to work or keep them from working?**

--     
Month                      Day                      Year

**Has the applicant previously been denied for Social Security benefits or Supplemental Security Income (SSI) in the last 60 days?**  
 Yes     No

**Has the applicant been diagnosed with any specific condition that is expected to end in death?**  
 Yes     No

**⚠ Please contact us after you finish the application.**  
You told us that the applicant has been diagnosed with an illness that is expected to end in death. If the illness is not expected to end in death, please select "No" to correct your answer.  
After you complete the application, we strongly encourage you to contact a [local Social Security office](#) at your earliest opportunity. Even if you do not finish today, please contact us anyway.

**Next**    Previous    Save & Exit


**In this section...**

- Applicant Identification
- Preparer's Contact Information
- Contact Information
- Birth and Citizenship
- Medicare Information
- Re-entry Number
- Other Names

We modified the language for the question about disability to add "substantial gainful work"

We added the language to help applicants provide a better estimate of when their condition(s) potentially affected them. The explanation will help applicants to provide us with the earliest date their disability started

## Modified Screen #2



**Social Security**  
Official Website of the U.S. Social Security Administration

### Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

#### Contact Information for John Public

**Mailing Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

**Does John Public live at this address?**  
 Yes  No

**Residence Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

**Daytime Phone Number:**  
 U.S.  International  
    
10-digit Number Phone Type

**Language Preferences**

**Language preferred for speaking:**

**Language preferred for reading:**


**In this section...**

- ✔ Applicant Identification
- ✔ Preparer's Contact Information
- Contact Information**
- Birth and Citizenship
- Medicare Information
- Re-entry Number
- Other Names

**Next**

We removed the question to indicate the “Best time to call” to avoid limiting applicants to specific times as they may think we are only going to try to contact them once. This also removes the issues about different time zones as applicants and technicians may be in different areas.

## Modified Screen #3



**Social Security**  
Official Website of the U.S. Social Security Administration

### Apply for Benefits

Identification | General | Other Benefits | Remarks & Options | Review & Sign

#### Contact Information for John Public

**Mailing Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:** --  **ZIP Code:**

**Does John Public live at this address?**  
 Yes  No

**Residence Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1:   
Street Line 2:  [+ Add Line](#)

**City/Town:**  **State/Territory:** --  **ZIP Code:**

**Daytime Phone Number:**  
 U.S.  International  
 --   
10-digit Number Phone Type

#### Ability to Communicate in English

**Can John Public speak and understand English?**  
 Yes  No

**John Public prefers this language:**  
--

**Can John Public read and understand English?**  
 Yes  No

**Can John Public write more than their name in English?**  
 Yes  No

#### Language Preferences

**Language preferred for speaking:**  
--

**Language preferred for reading:**  
--

[Next](#) [Previous](#) [Save & Exit](#)

**In this section...**

- Applicant Identification
- Preparer's Contact Information
- Contact Information**
- Birth and Citizenship
- Medicare Information
- Re-entry Number
- Other Names

We removed the question to indicate the “Best time to call” to avoid limiting applicants to specific times as they may think we are only going to try to contact them once. This also removes the issues about different time zones as applicants and technicians may be in different areas.

## Modified Screen #4

Text Size Accessibility Help

**Social Security**  
The Official Website of the U.S. Social Security Administration

### Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

#### Birth and Citizenship Information for John Public

**Place of Birth:** [More Info](#)  
Provide place of birth as it was known at the time of John Public birth.

United States or U.S. Territory  Other

City/Town  State/Territory

**Is John Public a U.S. citizen?** [More Info](#)  
 Yes  No

**Country of Citizenship:**

**Is John Public a legal resident of the United States?** [More Info](#)  
 Yes  No

**In this section...**

- Applicant Identification
- Preparer's Contact Information
- Contact Information
- Birth and Citizenship**
- Medicare Information
- Re-entry Number
- Other SSNs and Names

**Next** Previous

We removed the option to provide their Permanent Resident Card number, as the information is not needed at the time of filing

## Modified Screen #5



# Social Security

Official Website of the U.S. Social Security Administration

### Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

#### Other Names for John Public

**Has John Public used any other names?**  
Other names could be a different birth name, previous married name(s), etc.

Yes  No

**1st Other Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	--
First	Middle	Last	Suffix

**2nd Other Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	--
First	Middle	Last	Suffix

**3rd Other Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	--
First	Middle	Last	Suffix

**4th Other Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	--
First	Middle	Last	Suffix

**5th Other Name:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	--
First	Middle	Last	Suffix

In this section...

- ✓ Applicant Identification
- ✓ Preparer's Contact Information
- ✓ Contact Information
- ✓ Birth and Citizenship
- ✓ Medicare Information
- ✓ Re-entry Number


**Other Names**

**Next** Previous Save & Exit

We updated the page "Other Names and SSNs" to remove the reference about SSNs as the information is not needed to file an application

## Modified Screen #6

text Size Accessibility Help

 **Social Security**  
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### Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

✔ Identification ✔ General ✔ Other Benefits ✔ Remarks & Options Review & Sign

#### Review Information for John Public

We will use the information for John Public's Disability and Supplemental Security Income (SSI) applications. Please review your answers provided and select the "Edit" button if changes are needed.

In this section...  
Overall Summary

**Identification**

Edit ✔ Applicant Identification

Name: **John Public**  
Social Security Number: \*\*\*-\*\*-0005  
Date of Birth: **April 2, 2004**  
Gender: **Male**  
Blind or low vision: **No**  
Disabled: **Yes**  
Start Date of Disability: **July 8, 2020**  
Denied Benefits in Last 60 days: **No**  
Diagnosed with condition that is expected to end in death: **No**

Edit ✔ Applicant's Contact Information

**Contact Information**  
Mailing Address: **401 Rosemont Ave, Frederick, Maryland, 21701**  
Reside at this address: **Yes**  
Phone: **(301) 555-1234 Home**  
Email Address:  
Confirm Email Address:  
Ability to Communicate in English  
Speak English: **Yes**

We updated the language under the “Review Information” section to inform applicants that we will use the information provided for the numberholder’s Disability and SSI applications. We will also display any answers provided for the SSI portion of the application for them to review and edit as needed. The SSI questions are reported under OMB No. 0960-0444.

We removed the question to indicate the “Best time to call” to avoid limiting applicants to specific times as they may think we are only going to try to contact them once. This also removes the issues about different time zones as applicants and technicians may be in different areas. We also added an option for an applicant to provide an email address.