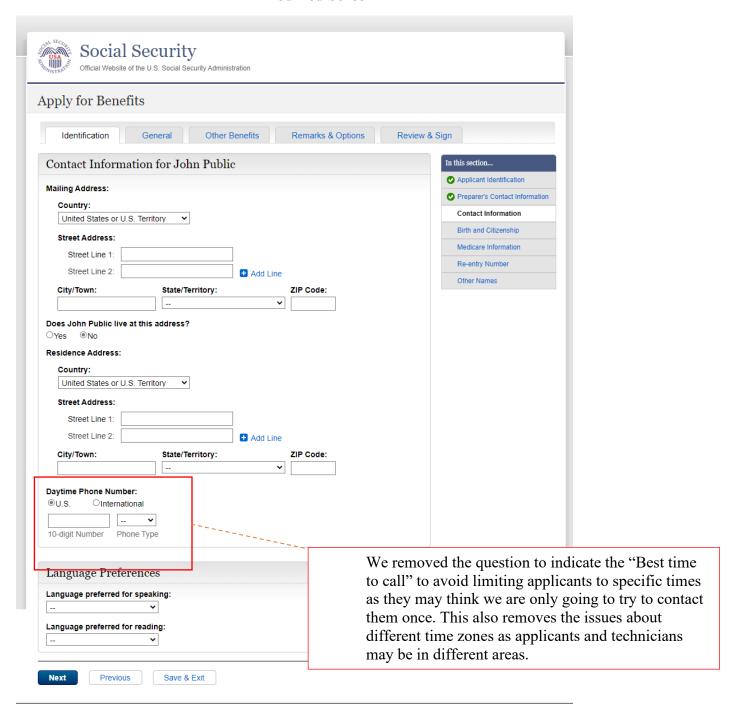
Third Party Screens

Modified Screen #1

pply for Benefits Identification General Other Benefits Remarks & Options Review	
Identification General Other Renefits Remarks & Ontions Revision	
Ocher Benefits Remains & Opions Review	ew & Sign
Information About the Applicant	In this section
Applicant's name:	Applicant Identification
Please provide the name as it appears on the most recent Social Security card	Preparer's Contact Information
First Middle Lock Cuffix	Contact Information
First Middle Last Suffix	Birth and Citizenship
Social Security Number (SSN):	Medicare Information
Date of Bloth.	Re-entry Number
Date of Birth:	Other Names
Month Day Year	
Gender:	We modified the
OMale OFemale	language for the question
Is the applicant <u>blind or does the applicant have low vision</u> even with glasses or contacts?	about disability to add
●Yes ○No	"substantial gainful
During the last 14 months, has the applicant been unable to do any <u>substantial gainful work</u> becaus 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	
	e
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?	
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	We added the language to h
enough to significantly reduce their ability to work or keep them from working?	
enough to significantly reduce their ability to work or keep them from working?	We added the language to h

the earliest date their disability

started



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: 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: Street Line 2: City/Town: State/Territory: ZIP Code:	In this section Applicant Identification Preparer's Contact Information Contact Information Birth and Citizenship Medicare Information Re-entry Number Other Names
Daytime Phone Number: © U.S. OInternational 10-digit Number Phone Type Ability to Communicate in English	
Can John Public speak and understand English?	
Oyes ®No John Public prefers this language:	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.
Language Preferences	may so in uniterest areas.
Language preferred for speaking: Language preferred for reading:	

