

SSA-3368 /i3368 Screenshots

i3368-Contact Information for John Doe/ Section 1- Information About You

Contact Information for John Doe

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:

Daytime Phone Number:

U.S. International

10-digit Number

Another phone number where we may reach you:

U.S. International

10-digit Number

Ext

Update instructions as follows:

“Daytime Phone Number(s) where we can call to speak with you or leave a message, if needed. Include area code or IDD and country code if outside the USA or Canada.”

Add “Primary” with text box to include number.

Add “Secondary (if available)” with text box to include number.

Remove “Another phone number where we may reach you.”

Email Address:

Confirm Email Address:

Other Names

Have you used any other names on medical or educational records?

Examples: Maiden name, other married name, or nickname

Yes No

Modify example list as follows: Examples **include** maiden name, other married name, **other names**, or nickname.

1st Other Name:

First

Middle

Last

Suffix

2nd Other Name:

First

Middle

Last

Suffix

Someone Who Knows About Your Condition

Give the name of someone we can contact who knows about your condition. This may be a family member or friend who knows about your condition or doctor.

Do you know someone we can contact about your condition?

Yes No

Name:

First

Middle

Last

Relationship to You:

What is the address of this person?

Same as my address: 1324 Some Street, Baltimore, MD 21201

Enter a different address:

What is the daytime phone number of this person?

Same as my phone number: (410) 325-8132

Enter a different daytime phone number:

Preferred Language

Can this person speak and understand English?

Yes No

What language does this person prefer?

Change instructions to the following:

Is there someone we can contact who can help with your claim, if needed? Examples include a family member, friend, or neighbor.

Yes. Please provide the names of two people (other than your doctors) we can contact who know about your medical condition(s) and can help with your claim and help us reach you if you become unavailable.

Add the ability to enter two contacts.

No. We recommend that you provide at least one contact, if available. Providing the name of someone who knows you may help us to make a quicker decision on your claim.

Add section to provide an additional contact with Name, Relationship to You, Address of the person, Daytime phone number of this person, and Preferred Language.

Conditions for John Doe

List ALL the Physical or Mental Condition(s) (including emotional or learning problems) that limit your ability to work (Example: Back Injury, Arthritis, Diabetes, Glaucoma, Depression, Blind). We will consider these conditions whether or not you have been receiving treatment. Use your own words if you do not know the medical names. Please enter **only** one condition per box.

1st Condition:

cancer

2nd Condition:

3rd Condition:

4th Condition:

5th Condition:

6th Condition:

7th Condition:

Update the instructions to read "**Separately** list each **physical and/or** mental condition that limits your ability to work."

What is your height without shoes?

6

Feet

0

Inches

What is your weight without shoes?

200

lbs

Modify the Height and Weight questions to read as follows:

"What is your height?" Add text and radio button to include "OR centimeters"

"What is your weight?" Add text and radio button to include "OR kilograms"

Does your condition cause you pain or other symptoms?

Yes No

Remove this question.

I3368-Currently Working

Select yes

Work Activity for John Doe

We need to know whether you made any changes in your work as a result of your condition(s). If so, this may help show how your ability to work was limited because of a disability. [? More Info](#)

Has your condition(s) caused you to make changes to your work activity?

Yes No

When did you make changes?

If you don't know the exact date, enter the closest date you can remember.

-- -- --
Month Day Year

Select No

Edit instructional text as follows: **"We need to know whether you or your employer made any changes in your work as a result of your conditions."**

Edit the language on the More Info screen to include **"Examples include job duties, hours, or rate of pay."**

Modify question to read as follows:

Has your condition(s) caused you **or your employer** to make changes in your work activity?

If yes, modify question to read as follows:

"When did the changes start? (MM/DD/YYYY)"

Work Activity for John Doe

We need to know whether you made any changes in your work as a result of your condition(s). If so, this may help show how your ability to work was limited because of a disability. [? More Info](#)

Has your condition(s) caused you to make changes to your work activity?

Yes No

When did your condition(s) first start bothering you?

If you don't know the exact date, enter the closest date you can remember.

-- -- --
Month Day Year

Edit instructional text as follows: **"We need to know whether you or your employer made any changes in your work as a result of your conditions."**

Edit the language on the More Info screen to include **"Examples include job duties, hours, or rate of pay."**

Modify question to read as follows:

Has your condition(s) caused you **or your employer** to make changes in your work activity?

i3368- Work Activity for John Doe (Stopped Working) /Section 4- Work Activity

Edit instructions to say, "We need to know more about your reasons for stopping working and whether you **or your employer** made any changes in your work as a result of you condition(s)."

Modify the last radio button option "Because of other reasons" to say:

"Because of other reasons. Please explain the other reasons why you stopped working. **Examples include laid off, early retirement, seasonal work ended, or business closed.**"

Modify the question to read as follows: "Did your condition(s) cause you **or your employer** to make changes in your work activity?"

Edits needed to the More Info screen to include the following language: "**Examples include job duties, hours, or rate of pay.**"

If yes, modify the question to read as follows: "**When did the changes start?**"

Edit i3368 section title to **"Education, Training, and Literacy"**

Education for John Doe

Highest Grade Completed:

If you did not complete the entire school year, select the previous year that you completed. If you have education equivalent to high school from another country, select 12th Grade.

Change section Title to: **"Education, Training and Literacy"**

Modify section to read as follows:

Instructions should read, **"Select the highest level of school completed, including homeschooling, online education, and education received in another country. Select "12" if you completed a graduate equivalency degree (GED)."**

Keep drop-down box to select grade level.

Add "College 1, 2, 3, 4" to the drop-down box selections.

Did you receive special education, such as through an Individualized Education Plan (IEP) or equivalent education? [? More Info](#)

Yes No

Modify- "Did you receive special education, such as through an Individualized Education Plan (IEP) or equivalent education to **"Were you in special education?"**

Where did you last receive special education?

If the same school as entered above, select the check box below. Otherwise, provide location of the school below.

Add **"Dates from: MM/YYYY to MM/YYYY"** after this question.

Same school as above

School Name:

Change this question to a statement:

"The school where you were last in special education."

Location of School:

United States or U.S. Territory Other

City/Town

Country

Keep radio button for "Same school as above."

Add radio button and text: **"If different from school above."**

Have you had special education at more than one school?

Yes No

[Remove this question.](#)

Keep School Name and Location of School

Special Education Start Date:

Enter the approximate date you started to receive special education.

Month

Year

Special Education End Date:

If you are still receiving special education, select the check box below. Otherwise, please provide the approximate end date.

Month

Year

Still receiving special education

Last Grade You Received Special Education:

Modify title: "Last Grade You Received Special Education" to **"Last Grade You Were in Special Education:"**

Reason(s) for IEP or equivalent education:

If you need more space, use the Remarks tab. (1000 characters maximum)

Edit instructions for the Reason(s) for IEP or equivalent education to read, **"Reason(s) for special education"**.

Training

Have you completed any type of specialized job training, trade or vocational school?

Yes No

Type of Program:

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Date Program Completed:

Enter the approximate date when you completed the program.

-- ▾

Month

Year

Modify the question to read as follows:

“Have you received any type of training (specialized job, trade, or vocational training)?”

If yes, add sections to provide: **Name of Training Facility, Phone Number, Mailing Address, City, STATE/Province, ZIP/Postal Code, Country (if not USA)**

Keep text box for Type of Program

Modify: **Date Completed (or scheduled to be completed)**

Language Information

Modify section title to "Literacy Information"

What written language do you use every day in most situations (at home, work, school, in community, etc.)?

If the language is not listed, please select 'Other' and provide the language below.

If 'Other' is selected, please specify language:

In the language you identified above, can you read a simple message, such as a shopping list or short and simple notes?

Yes No

Modify the beginning of the language question as follows:

READING- "In the language you identified above, can you read ..."

In the language you identified above, can you write a simple message, such as a shopping list or short and simple notes?

Yes No

Modify the beginning of the language questions as follows:

WRITING- "In the language you identified above, can you write..."

Job History for John Doe

Since Sep 10, 2011, have you had gross earnings greater than \$1000 in any month? Do not count sick leave, vacation, or disability pay.

We may contact you for more information.

Yes No

Modify the question to read as follows: "Since Sep 10, 2011, have you had earnings greater than \$___ before tax in any month...?"

Job Listing

List the jobs (up to 5) that you have had in the past 15 years. Start with your most recent job.

Select the number of jobs you have had in the past 15 years:

Modify Job Listing instructions to: "List the jobs (up to 5) that you had in the past 5 years. List all the jobs that you have had in the last 5 years:

- Include self-employment
- Include work in a foreign country
- List your most recent job first"

Add question: "Did you have a job in the last 5 years?"

YES NO

If yes, modify Job Listing instructions to say, "Select the number of jobs you have had in the past 5 years".

Select the number of jobs you have had in the past 15 years:

Most Recent Job

Job Title:

Type of Business:

Start Date:

Month

Year

End Date:

Month

Year

Hours per Day:

Days per Week:

Rate of Pay:

\$

Amount

Frequency

Job Details

Describe this job: What did you do all day?

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

In this job, did you use machines, tools, or equipment?

Yes No

In this job, did you use technical knowledge or skills?

Yes No

In this job, did you do any writing, complete reports, or perform any duties like this?

Yes No

After question, "Tell us about the work-related skills..." add question:

Add this question, "Did your job require you to interact with coworkers, the general public, or anyone else?" YES NO

If they select yes, add a textbox with the following instructions:

"Describe who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients sale properties for 4 hours per day."

Modify the questions to read as follows:

"For this job, describe in detail the tasks that you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, and maintaining records." Add a text box for explanation.

"If any tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek." Add a text box for description.

"If any tasks listed above involved supervising others, describe who and what you supervised and what supervisory duties you had. Examples of supervisory duties include performance management, making schedules, or maintaining time records." Add a text box for explanation.

"List the machines, tools, and equipment you used regularly when doing this job and explain what you used them for. Examples of equipment include computer, telephone, forklift, air compressor, and meat slicer." Add a text box for explanation.

"Tell us about the work-related skills you used in this job and the job duties you completed using these skills. Examples of work-related skills include reading blueprints to instruct workers on how to build houses and medical coding to determine the amounts providers should be paid." Add a text box for explanation.

In this job, how many hours each day did you do each of the tasks listed below?

Do not include breaks and lunch.

Did you walk?

Yes No

Did you stand?

Yes No

Did you sit?

Yes No

Did you climb?

Yes No

Did you stoop (bending down & forward at the waist)?

Yes No

Did you kneel (bending legs to rest on knees)?

Yes No

Modify the instructions to read: **“Tell us how much time you spent performing the following physical activities in a typical workday. The total hours/minutes for standing and/or walking and sitting should equal the Hours per Day. The example below shows an 8-hour workday with 2 hours standing and/or walking and 6 hours sitting (8 hours total).”** For each activity add a text box for **“Hours/Minutes”** to indicate time for each activity.

*The paper form includes an “Example” text box that shows how many hours/minutes for each activity. Standing and walking- 2 hours; stooping- 6 minutes. Work with Systems to determine how to include this on i3368.

Combine **“Standing and/or Walking”**

“Sitting”

Stooping (i.e., bending down and forward at waist)

Kneeling (i.e., bending legs to rest on knees)

Crouching (i.e., bending legs & back down & forward)

Crawling (i.e., moving on hands and knees)

Using fingers to touch, pick, or pinch (e.g., using a mouse, keyboard, turning pages, or buttoning a shirt); add radio buttons to select One Hand or Both Hands

Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle); add radio buttons to select One Hand or Both

Reaching at or below the shoulder; add radio buttons to select One Arm or Both Arms

Reaching overhead (above the shoulder); add radio buttons to select One Arm or Both Arms

Climbing stairs or ramps

Climbing ladders, ropes, or scaffolds

Please describe what you lifted, how far you carried things, and how often you were required to do so in your job:

If you need more space, use the Remarks tab. (1000 characters maximum)

Modify these instructions: "Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday."

Characters remaining: 1000

How heavy were the items you frequently lifted (1/3 to 2/3 of the work day) in this job?

Modify the question to "Select the heaviest weight lifted" Add "Less than 1 lb." to the list of options in the drop down.

What was the heaviest weight you ever lifted in this job?

Modify the question to "Select the weight frequently lifted (i.e., 1/3 to 2/3 of the workday)". Add "Less than 1 lb." to the list of options in the drop down.

Did you supervise other people in this job?

Yes No

After last heaviest weight question, add this question: "Did your job expose you to any of the following? Check all that apply."
Add radio buttons to select the following options:
" Outdoors Extreme Heat (non-weather related) Extreme Cold (non-weather related) Wetness Humidity Hazardous Substances Moving Mechanical Parts High, Exposed Places Heavy Vibration Loud Noise Other"
If one or more of the options are checked, add a text box with instructions that say, "Tell us about the exposure(s) and how often you were exposed."

Were you a lead worker?

Yes No

Remove the questions- "Did you supervise other people in this job?" and "Were you a lead worker?"
Add the following question and a textbox for explanation:
"Explain how your medical conditions affect your ability to do this job."

Job History for John Doe

Since Sep 10, 2011, have you had gross earnings greater than \$1000 in any month? Do not count sick leave, vacation, or disability pay.

We may contact you for more information.

Yes No

Modify the question to read as follows: "Since Sep 10, 2011, have you had earnings greater than \$___ before tax in any month...?"

Job Listing

List the jobs (up to 5) that you have had in the past 15 years before you became unable to work because of your physical and/or mental conditions. Start with your most recent job.

Select the number of jobs you have had in the past 15 years before you became unable to work:

Modify Job Listing instructions to: "List the jobs (up to 5) that you had in the past 5 years. List all the jobs that you have had in the last 5 years:

- Include self-employment
- Include work in a foreign country
- List your most recent job first"

Add question: "Did you have a job in the last 5 years?"

YES NO

If yes, modify Job Listing instructions to say, "Select the number of jobs you have had in the past 5 years".

Select the number of jobs you have had in the past 15 years before you became unable to work:

Most Recent Job

Job Title:

Type of Business:

Start Date:

Month

Year

End Date:

Month

Year

Hours per Day:

Days per Week:

Rate of Pay:

\$

Amount

Frequency

Dates Worked

From: MM/YYYY

To: MM/YYYY

Job Details

Describe this job: What did you do all day?

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

In this job, did you use machines, tools, or equipment?

Yes No

In this job, did you use technical knowledge or skills?

Yes No

In this job, did you do any writing, complete reports, or perform any duties like

Yes No

Modify the Job Details section questions to read as follows:

“For this job, describe in detail the tasks you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, and maintaining records.” Add a text box for explanation.

“If any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek.” Add a text box for explanation.

“If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had. Examples of supervisory duties include performance management, making schedules, and maintaining time records.” Add a text box for explanation.

“List the machines, tools, and equipment you used regularly when doing this job and explain what you used them for. Examples of equipment include computer, telephones, forklift, air compressor, and meat slicer.” Add a text box for explanation.

“Tell us about the work-related skills you used in this job and the job duties you completed using these skills. Examples of work-related skills include reading blueprints to instruct workers on how to build houses and medical coding to determine the amount providers should be paid.” Add a text box for explanation.

Add this question, **“Did your job require you to interact with coworkers, the general public, or anyone else?”** YES NO

If they select yes, add a textbox with the following instructions:

“Describe who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients sale properties for 4 hours per day.”

In this job, how many hours each day did you do each of the tasks listed below?

Do not include breaks and lunch

Did you walk?

Yes No

Did you stand?

Yes No

Did you sit?

Yes No

Did you climb?

Yes No

Modify the instructions to read: **“Tell us how much time you spent performing the following physical activities in a typical workday. The total hours/minutes for standing and/or walking and sitting should equal the Hours per Day.”** For each activity add a text box or radio buttons to select Hours/Minutes to indicate time for each activity.

*The paper form includes an “Example” text box that shows how many hours/minutes for each activity. Standing and walking- 2 hours; stooping- 6 minutes. Work with Systems to determine how to include this on i3368.

Combine **“Standing and/or Walking”**

“Sitting”

Stooping (i.e., bending down and forward at waist)

Kneeling (i.e., bending legs to rest on knees)

Crouching (i.e., bending legs & back down & forward)

Crawling (i.e., moving on hands and knees)

Did you stoop (bending down & forward at the waist)?

Yes No

Did you kneel (bending legs to rest on knees)?

Yes No

Did you crouch (bending legs & back down & forward)?

Yes No

Did you crawl?

Yes No

Using fingers to touch, pick, or pinch (e.g., using a mouse, keyboard, turning pages, or buttoning a shirt); add radio buttons to select One Hand or Both Hands

Did you handle large objects?

Yes No

Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle); add radio buttons to select One Hand or Both Hands

Did you write, type or handle small objects?

Yes No

Reaching at or below the shoulder; add radio buttons to select One Arm or Both Arms

Reaching overhead (above the shoulder); add radio buttons to select One Arm or Both Arms

Did you reach?

Yes No

Climbing stairs or ramps

Climbing ladders, ropes, or scaffolds

Please describe what you lifted, how far you carried things, and how often you were required to do so in your job:

If you need more space, use the Remarks tab. (1000 characters maximum)

Modify these instructions: "Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday."

Characters remaining: 1000

How heavy were the items you frequently lifted (1/3 to 2/3 of the work day) in this job?

Modify the question to "Select the weight frequently lifted (i.e., 1/3 to 2/3 of the workday)". Add "Less than 1 lb." to the list of options in the drop

What was the heaviest weight you ever lifted in this job?

Modify the question to "Select the heaviest weight lifted" Add "Less than 1 lb." to the list of options in the drop down.

Did you supervise other people in this job?

Yes No

After last heaviest weight question, add this question: "Did your job expose you to any of the following? Check all that apply."

Add radio buttons to select the following options:

- Outdoors Extreme Heat (non-weather related)
 Extreme Cold (non-weather related) Wetness
 Humidity Hazardous Substances Moving Mechanical Parts High, Exposed Places Heavy Vibration
 Loud Noise Other"

If one or more of the options are checked, add a text box with instructions that say, "Tell us about the exposure(s) and how often you were exposed."

Were you a lead worker?

Yes No

Remove the questions "Did you supervise other people in this job?" and "Were you a lead worker?"

Add this question and a textbox for explanation:

"Explain how your medical conditions affect their ability to do this job."

Medicines

If you do not have any **medicines** to enter, click the **Next** button. Please make sure to include all the prescription and over the counter medicines that you are taking.

Status	Name of Medicine	Reason	Prescribed/Recommended by	Actions
--------	------------------	--------	---------------------------	---------

No Medicines have been added.

Add

Modify instructions to ask this question say "Are you currently taking any prescription or non-prescription medicine(s)?"

Medicine Details

Enter name of medicine:

Enter only one medicine at a time. Look at the medicine container if necessary.

What is the reason you are taking this medicine?

Modify question to "Reason for Medicine (if known)"

Who recommended or prescribed this medicine?

If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".

Modify question to "If prescribed give Doctor's Name (if known)"

Paper Section 8- Medical Treatment/ i3368 Doctors and Other Healthcare Professionals

The i3368 currently lists Doctors and Other Healthcare Professionals AND Hospital and Clinics separately. We would like to combine these two separate sections into one section titled "Medical Treatment" because the same information is asked for in both sections. Tests and Medical Sources should be listed separately. This section should mirror the revised SSA-3368. Maybe we can borrow the functionality from the i454.

Doctors and Other Healthcare Professionals for John Doe

If you do not have any **doctors/healthcare professionals** to

- If you were an inpatient or outpatient at a hospital or clinic, include them later.
- Include only the people who have treated you for the condition.
- Give each person's first and last name if possible.

Status	Doctor/Healthcare Professional
No Doctors/Healthcare Professionals have been added.	

Add

Remove these instructions. Add this question:

"Have you seen or received treatment from a healthcare provider (doctor, hospital, clinic, psychiatrist, nurse practitioner, therapist, physical therapist, or other medical professional, or do you have a future appointment scheduled?"

Add this statement:

"You may find this information on medical bills, online medical chart, or the internet."

Doctor/Healthcare Professional Details

Modify section title to "Doctors, Therapists, Hospitals, Clinics"

Name of Doctor/Healthcare Professional: [? More Info](#)

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

Office Name or Clinic, if applicable:

Doctor/Healthcare Professional's Address:

If you don't have the full street address, give us as much as you can.

Example: "On Main St next to the Courthouse"

Country:

Street Address:

Street Line 1:

Street Line 2:

[+ Add Line](#)

City/Town:

State/Territory:

ZIP Code:

Doctor/Healthcare Professional's Phone Number:

U.S. International

10-digit Number

Ext

Patient ID Number, if known:

This section should include text boxes for the following:

"Name of Facility or Office"

Name of Health Care Provider that treated you

What medical conditions were treated or evaluated?

Phone Number

Street Address

City

STATE/Province

ZIP/Postal Code

Country (if not USA)"

Remove Patient ID Number, if known:

Treatment Dates with this Doctor/Healthcare Professional

Please give us the closest date(s) you can remember. [? More Info](#)

First visit:

Last visit:

Next visit:

Leave blank if no appointment scheduled.

Date First Seen (MM/YYYYY)

Date Last Seen (MM/YYYYY)

Date Next Seen (MM/YYYYY)

Tests Ordered by this Doctor/Healthcare Professional

[? More Info](#)

Has this doctor/healthcare professional ordered any tests for you?

This includes any medical tests you have had or will have.

Yes No

Details about Test 1:

Kind of Test:

Date of Test:

This doctor/healthcare professional ordered this test for me more than once.

Details about Test 2:

Kind of Test:

Date of Test:

This doctor/healthcare professional ordered this test for me more than once.

Modify this question to read as follows:

"Has this doctor/healthcare professional ordered any **medical** tests for you? **Include tests already performed and scheduled in the future.**

In "Kind of Test", add "**Psychological/IQ test**" to the list of tests.

As previously stated, Tests should be separate from Medical Sources.

Hospitals and Clinics

The i3368 currently lists Doctors and Other Healthcare Professionals AND Hospital and Clinics separately. We would like to combine these two separate sections into one section titled "Medical Treatment" because the same information is asked for in both sections. Tests and medical sources should be listed separately. This section should mirror the revised SSA-3368. Maybe we can borrow the functionality from the i454.

Hospitals and Clinics for John Doe

If you do not have any **hospitals/clinics** to enter, click the **Next** button.

Include all hospitals and clinics where you have been treated for the condition(s) related to your disability.

Status	Hospital/Clinic	City
No Hospitals/Clinics have been added.		

Remove these instructions. Add this question:

"Have you seen or received treatment from a healthcare provider (doctor, hospital, clinic, psychiatrist, nurse practitioner, therapist, physical therapist, or other medical professional, or do you have a future appointment scheduled?"

Add this statement:

"You may find this information on medical bills, online medical chart, or the internet."

Tests Ordered by this Hospital/Clinic [? More Info](#)

Have any of the doctors at this hospital/clinic ordered any tests for you?

This includes any medical tests you have had or will have.

Yes No

Details about Test 1:

Kind of Test:

Date of Test:

The doctor(s) at this hospital ordered this test for me more than once.

Details about Test 2:

Kind of Test:

Date of Test:

The doctor(s) at this hospital ordered this test for me more than once.

Modify this question to read as follows:

“Has this hospital/clinic ordered any **medical tests** for you? **Include tests already performed and scheduled in the future.**

In “Kind of Test”, **add “Psychological/IQ test”** to the list of tests.

As previously stated, Tests should be separate from Medical Sources.

Medical Tests

Medical Tests for John Doe

If you do not have any **medical tests** to enter, click the **Next** button.

Status	Name of the Test	Test ordered by	ACTIONS
No Tests have been added.			

Add

Edit instructions:

“Did any of the providers listed above order any medical tests for you?” Include tests already performed and scheduled in the future.”

Test Details

Kind of Test:

In “Kind of Test”, add **“Psychological/IQ test”** to the list of tests.

Date of Test: [? More Info](#)

Who sent you or will send you for this test?

If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".

This provider ordered this test more than once.

Section 9- Other Medical Information/ Other Medical Records

Other Medical Records for John Doe

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may be available from:

- vocational rehabilitation services
- worker's compensation
- public welfare
- doctors in a prison or jail
- records held by an attorney or lawyer or
- medical records at another place

Edit instructions as follows:

“Does anyone else (other than your medical providers) have your medical information? Examples include social service agencies, welfare agencies, attorneys, prisons, workers’ compensation, and insurance companies who have paid you disability benefits.”

Add radio buttons to select Yes or No.

These other records may contain important information that we need to consider in evaluating the disability application.

Note: You do not need to list any organization that you have already mentioned.

If you do not have any sources of **other medical records**, please click the **Next** button.

Status	Name of Organization/Office	City	Phone	Actions
No Medical Records have been added.				

Add

Other Medical Record Details

IF yes,

Other Medical Record Details

Name of Place:**Name of Contact:**

First

Last

Address:

If you don't have the full street address, give us as much as you can. Example: "123 Main St, Courthouse"

Country:**Street Address:**

Street Line 1:

Street Line 2:

**City/Town:****State/Territory:****ZIP Code:****Daytime Phone Number:**

U.S. International

10-digit Number

Ext

Edit this section as follows:

"Name or Organization

Phone Number

Mailing Address

City

STATE/Province

ZIP/Postal Code

Country (if not USA)

Name of Contact Person

Claim Number (if any)

Date of First Contact

Date of Last Contact

Date of Next Contact (if any)

Reason(s) for Contacts"

Allow them to add multiple people or organizations with details.

First visit:

Please give us the closest date you can remember.

Last visit:

Please give us the closest date you can remember.

Next visit:

Leave blank if no appointment scheduled.

Case Number, if any:

Reason for Visits or Services:

If you need more space, continue in the Remarks tab. (1000 characters maximum)

Section 10- Support Services

This is a new section to add to the i3368 Work/Education Pages after the Education, Training, and Literacy Section.

SECTION 10 - SUPPORT SERVICES

Provide information about your participation in support services, if applicable. Examples of support services can include:

- An Individualized Education Program (IEP) through a school (if a student aged 18-21)
- An individual work plan with an employment network under the Ticket to Work Program
- A Plan to Achieve Self-Support (PASS)
- An individualized plan for employment with a vocational rehabilitation agency or any other organization

10.A. Have you participated or are you participating in **any support services mentioned above** or any **other** vocational rehabilitation, employment services, or other support services to help you to go to work?

YES (Complete the information below)

NO (Go to **Section 11**)

10.B.

FACILITY OR ORGANIZATION NAME		PHONE NUMBER	
COUNSELOR, INSTRUCTOR, OR JOB COACH NAME			
MAILING ADDRESS (Street or PO Box) Include Suite, Building, etc.			
CITY	STATE/Province	ZIP/Postal Code	COUNTRY (If not USA)

10.C. Are you still participating in the plan or program? (Select answer below)

<input type="checkbox"/> YES	Date began: _____ MM/YYYY	Expected completion date: _____ MM/YYYY
<input type="checkbox"/> NO	Date began: _____ MM/YYYY	Date stopped: _____ MM/YYYY
Reason stopped: _____		

Form SSA-3368-BK (10-2015) UF (10-2015)

Page X

10.D. What types of services, tests, or evaluation were provided?

Select all that apply:

Vision test Psychological/IQ test Work classes Hearing test Work evaluation

Other – Please explain: _____

Preparer's Contact Information

Modify title of section to "Who Is Completing This Report"

The information collected on this page refers to you, the person helping John Doe.

Preparer's Name:

Chase M Higgenbottom --
First Middle Last Suffix

Relationship to Applicant:

Attorney Representative

Organization Name:

Smith, Jones, and Taylor, LLP

Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1: 527 York Street

Street Line 2: [+ Add Line](#)

City/Town:

Hanover

State/Territory:

Pennsylvania

ZIP Code:

17331

Daytime Phone Number:

U.S. International

(717) 630-5700
10-digit Number Ext

Modify this section as follows:

"Date Report Completed (MM/DD/YYYY)"

"Who is completing this report?" Add radio buttons and the following options:

"John Doe

Contact Person

Additional Contact Person

Someone else"

If they select "Someone else" provide text boxes to complete the following information:

"NAME (First, Middle Initial, Last)

Relationship to John Doe

MAILING ADDRESS (Street or PO Box) Include the apartment, if applicable.

CITY

STATE/Province

ZIP/Postal Code

Country (if not USA)

Daytime Phone Number where we may reach you or leave a message, if needed. Include the area code or IDD and country code if outside the USA or Canada."

