New Applicant Survey Questionnaire

**Screener Section**

S-1. This survey is intended for disability applicants. Are you the applicant or someone else?

Yes, I am the applicant [D-1]

No, I am filling out this survey on behalf of the applicant

S-2. What is the reason the applicant is not able to complete this survey? [SELECT ALL THAT APPLY]

A disability or physical/mental condition prevents them from completing the survey

They are currently incarcerated

They are deceased [S-5b]

They are living outside the U.S. or are on active duty in the military

Some other reason (SPECIFY)

S-3. Are you able to answer questions about this person’s application for disability benefits, including medical exams they may have taken for their application, challenges they may have filed, and the outcome of any decisions they may have received?

Yes [S-4]

No

Not sure

S-3.1. Is there someone else who can answer these questions?

No

Yes:

**Write their name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[End Survey]

S-4. What is your relationship to the applicant?

Friend or family member

Lawyer or applicant representative

Service provider

Someone else. **Tell us your relationship to the applicant:**

**Decision to Apply (D)**

The Social Security Administration (SSA) wants to know about your experiences when you applied for disability benefits. These benefits include Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Some people may apply for disability benefits from SSA more than once. For this survey, think only about your most recent application experience.

D-1. Did any of the people listed below influence your decision to apply for disability benefits? [CHECK ALL THAT APPLY]

A friend or family member

A doctor or health care professional

An employer or insurance company

Lawyer or caseworker

Someone else (SPECIFY):

None of the above

D-2. In the 12 months before you applied for benefits, were you experiencing any of the following? [CHECK ALL THAT APPLY]

You ate smaller meals or skipped meals because you didn’t have enough money for food

You were homeless or worried about becoming homeless

You had trouble paying for utilities (such as gas, electricity or phone)

You had trouble finding or paying for transportation

You had trouble finding or paying for care for a family member or child

You had trouble paying for medical care or medication

You had trouble finding a job

None of the above

D-3. In the 12 months before you applied for benefits, what types of assistance were you receiving? Include assistance from individuals, programs or organizations. [CHECK ALL THAT APPLY]

Food assistance

Housing assistance

Assistance with fuel, water or electricity

Transportation assistance

Childcare or adult caregiving assistance

Work training

Medical care assistance, free clinics or Medicaid

Cash assistance from government programs

Worker’s comp or private disability insurance

Other (SPECIFY)

None of these

D-4. When you applied for benefits, for how long had you been unable to work due to a mental or physical health condition?

Less than a year

1-3 years

4-9 years

10+ years

I was working when I applied [D-6]

I was unable to work due to a reason other than a mental or physical health condition

Don’t know

D-5. Besides your health condition/s, what problems kept you from working in the 12 months before you applied for benefits? [CHECK ALL THAT APPLY]

You couldn’t find a job that would accommodate your health condition

You feared you would lose Medicaid or other benefits if you worked

You didn’t have transportation

A language barrier kept you from working

Some other problem NOT related to your physical or mental health condition/s (SPECIFY):\_\_\_\_\_

None of these

D-6. When you applied for benefits, were you experiencing serious financial problems?

Yes

No [D-7]

Don’t know [D-7]

D-6.1. How long had you been experiencing serious financial problems?

Less than a year

1-3 years

4-9 years

10+ years

Don’t know

D-7. Since the time you submitted your application, is your financial situation now better, worse, or the same?

Better [AE-1]

The same [AE-1]

Worse

Don’t’ know

D-8. Are you currently experiencing any of the following? [CHECK ALL THAT APPLY]

Eating smaller meals or skipped meals because you don’t have enough money for food

Homelessness or worried about becoming homeless

Trouble paying for utilities (such as gas, electricity or phone)

Trouble finding or paying or transportation

Trouble finding or paying for care for a family member or child

Trouble paying for medical care or medication

None of these

**Application Experiences (AE)**

This section of the survey asks you about your experiences applying for disability benefits.

AE-1. During the application or appeals process, did you visit one of SSA’s offices? Do not include any visits with health professionals you saw as part of your application.

Yes

No [AE-2]

Don’t know [AE-2]

AE-1.1. When you visited SSA’s offices...

|  |
| --- |
| Don’t  Yes No know |
| 1. Did you make an appointment before visiting? |
| 1. Did you have trouble finding or paying for transportation to get to the office? |
| 1. Was the wait longer than you expected? |
| 1. Was the visit helpful? |

AE-1.2. What would have improved your office visit, if anything?

Please write in answer:

AE-2. Did a health condition make it hard for you to visit the office?

Yes

No [AE-3]

Don’t know [AE-3]

AE-2.1. What type of health condition made it hard for you to visit the SSA office?   
[CHECK ALL THAT APPLY]

A mental health condition (for example, depression or anxiety)

A learning disability or intellectual disability

A physical impairment

A hearing or visual impairment (for example, blindness or deafness)

Other (SPECIFY):

AE-3. During the application or appeals process, did you use SSA’s website?

Yes

No [AE-4]

Don’t know [AE-4]

AE-3.1. When you used SSA’s website…

|  |
| --- |
| Don’t  Yes No know |
| 1. Did you find the website helpful? |
| 1. Did you start an application online? |
| 1. Did you finish your application online? |
| 1. Did you have any problems with the website? |

[If AE-3.1d = “Yes”]

AE-3.2. What problems did you have with the website? [CHECK ALL THAT APPLY]

Your application didn’t save and you had to start over

You were unable log into your account

You had trouble uploading documents

You could not find the information you were looking for

Some other problem (DESCRIBE IN THE BOX BELOW)

AE-3.3. How could SSA improve their website? Please describe in the box below:

AE-4. Did a health condition make it hard for you to use SSA’s website?

Yes

No [AE-5]

Don’t know [AE-5]

AE-4.1. What type of health condition made it hard for you to use the website?   
[CHECK ALL THAT APPLY]

A mental health condition (for example, depression or anxiety)

A learning disability or intellectual disability

A physical impairment

A hearing or visual impairment (such as, blindness or deafness)

Other (SPECIFY):

AE-5. During the application or appeals process, did you call SSA or did SSA call you?   
[CHECK ALL THAT APPLY]

Yes, I made a call to SSA

Yes, I received a call from SSA

No [AE-6]

Don’t know [AE-6]

AE-5.1. Tell us about your phone call experience. For the majority of calls…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t know | Not applicable |
| a. Did you talk to someone at SSA? |  |  |  |  |
| b. [If AE-5.1a = “yes”] Did you understand the information you received? |  |  |  |  |
| c. [If AE-5.1a = “yes”] Was the SSA staff you spoke with helpful? |  |  |  |  |
| d. If you missed a call from SSA, was it easy to call back or reschedule the appointment? |  |  |  |  |
| e. Did you wait on hold longer than you wanted to? |  |  |  |  |

AE-5.2. How could SSA improve their phone support?

Please write in answer:

AE-6. Did a health condition make it hard for you to talk to someone over the phone?

Yes

No [AE-7]

Don’t know [AE-7]

AE-6.1. What type of health condition made it hard to talk to someone over the phone? [CHECK ALL THAT APPLY]

A mental health condition (for example, depression or anxiety)

A learning disability or intellectual disability

A physical impairment

A hearing or visual impairment (for example, blindness or deafness)

Other (SPECIFY):

AE-7. How hard or easy was it to complete your application? Include any efforts to get documentation for the application. Do not include any efforts to challenge a denial.

Very easy [AE-8]

Somewhat easy [AE-8]

Neither easy nor hard [AE-8]

Somewhat hard

Very hard

Don’t know [AE-8]

AE-7.1. Was it hard to complete the application because of your health condition?

Yes

No [AE-7.2]

Don’t know [AE-7.2]

AE-7.1.1. What type of condition made it hard to complete the application? [CHECK ALL THAT APPLY]

A mental health condition (for example, depression or anxiety)

A learning disability or intellectual disability

A physical impairment

A hearing or visual impairment (for example, blindness or deafness)

Some other condition (SPECIFY):

AE-7.2. Which sections of the application were hard to complete? [CHECK ALL THAT APPLY]

Medical conditions

Medications and medical treatments

Employment history

Income and expenses

Savings and assets

Entire application

[If any items selected in AE-7.2]

AE-7.2a. What was hard about those sections?

Please write in answer:

AE-8. Did the application provide enough opportunity for you to adequately document your condition/s?

Yes

No

Don’t know

AE-9. Did it take more time, less time or the same amount of time as you expected to complete your application? Include the time it took you to gather information or see doctors for evaluations.

More time

Less time

The same amount of time

Don’t know

AE-10. How could SSA improve the application?

Please write in answer:

AE-11. Did you have any of the following problems with SSA during the application or appeals process? [CHECK ALL THAT APPLY]

It was hard to get updates on the status of your application

SSA asked you to submit the same documents more than once

It was hard to meet SSA’s deadlines

A language barrier made it hard to communicate with SSA

You did not receive notices in a way that you could read or understand them (for example, you requested large font or Braille notices but did not receive them)

Other (SPECIFY):

None of the above

AE-12. During the application or appeals process, did SSA require you to visit a health professional for an evaluation?

No [R-1]

Don’t know [R-1]

Yes, but you haven’t had an evaluation yet [R-1]

Yes, you had an exam

AE-12.1. Did you have any of the following problems with the evaluation? [CHECK ALL THAT APPLY]

The evaluation was incomplete or not the right kind of evaluation for your condition

The health professional was not qualified to evaluate your condition

The location was not safe or accessible

A health condition made it hard for you to get to the evaluation

Other (SPECIFY):

None of these

[If AE-12.1 = “A Health condition made it hard for you to get an evaluation”]

AE-12.2. What type of health condition, if any, made it hard to get to the evaluation?   
[CHECK ALL THAT APPLY]

A mental health condition (for example, depression or anxiety)

A learning disability or intellectual disability

A physical impairment

A hearing or visual impairment (for example, blindness or deafness)

Some other condition (SPECIFY):

**Representation (R)**

This section of the survey asks you about receiving help with the most recent application you submitted, including help you received with your appeal.

R-1. Before you applied, did you know you could use a lawyer or official representative?

Yes

No

Don’t know

R-2. Who helped you with the application or appeals process? [CHECK ALL THAT APPLY]

A lawyer or official representative

A spouse, family member or friend

No one helped you

Don’t know [DA-1]

[If R-2 does not include “A lawyer or official representative”]

R-3. What is the main reason why you did not use a lawyer or official representative?

No one told you about using one

You asked a someone but they refused

You didn’t need help

You are waiting until later in the process to use one

You thought they cost too much

Some other reason (SPECIFY):

Don’t know

[After R-3 go to DA-1]

R-4. Where did you learn about using a lawyer or official representative? [CHECK ALL THAT APPLY]

A friend, family member, or coworker

A doctor or health care professional

A social service agency or social worker

A web search

An employer or insurance company

SSA’s materials or website

From TV, radio, a billboard, some other advertisement, or social media

From somewhere else (SPECIFY):

You already knew about it

Don’t know

R-5. When did you begin working with a lawyer or official representative?

Before you started the application

While you were submitting your application

After SSA denied your application or during the appeals process

Some other time

Don’t know

R-6. Why did you use a lawyer or official representative? [CHECK ALL THAT APPLY]

Someone advised you to get one

You wanted help completing the application

You wanted help with an appeal or court hearing

You wanted help because of a language barrier

You wanted help because of a learning disability or intellectual disability

Some other reason (SPECIFY):

Don’t know

R-7. How did your lawyer or official representative ask to be paid?

A percentage of your awarded backpay

A flat fee

They collect the payment from someone else (for example, an insurance company or government agency)

They do not receive any pay

Some other way (SPECIFY):

Don’t know

R-8. What did your lawyer or official representative help you with? [CHECK ALL THAT APPLY]

Filling out the application

Requesting information from doctors or employers

Filing an appeal or reconsideration

Attending court hearings

Communicating with SSA about the status of your application

Something else (SPECIFY):

They did not help with anything

R-9. How satisfied are you with your lawyer or official representative?

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

Don’t know

[If R-9 = “Somewhat dissatisfied” or “Very dissatisfied”]

R-9.1. What made you feel dissatisfied with your lawyer or official representative?   
[CHECK ALL THAT APPLY]

Getting a decision took longer because they caused delays

They did not regularly communicate with you about your case

They did not help you with your application or appeal as much as you expected

Some other problem (SPECIFY):

Don’t know

**Denials and Appeals (DA)**

This section will ask you about what happened after you submitted your application for disability benefits.

DA-1. After submitting your most recent application, did you receive any denials? Check “Yes” even if you appealed the last decision.

Yes [DA-2]

No

Don’t know

DA-1.1. Have you waited longer than you expected for a decision?

Yes

No

Don’t know

[After DA-1.1 go to DA-8]

DA-2. When you were denied, did SSA give you enough information to understand why you did not qualify for benefits?

Yes

No

Don’t know

DA-3. After you were denied, did you challenge the decision? Challenges may include reconsiderations or appeals.

Yes [DA-5]

No

Don’t know

DA-4. What were the reasons you did not challenge the decision? [CHECK ALL THAT APPLY]

You felt you were unlikely to be successful

You did not understand how

You needed help from a lawyer or someone else, but could not get it

You missed the deadline

You were too tired or discouraged to continue

You are still deciding

Some other reason (SPECIFY):

Don’t know

[After DA-4, Go to EP-1]

DA-5. Did anyone give you information about how to challenge the decision you received?   
[CHECK ALL THAT APPLY]

Yes, you received information from SSA

Yes, you received information or help from a lawyer or official representative

Yes, you received information or help from someone else (SPECIFY):

No, you did not receive information or help

Don’t know

[If DA-5 = “Yes, you received information from SSA”]

DA-5.1. How helpful was SSA’s information about how to challenge the decision?

Very helpful

Somewhat helpful

Neither helpful nor unhelpful

Not helpful at all

Don’t know

[If DA-5.1 = “Not helpful at all”]

DA-5.2. What made the information you received from SSA unhelpful? [CHECK ALL THAT APPLY]

You didn’t understand it

You were not given enough information

The information you received was not accurate

It was unhelpful for some other reason (SPECIFY):

Don’t know

DA-6. There are several ways to challenge a denial. Which of these have you requested?   
[CHECK ALL THAT APPLY]

A reconsideration

A hearing with an Administrative Law Judge

An Appeals Council Review

A Federal Court hearing

Don’t know

DA-7. Once you filed the paperwork to challenge the denial, how long did you expect to wait for a final decision?

Less than 3 months

4-6 months

6-12 months

More than a year

I had no expectations

Don’t know

DA-8. Are you currently receiving disability benefits?

Yes

No [DS-1]

Don’t know

**Early Program Experiences (EP)**

This section asks you about your experiences after SSA approved the most recent application you submitted.

EP-1. Was the amount of backpay (retroactive payments) you received as much as you expected?

It was more than you expected

It was about what you expected

It was less than you expected

You had no expectations about the amount

Don’t know

EP-2. When you applied, did you know how much the monthly payment would be?

Yes

No [EP-3]

Don’t know [EP-3]

EP-2.1. Is your monthly payment as much as you expected?

Yes

No

Don’t know

EP-3. Have disability benefits helped you meet your financial needs?

Yes, a little

Yes, a lot

No, not at all

Don’t know yet

EP-4. People receiving disability benefits must comply with certain program requirements. Do you understand the requirements for reporting changes to your….

|  |
| --- |
| Don’t  Yes No know |
| 1. Income |
| 1. Employment |
| 1. Health |
| 1. Living situation or marital status changes |

EP-5. How easy or hard do you think it will be to keep up with SSA’s program requirements to continue receiving your disability payments and benefits?

Very easy

Somewhat easy

Neither easy nor hard

Somewhat hard

Very hard

Don’t know

EP-6. How easy or hard has it been to communicate with SSA about your disability payments and benefits when you have needed to?

Very easy

Somewhat easy

Neither easy nor hard

Somewhat hard

Very hard

Don’t know

You don’t communicate with SSA

[If EP-6 = “Somewhat hard” or “Very hard”]

EP-6.1. What difficulties have you had communicating with SSA about your disability payments or benefits? [CHECK ALL THAT APPLY]

You have had difficulties using the SSA website

You have had difficulties reaching SSA by phone

Mail to/from SSA has been delayed or lost

You have had difficulties understanding information you received from SSA

Information you received from SSA has not been accurate

You have had other difficulties communicating with SSA about your benefits.   
(SPECIFY):

None of these

Don’t know

EP-7. Special rules make it possible for people with disability benefits to work and still receive monthly payments. Do you plan to work at all while you are receiving disability benefits?

Yes

Maybe

No [DS-1]

Don’t know [DS-1]

EP-8. Do you see yourself working and earning enough to stop receiving disability payments and benefits in the future?

Yes

No

Don’t know

**Discrimination (DS)**

**DS-1. Now, think about your experiences with the most recent application you submitted. Did you have any interactions with people who work for SSA, lawyers, doctors, and judges during the application or appeals process?**

Yes

No [SS-1]

Don’t know [SS-1]

The following questions are about experiences related to who you are. This includes both how you describe yourself and how others might describe you, for example, your skin color, ancestry, nationality, religion, gender, sexuality, age, weight, or disability.

DS-1a. Now, think about your experiences with the most recent application you submitted. This includes all interactions with people who work for SSA, lawyers, doctors, and judges. During the application or appeals process, because of who you are, have you . . .

[CHECK ONE BOX PER ROW]

|  |
| --- |
| Don’t  Yes No know |
| 1. Been treated with less courtesy or respect than other  people |
| 1. Been treated as if you are unfriendly, unhelpful, or rude |
| 1. Received poorer service than other people |
| 1. Been asked inappropriate or offensive questions |
| 1. Been treated as if you are less smart or capable than  others |
| 1. Been repeatedly referred to using the wrong pronouns (misgendered) or called an old name after you asked the person not to (deadnamed) |

[If any items marked “Yes” continue, else go to SS-1]

DS-2. Why do you think you were treated in those ways during the application process?   
[CHECK ALL THAT APPLY]

Sex

Ancestry or national origins

Race

Age

Religion

Disability

Weight

Some other aspect of your physical appearance

Gender identity

Sexual orientation

Education or income level

Something else (SPECIFY):

Don’t know

DS-3. Who treated you in those ways during the application process? [CHECK ALL THAT APPLY]

SSA staff you saw in-person

SSA staff you talked to on the phone

Health professionals who evaluated your condition

Your lawyer or official representative

Administrative Law Judges

Someone else (SEPCIFY):

Don’t know

**Social and Application Support (SS)**

The next questions ask about support you received with the most recent application you submitted.

SS-1. What kinds of support did your family, friends, or other people provide to help with your application? Do not include any help you received from a lawyer or official representative. [CHECK ALL THAT APPLY]

Help filling out or understanding the application

Help gathering materials for your application, such as personal documents or medical records

Help with contacting SSA or sending documents to SSA

Help finding or using a lawyer or official representative

Transportation to SSA’s office or a doctor’s office for an exam requested by SSA

Other types of help or support (SPECIFY):

You did not receive support from family, friends, or other people in your community [DM-1]

SS-2. Who provided you with support or help with the most recent application you submitted? [CHECK ALL THAT APPLY]

Your spouse or significant other

Family members (children, parents or other family)

Friends or neighbors

A social worker or case worker

Someone else (SPECIFY):

SS-3. In general, how often do you get the support you need from family, friends and other people in the community?

Always

Usually

Sometimes

Rarely

Never

Don’t know

**Demographics (DM)**

The next questions ask you to provide some background information about yourself.

DM-1. What is your marital status?

Married

Separated

Divorced

Widowed

Never married

DM-2. What is the highest grade or year of school you have completed?

Never attended school or only attended kindergarten

Grades 1 through 6

Grades 7 through 11

Grade 12 or GED

College, 1 year to 3 years

College, 4 years or more

Don’t know

DM-3. What is your current gender? [CHECK ALL THAT APPLY]

Man

Woman

Nonbinary, genderqueer, gender-nonconforming, or agender

Another gender (SPECIFY)

Decline to answer

DM-4. What sex were you assigned at birth, meaning on your original birth certificate?

Male

Female

Decline to answer

DM-5. Which of the following best represents how you think of yourself?

Straight

Gay

Bisexual

Something else (SPECIFY):

Don’t know

DM-6. What is your race and/or ethnicity? Check all that apply and enter additional details in the spaces below. You may select more than one group. [CHECK ALL THAT APPLY]

**American Indian or Alaskan Native**

[If American Indian or Alaskan Native is selected] *If desired, provide additional details below*

Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya etc.)

**Asian**

[If Asian is selected] *If desired, provide additional details below*

Chinese  Asian Indian  Filipino  Vietnamese  Korean  Japanese

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Enter, for example, Pakistani, Hmong, Afghan etc.)

**Black or African-American**

[If Black or African-American is selected] *If desired, provide additional details below*

African American  Jamaican  Haitian  Nigerian  Ethiopian  Somali

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Enter, for example, Trinidadian and Tobagian, Ghanaian, Congolese, etc.)

**Hispanic or Latino**

[If Hispanic or Latino is selected] *If desired, provide additional details below*

Mexican  Puerto Rican  Salvadoran  Cuban   
 Dominican  Guatemalan   
 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Enter, for example, Colombian, Spaniard, Honduran, etc.)

**Middle Eastern or North African**

[If Middle Eastern or North African is selected] *If desired, provide additional details below*

Lebanese  Iranian  Egyptian  Syrian  Iraqi  Israeli

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Enter, for example, Moroccan, Yemeni, Kurdish, etc.)

**Native Hawaiian or Pacific Islander**

[If Native Hawaiian or Pacific Islander is selected] *If desired, provide additional details below*

Native Hawaiian  Samoan  Chamorro  Tongan  Fijian  Marshallese

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Enter, for example, Palauan, Tahitian, Chuukese, etc.)

**White**

[If White is selected] *If desired, provide additional details below*

English  German  Irish  Italian  Polish  Scottish

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Enter, for example, French, Swedish, Norwegian, etc.)

DM-7. What languages do you usually speak? [CHECK ALL THAT APPLY]

English

Spanish

Some other language (SPECIFY):

DM-8. Overall, how confident do you feel using computers, smartphones, or other electronic devices to do the things you need to do online?

Very confident

Somewhat confident

Not at all confident

Don’t know

DM-9. If you wanted to use SSA’s website, where would you be able to access it? [CHECK ALL THAT APPLY]

At your home

At someone else’s home

At work

In public spaces (for example, the library or businesses with free Wi-Fi)

Some other place (SPECIFY):

None of these

DM-10. Which of these devices do you own? [CHECK ALL THAT APPLY]

Desktop or laptop computer

Printer

iPad or other tablet

Smartphone (such as iPhone, Android, or Blackberry)

Regular cell phone (not a smartphone)

None of the above

DM-11. From which of the following sources do you typically get information? [CHECK ALL THAT APPLY]

National news organizations (newspapers, TV, radio shows, podcasts, etc.)

Social media such as TikTok, Facebook, X (formerly known as Twitter), or Instagram

Family and friends

Local public library or librarian

Local news organizations

Government agencies (websites, mail, phone, or in-person)

Professionals like health care providers or lawyers

Somewhere else: (SPECIFY) \_\_\_\_\_\_\_\_\_\_

DM-12. How much do you trust the following information sources when it comes to making decisions? [CHECK ONE PER ROW].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | A lot | Some | Not too much | Not at all | Not sure |
| 1. Information from national news organizations (newspapers, TV, radio shows, podcasts, etc.) |  |  |  |  |  |
| 1. Information you see on social media, such as TikTok, Facebook, X (formerly known as Twitter), or Instagram |  |  |  |  |  |
| 1. Information you get from family or friends |  |  |  |  |  |
| 1. Information you can get from the local public library or librarian |  |  |  |  |  |
| 1. Information from local news organizations |  |  |  |  |  |
| 1. Information from government sources (websites, mail, phone, or in-person) |  |  |  |  |  |
| 1. Information from professionals like health care providers or lawyers |  |  |  |  |  |

DM-13. Have you ever served on active duty in the U.S. Armed Forces, the Reserves, or in the National Guard?

Yes

No

DM-14. Who have you been living with during the past 30 days? Include children who live with you part-time because of joint custody, but not other part-time residents. [CHECK ALL THAT APPLY]

I live by myself

Spouse or significant other

Children (including any adult children)

Grandchildren

Parents

Other relatives (other than spouse or significant other, children, grandchildren, or parents)

Friends

Other non-related adults (roommates)

Other (SPECIFY):

**Income, Benefits, and Services (IB)**

The next questions ask you for some information about your income and any benefits or services you may receive. You answers will not affect your disability application or benefits.

IB-1. In 2024, what was your total household income before taxes? Please include money that all members of your household received from all sources. [CHECK ONLY ONE ANSWER]

Less than $25,000

$25,000 to $34,999

$35,000 to $49,999

$50,000 to $74,999

$75,000 to $99,999

$100,000 to $149,999

$150,000 to $199,999

$200,000 or more

Don’t know / Not sure

IB-2. Are you currently receiving income from any of the following sources? [CHECK ONE PER ROW]

|  |
| --- |
| Don’t  Yes No know |
| 1. Social Security disability (SSDI or SSI) |
| 1. Veteran’s benefits |
| 1. Worker’s compensation |
| 1. Employer-provided or other private disability insurance |
| 1. Other public programs.  (SPECIFY): |

IB-3. Which of the following best describes your current work status? [SELECT ALL THAT APPLY]

Unable to work

Have a job but currently not at work (for instance, on a leave of absence or suspended)

Working full or part time.   
(TELL US HOW MANY HOURS PER WEEK DO YOU TYPICALLY WORK):

Looking for work

Keeping house or caregiving

Doing volunteer work

Going to school or doing vocational training

Retired

Other (SPECIFY):

IB-4. What types of health insurance or health coverage plans you currently have? [CHECK ALL THAT APPLY]

Medicaid (or other public insurance for those with low incomes or a disability)

Medicare (for people 65 and older or certain people with disabilities)

Insurance through an employer or privately insured

VA (including those who have ever used or enrolled for VA health care)

TRICARE, TRICARE for life, or other military health care

Indian Health Service or other native health plans

You don’t have health insurance

Other (SPECIFY):

Don’t know

This is the end of the survey. Click ‘Submit’ to submit your answers

**Post-Survey**

PS-1. Please select how you/ [IF S1 = No [NAME]] would like to receive the $40 for completing the New Applicant Survey. You should receive it in the next 10 – 14 days. *Answer is required*

Check

Pre-paid gift card

PS-2. Please confirm the address we have for you/ [IF S1 = No [NAME]] is correct

[Display address]

This address is correct [End]

This address is incorrect

PS-2a. Please provide the correct mailing address where we can mail the pre-paid gift card or check.

Street 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

**Final Screen**

Thank you! You may close your browser.