


Modified Screen

Apply for Benefits – Applicant Information Page

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

Apply for Benefits

Information About Applicant

Your 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:

Sex
 Male Female

Are you blind or do you have low vision even with glasses or contacts?
 Yes No

Special Notice Option for the Blind or Visually Impaired
Blind or visually impaired applicants can use the [Internet Special Notice Option](#) page to choose how to receive notices from Social Security.

Have you visited and made a selection on the [Internet Special Notice Option](#) page?
 Yes No

During the last 14 months, have you 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 do you believe your illnesses, injuries or conditions became severe enough to significantly reduce your ability to work or keep you from working?
Month: Day: Year:

Have you previously been denied for [Social Security benefits](#) or [Supplemental Security Income \(SSI\)](#) in the last 60 days?
 Yes No

Have you been diagnosed with any specific condition that is expected to end in death?
 Yes No

Please contact us after you finish your application.
You told us that you have been diagnosed with an illness that is expected to end in death. If your 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.

We updated the term “gender” to “sex” to align with the President’s executive order on Defending Women.