

Customer Path



Social Security

Terms of Service

- I understand that ssa.gov contains U.S. Government information.
- I consent to the monitoring and recording of my use of Social Security online services, including any electronic communications.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that unauthorized use of Social Security online services is a misrepresentation of my identity to the federal government and could subject me to criminal or civil penalties, or both.
- I understand that the Social Security Administration may stop me from using Social Security online services online if it finds or suspects misuse.
- I accept that the responsibility to properly protect any information provided to me by the Social Security Administration is mine and that I am the responsible party should any information on or from my computer or other device be improperly disclosed.

☒ I agree to the Terms of Service

Next

Exit



Social Security

[Build version: 2.0.97] [Sign Out](#)

Schedule an Appointment

Important Information

We will ask questions about you (or someone you are assisting) to schedule an appointment. Answering the questions takes approximately 5-10 minutes. You can choose to receive a confirmation email (and text) with information about how to reschedule or cancel your appointment.

To continue please click Next to read and review our Terms of Service and Privacy Act Statement.

Next

Exit



Schedule an Appointment

Terms of Service

I understand that I am entering a U.S. Government System to schedule an appointment with the Social Security Administration.

I understand that I need to provide the Social Security Administration information in order to request an appointment.

I understand that failing to agree to the statements below will prevent me from requesting an appointment online for me or for the person for whom I am requesting an appointment.

I understand that:

- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.

Information about Social Security's Online Policies

We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, www.ssa.gov. Our Internet Privacy Policy explains our online information practices.

Next

Exit



Schedule an Appointment

Privacy Act Statement Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, allows us to collect your information or the information you are submitting on behalf of another, which we will use to schedule an appointment. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notices 60-0350 and 60-0373, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

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After completing the online questionnaire and agreeing to the Terms of Service and viewing the Privacy Act, customers will see this screen with the reason for their appointment pre-filled and non-editable. Customers will be able to self-schedule appointments for Direct Deposit, Medicare, Representative Payee, Proofs, Non-receipt, and Remittance.



Social Security

Schedule an Appointment

Reason for Appointment

Reason for Appointment

Representative Payee

Next

Previous

Schedule an Appointment

Personal Information

A red asterisk (*) indicates a required field.

Your Name

This is the person requesting the appointment.

*First	Middle	*Last	Suffix
Test		Appointment	--

*Select who needs the appointment

☒ Myself
☐ Someone Else

*Your Social Security Number (SSN)

-**-*	SHOW
--	----------------------

Your Date of Birth

*Month	*Day	*Year
January	1	2000

Next	Previous
----------------------	--------------------------



Social Security

Schedule an Appointment

Find Available Appointments

A red asterisk (*) indicates a required field.

***Enter ZIP Code**

Let us find an office in your area

Next

Previous



Social Security

Schedule an Appointment

Select Appointment

Contact Type: In Office

SOCIAL SECURITY

SUITE 107

128 LAKESIDE AVE

BURLINGTON, VT, 05401

Available appointment times:

Earliest available appointment

1:30 PM on Thursday, June 12, 2025

Select another time on Thursday, June 12, 2025

Select another date at this location

Select another location

Previous



Social Security

Schedule an Appointment

Select Appointment

Contact Type: In Office

SOCIAL SECURITY

SUITE 107

128 LAKESIDE AVE

BURLINGTON, VT, 05401

Available appointment times:

Earliest available appointment

1:30 PM on Thursday, June 12, 2025

Select another time on Thursday, June 12, 2025

Select another date at this location

Select another location

Previous

Confirm Appointment



Are you sure you want to select the following appointment?

Contact Type: In Office

Location:

SOCIAL SECURITY

SUITE 107

128 LAKESIDE AVE

BURLINGTON, VT, 05401

Date/Time: 1:30 PM on Thursday June 12, 2025

Yes, Confirm

No, Select Again



Schedule an Appointment

Consent to Messaging

A red asterisk (*) indicates a required field.

Your Name

Test Appointment

Your Phone Number

You may receive a phone call regarding any matters related to your appointment

(555) 123-4567



We can send you messages to confirm, remind, and provide instructions for your appointment.

It's your choice whether you want to receive these electronic messages. If you don't want them, simply select "No, I do not consent" to opt out. If you do want to receive the messages, select "Yes, I consent" to authorize us to send them to you.

You can change your mind by revisiting this page.

Do you consent to receive electronic messages from SSA?



Yes, I consent

SSA may send electronic messages



No, I do not consent

SSA will not send electronic messages

Your Email Address

You will receive messages about this appointment at this address

name@gmail.com

Would you also like to receive text messages?



Yes



No

Next

Previous

Consent To Messaging

A red asterisk (*) indicates a required field.

Your Name

Test Appointment

Your Phone Number

You may receive a phone call regarding any matters related to your appointment

(555) 123-4567

Customer consenting to email and text electronic notification

i We can send you messages to confirm, remind, and provide instructions for your appointment.

It's your choice whether you want to receive these electronic messages. If you don't want them, simply select "No, I do not consent" to opt out. If you do want to receive the messages, select "Yes, I consent" to authorize us to send them to you.

You can change your mind by revisiting this page.

***Do you consent to receive electronic messages from SSA?**

☒ Yes, I consent

SSA may send electronic messages

☐ No, I do not consent

SSA will not send electronic messages

***Your Email Address**

You will receive messages about this appointment at this address

name@gmail.com

***Would you also like to receive text messages?**

☒ Yes

☐ No

***Your U.S. Mobile Phone Number**

You will receive text messages about this appointment at this number

(555) 123-4567

i By consenting to receive text messages from Social Security, you understand that:

- You will receive electronic messages related to your Social Security business.
- Message frequency varies.
- You can text STOP to opt-out at any time.
- For help, text HELP.
- Message and data rates may apply.

You can view our terms and conditions and privacy policy at <https://www.ssa.gov/ensms>

Next

Previous



Social Security

Schedule an Appointment

Language Preference

A red asterisk (*) indicates a required field.



This is the language used during your appointment with a representative

We can arrange for an interpreter at no cost to you

***Spoken language preference?**

A dropdown menu with the word "English" and a downward-pointing chevron icon.

***Written language preference?**

A dropdown menu with the word "English" and a downward-pointing chevron icon.

Next

Previous

Customer Review and Submit Screen with email electronic messaging only:

✔ Personal Information

Your Name
Test Appointment
Who needs the appointment
Myself

✔ Reason for Appointment

Reason for Appointment
Representative Payee

This is the information you provided to schedule your appointment. Please select "Update" to make any changes.

Appointment Details

✔ Appointment Selected

Update

Office Address
SOCIAL SECURITY
SUITE 107
128 LAKESIDE AVE
BURLINGTON, VT, 05401
Appointment Date
June 20, 2025
Appointment Time
9:00 AM
Contact Type
In Office

✔ Consent to Messaging

Update

Your Phone Number
(555) 123-4567
Do you consent to receive electronic messages from SSA?
Yes, I consent
Your Email Address
name@gmail.com
Would you also like to receive text messages?
No

✔ Language Preference

Update

Spoken language preference?
English
Written language preference?
English

Submit

Review and Submit

These are the answers you have provided for your appointment. If you need to make any changes, please select "Update" to return to that section.

Personal Details

Personal Information

Update

Your Name:
Test Appointment
For whom are you scheduling this appointment:
Self
Individual's SSN:
123-45-6789
Individual's Date of Birth:
January 01, 2000

Reason for Appointment

Update

What can I help you with:
Post Entitlement
Which of these best describes the reason for your appointment:
Other
Provide additional details about the appointment
Rep Payee Issues

These are the answers you have provided for your appointment. If you need to make any changes, please select "Update" to return to that section.

Appointment Details

Appointment Information

Update

Office Address
SOCIAL SECURITY
SUITE 107
128 LAKESIDE AVE
BURLINGTON, VT, 05401
Appointment Date
July 16, 2025
Appointment Time
9:00 AM
Contact Type
In Office

Consent to Messaging

Update

Your Name
Test Appointment
Your Phone Number
(555) 123-4567
Do you consent to receive electronic messages from SSA?
Yes. I consent
Your Email Address
name@gmail.com
Would you also like to receive text messages?
Yes
Your U.S. Mobile Phone Number
(555) 123-4567
Would you like to provide a One Time Passcode (OTP) to modify this appointment online?
No

Language Preference

Update

Spoken language preference?
English
Written language preference?
English

Submit

Customer Review and Submit
Screen with email and text
electronic messaging:

Customer Review and Submit Screen with email electronic messaging only:

 Social Security

Schedule an Appointment

**Your appointment is scheduled!**

Your **In Office** appointment has been scheduled for **1:30 PM on Thursday, June 12, 2025** at the SSA Office located at:
SOCIAL SECURITY
SUITE 107
128 LAKESIDE AVE
BURLINGTON, VT, 05401

Exit

The customer clicks exit to return to SSA.gov.

Technician Path



Schedule an Appointment

Privacy Act Statement **Collection and Use of Personal Information**

Section 205(a) of the Social Security Act, as amended, allows us to collect your information or the information you are submitting on behalf of another, which we will use to schedule an appointment. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notices 60-0350 and 60-0373, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

Next

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Exit

Schedule an Appointment

Search For Existing Appointment

A red asterisk (*) indicates a required field.

Search by SSN

Search by Name and DOB

***Individual's Social Security Number (SSN)**

Search

Previous

Schedule an Appointment

Search For Existing Appointment

A red asterisk (*) indicates a required field.

Search by SSN

Search by Name and DOB

Individual's Name

*First	Middle	*Last	Suffix
			-- ▼

Individual's Date of Birth

*Month	*Day	*Year
-- ▼	-- ▼	-- ▼

Search

Previous

Schedule an Appointment

Personal Information

Individual's Social Security Number (SSN)

123-45-6779

Individual's Name

Not Answered

Individual's Date of Birth

Not Answered Not Answered, Not Answered



No appointments found for this individual.

Create Appointment

Previous

Schedule an Appointment

Reason for Appointment

A red asterisk (*) indicates a required field.

*What can I help you with?

--

▼

--

Enumeration

Post Entitlement

Schedule an Appointment

Reason for Appointment

A red asterisk (*) indicates a required field.

*What can I help you with?

Post Entitlement

▼

*Which of these best describes the reason for your appointment?

--

▼

--

Concurrent

Medicare

Other

Title 16

Title 2

Schedule an Appointment

Reason for Appointment

A red asterisk (*) indicates a required field.

*What can I help you with?

Post Entitlement



*Which of these best describes the reason for your appointment?

Other



*Provide additional details about the appointment

☐

Direct Deposit

☐

Non-Receipt

☐

Proofs

☐

Remittance

☒

Rep Payee Issues

☐

Other

Next

Previous

Personal Information

A red asterisk (*) indicates a required field.

Your Name

This is the person requesting the appointment.

*First	Middle	*Last	Suffix
Test		Appointment	-- ▼

*For whom are you scheduling this appointment?

☒ Myself

☐ Someone Else

*Individual's Social Security Number (SSN)

Individual's Date of Birth

*Month	*Day	*Year
January ▼	1 ▼	2000 ▼

Schedule an Appointment

Find Available Appointments

A red asterisk (*) indicates a required field.

***Enter ZIP Code**

***Contact Type**

☐ In Office

☐ Video

☒ Phone

Next

Previous

Schedule an Appointment

Select Appointment

Contact Type: Phone

SOCIAL SECURITY
SUITE 107
128 LAKESIDE AVE
BURLINGTON, VT, 05401

Available appointment times:

Earliest available appointment

9:10 AM on Wednesday, July 16, 2025

Select another time on Wednesday, July 16, 2025

Select another date at this location

Select another location or contact type

Previous



Schedule an Appointment

Select Appointment

Contact Type: Phone

SOCIAL SECURITY

SUITE 107

128 LAKESIDE AVE

BURLINGTON, VT, 05401

Available appointment times:

Earliest available appointment

9:10 AM on Wednesday, July 16, 2025

Select another time on Wednesday, July 16, 2025

Previous

Confirm Appointment



Are you sure you want to select the following appointment?

Contact Type: Phone

Location:

SOCIAL SECURITY

SUITE 107

128 LAKESIDE AVE

BURLINGTON, VT, 05401

Date/Time: 9:10 AM on Wednesday July 16, 2025

***Your Phone Number**

You may receive a phone call regarding any matters related to your appointment

(555) 123-4567

Yes, Confirm

No, Select Again

Consent To Messaging

A red asterisk (*) indicates a required field.

Your Name

Test Appointment

***Your Phone Number**

You may receive a phone call regarding any matters related to your appointment

(555) 123-4567



We can send you messages to confirm, remind, and provide instructions for your appointment.

It's your choice whether you want to receive these electronic messages. If you don't want them, simply select "No, I do not consent" to opt out. If you do want to receive the messages, select "Yes, I consent" to authorize us to send them to you.

You can change your mind by revisiting this page.

***Do you consent to receive electronic messages from SSA?**



Yes, I consent

SSA may send electronic messages



No, I do not consent

SSA will not send electronic messages

***Your Email Address**

You will receive messages about this appointment at this address

name@gmail.com

***Would you also like to receive text messages?**



Yes



No

***Your U.S. Mobile Phone Number**

You will receive text messages about this appointment at this number

(555) 123-4567



By consenting to receive text messages from Social Security, you understand that:

- You will receive electronic messages related to your Social Security business.
- Message frequency varies.
- You can text STOP to opt-out at any time.
- For help, text HELP.
- Message and data rates may apply.

You can view our terms and conditions and privacy policy at <https://www.ssa.gov/ensms>

***Would you like to provide a One Time Passcode (OTP) to modify this appointment online?**

You will not be able to cancel or reschedule your appointment or opt-out of electronic messaging online without this OTP and must contact us at 1-800-772-1213 (TTY 1-800-325-0778) to complete these transactions.



Yes



No

***One Time Passcode (OTP)**

Enter 4 to 6 Digits

252525

Next

Previous



Social Security

Schedule an Appointment

Language Preference

A red asterisk (*) indicates a required field.



This is the language used during your appointment with a representative

We can arrange for an interpreter at no cost to you

*Spoken language preference?

A dropdown menu with the text "English" and a small downward-pointing chevron icon on the right side.

*Written language preference?

A dropdown menu with the text "English" and a small downward-pointing chevron icon on the right side.

Next

Previous

Schedule an Appointment

Remarks

Is there anything else we should know before the appointment?

Add Remarks

Date/Time	SSA Employee	Remarks
No information found.		

Next

Previous

 Customer Scheduling

Schedule an Appointment

Remarks

Is there anything else we should know before

Add Remarks

Date/Time	SSA Employee
No information found.	

Next

Previous

Add Remark

A red asterisk (*) indicates a required field.

*Remark

(2500 characters maximum)

Test.

Characters remaining: 2495

Save

Cancel

Schedule an Appointment

Remarks

Is there anything else we should know before the appointment?

Add Remarks

Date/Time	SSA Employee	Remarks
7/15/2025 05:03 PM	Boggs, Joseph R	Test.

Next

Previous

Review and Submit

These are the answers you have provided for your appointment. If you need to make any changes, please select "Update" to return to that section.

Personal Details

Personal Information

Update

Your Name:
Test Appointment
For whom are you scheduling this appointment:
Self
Individual's SSN:
123-45-6779
Individual's Date of Birth:
January 01, 2000

Reason for Appointment

Update

What can I help you with:
Post Entitlement
Which of these best describes the reason for your appointment:
Other
Provide additional details about the appointment
Rep Payee Issues

These are the answers you have provided for your appointment. If you need to make any changes, please select "Update" to return to that section.

Appointment Details

Appointment Information

Update

Office Address
SOCIAL SECURITY
SUITE 107
128 LAKESIDE AVE
BURLINGTON, VT, 05401
Appointment Date
July 16, 2025
Appointment Time
9:10 AM
Contact Type
Phone

Consent to Messaging

Update

Your Name
Test Appointment
Your Phone Number
(555) 123-4567
Do you consent to receive electronic messages from SSA?
Yes, I consent
Your Email Address
name@gmail.com
Would you also like to receive text messages?
Yes
Your U.S. Mobile Phone Number
(555) 123-4567
Would you like to provide a One Time Passcode (OTP) to modify this appointment online?
Yes
One Time Passcode (OTP):
252525

Language Preference

Update

Spoken language preference?
English
Written language preference?
English

Remarks

Update

Date/Time	SSA Employee	Remarks
7/15/2025 05:03 PM	Boggs, Joseph R	Test.

Submit

Schedule an Appointment



Your appointment is scheduled!

Your **Phone** appointment has been scheduled for **9:10 AM on Wednesday, July 16, 2025**

Close