

# Customer Path



## 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



## 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

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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](http://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**

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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](http://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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[Exit](#)

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

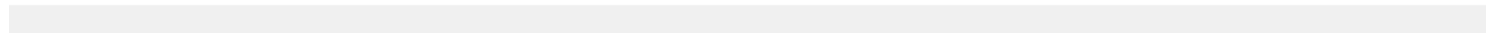
### Reason for Appointment

Reason for Appointment

Representative Payee

Next

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# 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
<input type="text" value="Test"/>	<input type="text"/>	<input type="text" value="Appointment"/>	<input type="text" value="--"/> ▾

### \*Select who needs the appointment

<input checked="" type="radio"/> Myself
<input type="radio"/> Someone Else

### \*Your Social Security Number (SSN)

<input type="text" value="***_**_****"/> <a href="#">SHOW</a>
---

### Your Date of Birth

*Month	*Day	*Year
<input type="text" value="January"/> ▾	<input type="text" value="1"/> ▾	<input type="text" value="2000"/> ▾

<a href="#">Next</a>	<a href="#">Previous</a>
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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

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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



## 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

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### 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

## Customer consenting to email electronic notification only

### 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

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# Customer consenting to email and text electronic notification

## 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

**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/enmsms>



## 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 white rectangular dropdown menu with a thin border, containing the text "English" and a small downward-pointing chevron icon on the right side.

\*Written language preference?

A white rectangular dropdown menu with a thin border, containing the text "English" and a small downward-pointing chevron icon on the right side.

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# 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](http://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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[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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/> ▾

### Individual's Date of Birth

*Month	*Day	*Year
<input type="text" value="--"/> ▾	<input type="text" value="--"/> ▾	<input type="text" value="--"/> ▾

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?

\*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?

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

\*Provide additional details about the appointment

<input type="radio"/> Direct Deposit
<input type="radio"/> Non-Receipt
<input type="radio"/> Proofs
<input type="radio"/> Remittance
<input checked="" type="radio"/> Rep Payee Issues
<input type="radio"/> Other

Next

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## Personal Information

A red asterisk (\*) indicates a required field.

### Your Name

This is the person requesting the appointment.

*First	Middle	*Last	Suffix
<input type="text" value="Test"/>	<input type="text"/>	<input type="text" value="Appointment"/>	<input type="text" value="--"/>

### \*For whom are you scheduling this appointment?

Myself

Someone Else

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

### Individual's Date of Birth

*Month	*Day	*Year
<input type="text" value="January"/>	<input type="text" value="1"/>	<input type="text" value="2000"/>

# Schedule an Appointment

## Find Available Appointments

A red asterisk (\*) indicates a required field.

\*Enter ZIP Code

\*Contact Type

<input type="radio"/> In Office
<input type="radio"/> Video
<input checked="" type="radio"/> Phone

# 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

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# 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

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## 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.

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# 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

# 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

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## 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