

Technician Scheduling

Change #1: Ability for technician to select multiple claims topics on the Reason for Appointment page.

Schedule an Appointment

Reason for Appointment

A red asterisk (*) indicates a required field.

Initial Claims Appointment

Selections ensure this appointment is assigned to a technician with relevant expertise.

* Please select all appointment types that apply

Search this table...

Appointment Type
<input type="checkbox"/> AC - Appeals Council
<input type="checkbox"/> AUXCHD - Child (living NH)
<input type="checkbox"/> AUXCIC - Spouse w/ Child-in-Care (living NH)
<input type="checkbox"/> AUXSPO - Spouse (living NH)
<input type="checkbox"/> BLKLNK - Black Lung
<input type="checkbox"/> DAC - Disabled Adult Child
<input type="checkbox"/> DIB - Disability
<input type="checkbox"/> DWB - Disabled Widow(er)
<input type="checkbox"/> ESRD - End-Stage Renal Disease
<input type="checkbox"/> FEDRO - Court Case
<input type="checkbox"/> HEAR - ALJ Hearing
<input type="checkbox"/> HI/SMI - Medicare Only
<input type="checkbox"/> LSDP - Lump Sum Death Payment Only
<input type="checkbox"/> PARENT - Parent
<input type="checkbox"/> RECON - Reconsideration
<input type="checkbox"/> RIB - Retirement
<input type="checkbox"/> SSIAI - Aged Individual
<input type="checkbox"/> SSIAS - Aged Spouse
<input type="checkbox"/> SSIBC - SSI Blind Child
<input type="checkbox"/> SSIBI - SSI Blind Individual
<input type="checkbox"/> SSIBS - SSI Blind Spouse
<input type="checkbox"/> SSIDC - SSI Disabled Child
<input type="checkbox"/> SSIDI - SSI Disabled Individual
<input type="checkbox"/> SSIDS - SSI Disabled Spouse
<input type="checkbox"/> SURCHD - Child (deceased NH)
<input type="checkbox"/> SURCIC - Spouse w/ Child-in-Care (deceased NH)
<input type="checkbox"/> SURSPO - Spouse (deceased NH)
<input type="checkbox"/> T18SUB - Title 18 Subsidy

Change #2: Residential State Selection



Schedule an Appointment

Select Residential State

A red asterisk (*) indicates a required field.

*What State/Territory does the Claimant reside in?

-
- AA - Armed Forces Americas (Except Canada)
- AE - Armed Forces Middle East (AE Also Equals Africa Canada and Europe)
- AE - Armed Forces Europe (AE Also Equals Africa Canada and the Middle East)
- AE - Armed Forces Canada (AE Also Equals Africa Europe and the Middle East)
- AE - Armed Forces Africa (AE Also Equals Canada Europe and the Middle East)
- AK - Alaska
- AL - Alabama
- AP - Armed Forces Pacific
- AR - Arkansas
- AS - American Samoa
- AZ - Arizona
- CA - California
- CO - Colorado
- CT - Connecticut
- DC - District of Columbia
- DE - Delaware
- FL - Florida
- FM - Federated States of Micronesia
- GA - Georgia

Change #3: Time Zone

Schedule an Appointment


You previously selected Phone at 12:00 AM CST on Monday, December 8, 2025

Select a New Appointment

You are scheduling a **Phone** appointment

Claimant's Time Zone

Select the time zone requested by the Claimant. This will be used for time display and communication with the Claimant about this appointment.

Central Standard Time (CST) 

- Atlantic Standard Time (AST)
- Eastern Standard Time (EST)
- Central Standard Time (CST)
- Mountain Standard Time (MST)
- Arizona Time (MST)
- Pacific Standard Time (PST)
- Alaska Standard Time (AKST)
- Hawaii-Aleutian Standard Time (HAST)
- Hawaii-Aleutian Standard Time (HST)
- Samoa Standard Time (GMT-11)
- Palau Time (GMT+9)
- Chuuk Time (GMT+10)
- Chamorro Standard Time (GMT+10)
- Marshall Islands Time (GMT+12)

2025

Date and Time

Communication Preference for both customer and technician:

Schedule an Appointment

Communication Preferences

A red asterisk (*) indicates a required field.

Your Name

Philip Albert Tucker

*Appointment Phone Number

SSA will call this number to conduct this Phone appointment

(888) 829-3565

*Do you consent to receive email and/or text messages from SSA?



SSA can send messages to confirm, remind, and provide instructions for this appointment. By consenting to receive text messages from Social Security, you understand that:

- You will receive 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>



Yes, I consent

SSA may send email and/or text messages



No, I do not consent

SSA will not send email and/or text messages

Next

Previous

Schedule an Appointment

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.

Person Details

Person Information

Update

Your Name:
Humberto Alejandro Canton
Individual's SSN:
899-59-0700
Individual's Date of Birth:
September 21, 1955

Reason for Appointment

Update

Appointment Type:
DIB - Disability

Select Residential State

Update

What State/Territory does the Claimant reside in?
AR - Arkansas

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

Appointment Date
December 8, 2025
Appointment Time
12:00 AM
Time Zone
Central Standard Time (CST)
Contact Type
Phone

Communication Preferences

Update

Your Name
Humberto Alejandro Canton
Appointment Phone Number
(888) 829-3565
Do you consent to receive email and/or text messages from SSA?
Yes, I consent
Text this U.S. Mobile Phone Number
(888) 829-3565
Your Email Address
johnsmith@email.com
Access self-service for rescheduling or cancelling this appointment?
Yes
Ask Claimant to create a 4-6 Digit Passcode
1234

Language Preference

Update

Spoken language preference?
English
Written language preference?
English

Remarks

Update

Date/Time	SSA Employee	Remarks
No information found.		

Please read this to the customer in order to proceed to schedule an appointment.

You have scheduled an appointment to file an application.

We may use **12/05/2025** as the official date of your application for Social Security benefits. In order to use **12/05/2025**, you must file an application by **06/05/2026**, or you may lose Social Security benefits.

If you intend to apply for Supplemental Security Income (SSI) benefit payments, we may use **12/05/2025** as the official date of your SSI application. In order to use **12/05/2025**, you must file an application by **02/03/2026**, or you may lose SSI benefit payments. If any of these dates fall on a weekend or federal holiday, we must receive the application by the following business day.

* I have read the Protective Filing Statement to the caller.

Submit

Change #4: We are adding protective filing language to the Review and Submit page to inform the public of the protective filing timeframes to avoid loss of benefits.

Review and Submit Page- Third-Party Protective Filing Language

Your Name

Phyllis Tucker

Claimant's Name

Philip Albert Tucker

Appointment Phone Number

(281) 555-1212

Do you consent to receive email and/or text messages from SSA?

No, I do not consent

Language Preference

Update

Spoken language preference?

English

Written language preference?

English

Remarks

Update

Date/Time	SSA Employee	Remarks
No information found.		

Please read this to the customer in order to proceed to schedule an appointment.

You acknowledge and accept responsibility for communicating this information to the claimant. You have scheduled an appointment for the claimant to file an application.

We may use **01/14/2026** as the official date of the claimant's application for Social Security benefits. In order to use **01/14/2026**, they must file an application by **07/14/2026**, or they may lose Social Security benefits.

If the claimant intends to apply for Supplemental Security Income (SSI) benefit payments, we may use **01/14/2026** as the official date of their SSI application. In order to use **01/14/2026**, they must file an application by **03/15/2026**, or they may lose SSI benefit payments.

If any of these dates fall on a weekend or federal holiday, we must receive the application by the following business day.

I have read the Protective Filing Statement to the caller.

Submit

Change #5: We are adding appointment details to the confirmation page for the claimant's record

Schedule an Appointment



Your appointment is scheduled!

Your Phone appointment has been scheduled for 8:00 AM CST on Tuesday, January 13, 2026

Next Step

We will call you at the phone number you provided: (443) 204-3469

You may be called up to 15 minutes before or after your scheduled appointment time.

Preparing for your appointment

You've selected the following reason(s) for the appointment:

- Family Benefits

Please begin gathering the documents we may need to complete your application. Visit the following pages to help you prepare:

For Disability: <https://www.ssa.gov/planners/disability/apply.html>

For Retirement or Medicare: <https://ssa.gov/planners/retire/apply5.html>

For Supplementary Security Income: <https://www.ssa.gov/ssi/text-documents-ussi.html>

How to Cancel or Reschedule

If you created a one-time passcode (OTP) while scheduling your appointment, use the link provided to you through your provided email and/or text message in order to cancel, reschedule, or opt-out of email/text messaging.

You may also cancel, reschedule, or opt-out of email/text messaging by calling our toll-free number at 1-800-772-1213 (TTY 1-800-325-0778). SSA representatives are available Monday through Friday from 8 a.m. to 7 p.m.

The date you file your application can affect your benefits.

You have scheduled an appointment to file an application.

We may use 01/13/2026 as the official date of your application for Social Security benefits. In order to use 01/13/2026, you must file an application by 07/13/2026, or you may lose Social Security benefits.

If you intend to apply for Supplemental Security Income (SSI) benefit payments, we may use 01/13/2026 as the official date of your SSI application. In order to use 01/13/2026, you must file an application by 03/14/2026, or you may lose SSI benefit payments.

If any of these dates fall on a weekend or federal holiday, we must receive the application by the following business day.

 Print this page

Close