

Application for Supplemental Security Income (SSI) for Adult Claimants (ages 18 - 64)

How to apply for SSI payments based on disability or blindness:

To receive SSI payments, you must also file for other benefits such as Social Security Disability (SSDI). You can file for both benefits by:

- Filing online <https://www.ssa.gov/ssi>,
- Scheduling an appointment by going to <http://www.ssa.gov>, or calling 1-800-772-1213 or TTY 1-800-352-0778, or
- Completing and signing this form along with the SSDI form SSA-16 and submitting both to your local office.

Important: Please contact us right away if you have a terminal illness as you may qualify for expedited processing.

Completing this form:

You (the claimant) must fill out and sign the form if you are applying by yourself. Individuals helping the claimant filling out the form will need to provide their contact information at the end of the form. However, only certain individuals can sign this application. Refer to the section “who can sign this form”. When completing this form, you must:

- Use a pen with blue or black ink, and
- Use the same month when answering questions.

This form collects information about your eligibility for the month in which you are expected to complete and submit the application. For example, if you answer the questions based on the month of March, you must submit the form to us in March. If we receive your application after that month, we will need to contact you to update your information which may delay the processing of your application.

Who may sign this form:

- You (the claimant).
- If the claimant is mentally incompetent or is physically unable to sign, then the claimant’s court-appointed representative or a person who is responsible for the care of the claimant can sign this form.
- If the claimant is in the care of an institution, the manager or principal of the institution can sign this form.

Don’t delay submitting your application.

The earlier we receive your application, the sooner we can determine your eligibility. Filing online or filing with a Social Security representative during an appointment is the fastest way to file. In general, filing with this paper form (even if submitted electronically) may take longer to process as we may need to contact you. Do **NOT** submit this form if you have already filed online as it could also delay the process.

What’s next

Submit your signed application to your local Social Security office. To find an office near you, visit <https://www.ssa.gov/locator>. A claims specialist will review your application(s) and contact you if additional information is needed.

Reporting Responsibilities

While your claim is pending, you must notify Social Security if:

- Your Immigration status changes,
- You return to work, or
- You leave the United States.

**Application for Supplemental Security Income (SSI)
For Adult Claimants (ages 18 to 64)**

I am applying for Supplemental Security Income and any federally administered state supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

CLAIMANT INFORMATION

1.	(a) Name	(b) Date of birth	(c) Social Security Number
	(d) Are you a United States Citizen <input type="checkbox"/> Yes - Go to #2 <input type="checkbox"/> No - Go to (e)		
	(e) Select your Native American or immigration status:		
	<input type="checkbox"/> Canadian-born with 50% Native American blood	<input type="checkbox"/> Cuban or Haitian entrant	
	<input type="checkbox"/> Non-U.S. citizen member of a federally recognized tribe	<input type="checkbox"/> Iraqi or Afghan special immigrant	
	<input type="checkbox"/> Other Native American	<input type="checkbox"/> Lawful permanent resident	
	<input type="checkbox"/> Alien with deportation withheld	<input type="checkbox"/> Parolee (one year or more)	
	<input type="checkbox"/> Amerasian immigrant	<input type="checkbox"/> Refugee	
	<input type="checkbox"/> Asylee	<input type="checkbox"/> Victim of severe forms of trafficking (VSFT)	
	<input type="checkbox"/> Battered alien or alien with a battered parent or child		
	<input type="checkbox"/> Resident under Compact of Free Association (CFA)	<input type="checkbox"/> Other	
	<input type="checkbox"/> Conditional entrant		

CONTACT INFORMATION

2.	(a) Telephone number(s) at which you may be contacted during the day		
	(b) Mailing Address: Number & Street, Apt. No, P.O. Box, Rural Route		
	City and State (U.S.) or State/Province/Region (Foreign)	ZIP or Postal Code	County or Country

LIVING ARRANGEMENT

3.	(a) Is your mailing address the same as the address where you live?	<input type="checkbox"/> Yes - Go to (c)	<input type="checkbox"/> No - Go to (b)
	(b) Give the address where you live: Number & Street, Apt. No, P.O. Box, Rural Route		
	City and State (U.S.) or State/Province/Region (Foreign)	ZIP or Postal Code	County or Country
	(c) When did you start living at this address? (MM/DD/YYYY)		
4.	Check the box which best describes your living situation at that address:		
	<input type="checkbox"/> House, Apartment, Mobile Home, Houseboat		
	<input type="checkbox"/> Room in a commercial establishment (Example: hotel or motel)		
	<input type="checkbox"/> Room in private residence		
	<input type="checkbox"/> Institution (Examples: nursing home, rehabilitation center, hospital, school, or jail)	Institution's Name _____ Admission Date: _____	

	<input type="checkbox"/>	Non-Institution (Examples: placed by an agency in foster care, adult foster care, retirement home or family care).
	<input type="checkbox"/>	Transient or Homeless

DISABILITY/BLINDESS

5.	Are you blind or do you have low vision (even with glasses or contacts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	(a) Do you have any illnesses, injuries, or conditions that significantly limit your ability to work and have lasted or are expected to last at least 12 months or result in death?	<input type="checkbox"/> Yes - Go to (b) <input type="checkbox"/> No - Go to #7
	(b) Approximately when do you believe your illnesses, injuries, or conditions became severe enough to significantly limit your ability to work or keep you from working?	(MM/DD/YYYY)

MARITAL STATUS

7.	(a) Are you married?	<input type="checkbox"/> Yes - Go to (b) <input type="checkbox"/> No - Go to #8	(b) Are you and your spouse living together?	<input type="checkbox"/> Yes - Go to (c) <input type="checkbox"/> No - Go to #8
	(c) Spouse's Name		(d) Spouse's Social Security Number	
If you are married and living with your spouse, skip #8.				
8.	(a) Are you and another person living together in the same household and presenting to others or the community as a married couple?	<input type="checkbox"/> Yes (go to b) <input type="checkbox"/> No (go to #9)		
	(b) Other person's name	(c) Other person's Social Security Number		

REFERENCE DATE FOR RESOURCE AND INCOME QUESTIONS

9.	Enter the month and year in which you are completing this form: (MM /YYYY)
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RESOURCES

10.	As of the first day of the month above, did you own or did your name appear, either alone or with other people, on any of the following:	Check Yes or No	Dollar Value
(a)	Trusts Includes, but is not limited to, special needs trusts, pooled trusts, or any other trusts where funds are being held for your benefit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b)	Achieving a Better Life Experience (ABLE) account ABLE accounts are tax-exempt accounts eligible individuals may use to pay for qualified disability expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(c)	Financial Institution accounts Includes checking or savings accounts or other accounts with a financial institution (such as certificates of deposit and Direct Express).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d)	Vehicles Includes automobiles, campers, boats, trucks, motorcycles, etc., regardless of condition.	<input type="checkbox"/> Yes, One <input type="checkbox"/> Yes, Two or more <input type="checkbox"/> No	
(e)	Real estate, other than the home where you live. Includes land, houses, buildings, and property in foreign countries.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(f)	Retirement or pension funds Includes IRA, 401(k), and Union or Employer Pension Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(g)	Cash (On hand, such as money in your wallet or safe).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(h)	Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(i)	Bonds Includes U.S. savings bonds, municipal, corporate and government bonds.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(j) Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(k) Life Insurance Policies Own or buying	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(l) Other Items that can be turned Into Cash Includes mineral rights or other items or property, but not household goods (like furniture) or personal items (like clothes).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Complete # 11 only if you and your spouse are living together. Otherwise, go to #12

11.	As of the first day of the month above, did your spouse own or did your spouse's name appear, either alone or with other people, on any of the following: Do not include items you co-own with your spouse. These should be included in #10)	Check Yes or No	Dollar Value
(a) Trusts Includes, but is not limited to, special needs trusts, pooled trusts, or any other trusts where funds are being held for your benefit.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(b) Achieving a Better Life Experience (ABLE) account ABLE accounts are tax-exempt accounts eligible individuals may use to pay for qualified disability expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(c) Financial Institution accounts Includes checking and savings accounts or other accounts with a financial institution (such as certificates of deposit and Direct Express).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(d) Vehicles Includes automobiles, campers, boats, trucks, motorcycles, etc., regardless of condition.	<input type="checkbox"/> Yes, One <input type="checkbox"/> Yes, Two or more <input type="checkbox"/> No		
(e) Real estate, other than the home where you live. Includes land, houses, buildings, and property in foreign countries.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(f) Retirement or pension funds Includes IRA, 401(k), and Union or Employer Pension Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(g) Cash (On hand, such as money in your wallet or safe).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(h) Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(i) Bonds Includes U.S. savings bonds, municipal, corporate and government bonds.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(j) Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(k) Life Insurance Policies Own or buying	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(l) Other Items that can be turned Into Cash Includes mineral rights or other items or property, but not household goods (like furniture) or personal items (like clothes).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Did you (or your spouse if living together) sell, transfer title to, or give away any money or property, owned either alone or with other people, within the 36 months prior to the date above? This includes money or property in foreign countries.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOME

13. For the month given above, have you (or your spouse, if living together) received or do you expect to receive income from any of these sources?

(a) Wages Includes earned royalties and honoraria.

You: Yes No

Spouse: Yes No

If yes, enter the gross amount you (or spouse) received or expect to receive in the month above before anything is taken out (for example: taxes, health insurance).

You: \$ _____

Spouse \$ _____

(b) Self-employment (since January of this year)

Examples include working as an independent contractor, running a home daycare service, selling art through a personal online storefront, and driving for most ride share companies. Self-employment may also include services or work performed for cash.

You: Yes No

Spouse: Yes No

If yes, enter the total amount you (or your spouse) expect to receive this year after allowable business deductions.

You: \$ _____

Spouse \$ _____

(c) Sick pay

You: Yes No

Spouse: Yes No

If yes, enter the gross amount you (or your spouse) received or expect to receive in the month above. Gross sick pay is the amount of pay before anything is taken out (for example: taxes, health insurance).

You: \$ _____

Spouse \$ _____

(d) Pension, Annuity, Retirement, or Disability

Includes payments from the Office of Personnel Management (OPM), disability insurance, state annuities for certain veterans, and state disability insurance.

You: Yes No

Spouse: Yes No

If yes, enter the amount you (or your spouse) received or expect to receive in the month above.

You: \$ _____

Spouse \$ _____

(e) Unemployment compensation

You: Yes No

Spouse: Yes No

If yes, enter the amount you (or your spouse) received or expect to receive in the month above.

You: \$ _____

Spouse \$ _____

(f) Workers' compensation

You: Yes No

Spouse: Yes No

If yes, enter the amount you (or your spouse) received or expect to receive in the month above.

You: \$ _____

Spouse \$ _____

(g) Other income

You: Yes No

Spouse: Yes No

If yes, enter the source and amount you (or your spouse) received or expect to receive in the month above.

Note: If there are multiple sources, give the total combined amount.

You - Source(s)

\$ _____

Spouse - Source(s)

\$ _____

Medicaid	
<p>You may be eligible for Medicaid. However, you must help your State identify other sources that pay for medical care. You must give information to help the State get medical support for any child who is your legal responsibility. This includes information to help the State determine who a child's parent is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.</p>	
14.	<p>(a) Do you have any unpaid medical expenses for the 3 months before the date in item #9? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Skip to (d) if you reside in one of the following States, since they have automatic assignment-of-rights laws: Arkansas, Louisiana, Michigan, North Carolina, Ohio, Tennessee, Texas, and Wisconsin.</p> <p>(b) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency? <input type="checkbox"/> Yes - Go to (d) <input type="checkbox"/> No - Got to (c)</p> <p>(c) Explain:</p> <p>(d) Do you agree to provide information regarding the third party responsible for your health expenses? <input type="checkbox"/> Yes - Go to (f) <input type="checkbox"/> No - Go to (e)</p> <p>(e) Explain:</p> <p>(f) Is the cost of your medical care covered by health insurance or a third party other than Medicare or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

REMARKS

You may use this space for additional explanations. Please provide the item number before each explanation.

Complete these questions only if you are signing this form on behalf of someone else.

15.	(a) Name	(b) Relationship to the claimant:	
		<input type="checkbox"/> Court-appointed representative <input type="checkbox"/> Person who is responsible for the care of the claimant <input type="checkbox"/> Manager or principal officer of the institution where the claimant resides	
	(c) Telephone number(s) at which you may be contacted during the day		
	(d) Mailing Address: Number & Street, Apt. No, P.O. Box, Rural Route		
	City and State (U.S.) or State/Province/Region (Foreign)	ZIP or Postal Code	County or Country

SIGNATURE

I declare under penalty of perjury that I have examined all the information that I have provided on this form and that the information is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

Your signature

Date (MM/DD/YYYY)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

If you meet certain conditions, SNAP benefits may be available to help you buy food. For more information about SNAP benefits, go to <https://www.ssa.gov/pubs/EN-05-10101.pdf>.

Please complete the following questions:

1	Select your current SNAP status:	<input type="checkbox"/> Currently receiving SNAP benefits (Go to #2) <input type="checkbox"/> Filed within the past 60 days (Go to #3) <input type="checkbox"/> Never filed or filed more than 60 days in the past. (Go to #4)
2	Have you received a recertification notice within the past 30 days?	<input type="checkbox"/> Yes (Go to #4) <input type="checkbox"/> No (Stop)
3	Have you received an unfavorable decision?	<input type="checkbox"/> Yes (Go to #4) <input type="checkbox"/> No (Stop)
4	Is everyone in your household applying for or receiving SSI?	<input type="checkbox"/> Yes (Go to #5) <input type="checkbox"/> No (Stop)
5.	Would you like us to take your SNAP application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Privacy Act Statement
Collection and Use of Personal Information

Section 1631(e)(1) of the Social Security Act, as amended, allows us to collect this information, which we will use to determine eligibility for Supplemental Security Income (SSI) payments. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089 and 60-0103, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget Control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY) 1-800-325-0778). **You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.** Send only comments relating to our time estimate to this address, not the completed form.