

Third Party Screens

Modified Screen #1

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

Apply for Benefits

IdentificationGeneralOther BenefitsRemarks & OptionsReview & Sign

Information About the Applicant

Applicant's name:
Please provide the name as it appears on the most recent Social Security card

FirstMiddleLastSuffix

Social Security Number (SSN):

Date of Birth:
--
MonthDayYear

Gender:
☐ Male ☐ Female

Is the applicant blind or does the applicant have low vision even with glasses or contacts?
☒ Yes ☐ No

During the last 14 months, has the applicant 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 does the applicant believe their illnesses, injuries or conditions became severe enough to significantly reduce their ability to work or keep them from working?
--
MonthDayYear

Has the applicant previously been denied for Social Security benefits or Supplemental Security Income (SSI) in the last 60 days?
☐ Yes ☐ No

Has the applicant been diagnosed with any specific condition that is expected to end in death?
☒ Yes ☐ No

Please contact us after you finish the application.

You told us that the applicant has been diagnosed with an illness that is expected to end in death. If the 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.

In this section...

Applicant Identification

Preparer's Contact Information

Contact Information

Birth and Citizenship

Medicare Information

Re-entry Number

Other Names

NextPreviousSave & Exit

We modified the language for the question about disability to add "substantial gainful work"

We added the language to help applicants provide a better estimate of when their condition(s) potentially affected them. The explanation will help applicants to provide us with the earliest date their disability started

Modified Screen #2

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

Apply for Benefits

IdentificationGeneralOther BenefitsRemarks & OptionsReview & Sign

Contact Information for John Public

Mailing Address:

Country:
United States or U.S. Territory

Street Address:
Street Line 1:
Street Line 2: [+ Add Line](#)

City/Town: **State/Territory:** **ZIP Code:**

Does John Public live at this address?
☐ Yes ☒ No

Residence Address:

Country:
United States or U.S. Territory

Street Address:
Street Line 1:
Street Line 2: [+ Add Line](#)

City/Town: **State/Territory:** **ZIP Code:**

Daytime Phone Number:
☒ U.S. ☐ International
10-digit Number Phone Type

Language Preferences

Language preferred for speaking:

Language preferred for reading:

[Next](#) [Previous](#) [Save & Exit](#)

In this section...

- ✓ Applicant Identification
- ✓ Preparer's Contact Information
- Contact Information**
- Birth and Citizenship
- Medicare Information
- Re-entry Number
- Other Names

We removed the question to indicate the “Best time to call” to avoid limiting applicants to specific times as they may think we are only going to try to contact them once. This also removes the issues about different time zones as applicants and technicians may be in different areas.

Modified Screen #3

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

Apply for Benefits

IdentificationGeneralOther BenefitsRemarks & OptionsReview & Sign

Contact Information for John Public

Mailing Address:
Country:
United States or U.S. Territory
Street Address:
Street Line 1:
Street Line 2:
[Add Line](#)
City/Town: **State/Territory:** **ZIP Code:**

Does John Public live at this address?
☐ Yes ☒ No
Residence Address:
Country:
United States or U.S. Territory
Street Address:
Street Line 1:
Street Line 2:
[Add Line](#)
City/Town: **State/Territory:** **ZIP Code:**

Daytime Phone Number:
☒ U.S. ☐ International

10-digit Number Phone Type

In this section...
[Applicant Identification](#)
[Preparer's Contact Information](#)
Contact Information
[Birth and Citizenship](#)
[Medicare Information](#)
[Re-entry Number](#)
[Other Names](#)

Ability to Communicate in English

Can John Public speak and understand English?
☐ Yes ☒ No
John Public prefers this language:
--
Can John Public read and understand English?
☐ Yes ☐ No
Can John Public write more than their name in English?
☐ Yes ☐ No

Language Preferences

Language preferred for speaking:
--
Language preferred for reading:
--

Next Previous Save & Exit

We removed the question to indicate the “Best time to call” to avoid limiting applicants to specific times as they may think we are only going to try to contact them once. This also removes the issues about different time zones as applicants and technicians may be in different areas.

Modified Screen #4

Text Size Accessibility Help

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

Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

Birth and Citizenship Information for John Public

Place of Birth: [More Info](#)
Provide place of birth as it was known at the time of John Public birth.

☒ United States or U.S. Territory ☐ Other

City/Town State/Territory

Is John Public a U.S. citizen? [More Info](#)
☐ Yes ☒ No

Country of Citizenship:

Is John Public a legal resident of the United States? [More Info](#)
☒ Yes ☐ No

In this section...

- ✓ Applicant Identification
- ✓ Preparer's Contact Information
- ✓ Contact Information
- Birth and Citizenship**
- Medicare Information
- Re-entry Number
- Other SSNs and Names

Next Previous

We removed the option to provide their Permanent Resident Card number, as the information is not needed at the time of filing

Modified Screen #5

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

Apply for Benefits

IdentificationGeneralOther BenefitsRemarks & OptionsReview & Sign

Other Names for John Public

Has John Public used any other names?
Other names could be a different birth name, previous married name(s), etc.
☒ Yes ☐ No

1st Other Name:

-- ▾

FirstMiddleLastSuffix

2nd Other Name:

-- ▾

FirstMiddleLastSuffix

3rd Other Name:

-- ▾

FirstMiddleLastSuffix

4th Other Name:

-- ▾

FirstMiddleLastSuffix

5th Other Name:

-- ▾

FirstMiddleLastSuffix

In this section...

✔ Applicant Identification

✔ Preparer's Contact Information

✔ Contact Information

✔ Birth and Citizenship

✔ Medicare Information

✔ Re-entry Number

Other Names

Next

Previous

Save & Exit

We updated the page “Other Names and SSNs” to remove the reference about SSNs as the information is not needed to file an application

Modified Screen #6

Text Size Accessibility Help

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

Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

✓ Identification ✓ General ✓ Other Benefits ✓ Remarks & Options Review & Sign

Review Information for John Public

We will use the information for John Public's Disability and Supplemental Security Income (SSI) applications. Please review your answers provided and select the "Edit" button if changes are needed.

In this section...
Overall Summary

Identification

Edit ✓ Applicant Identification

Name: **John Public**
Social Security Number: ***--**--0005
Date of Birth: **April 2, 2004**
Gender: **Male**
Blind or low vision: **No**
Disabled: **Yes**
Start Date of Disability: **July 8, 2020**
Denied Benefits in Last 60 days: **No**
Diagnosed with condition that is expected to end in death: **No**

Applicant's Contact Information

Contact Information
Mailing Address: **401 Rosemont Ave, Frederick, Maryland, 21701**
Reside at this address: **Yes**
Phone: **(301) 555-1234 Home**
Email Address:
Confirm Email Address:
Ability to Communicate in English
Speak English: **Yes**

We updated the language under the “Review Information” section to inform applicants that we will use the information provided for the numberholder’s Disability and SSI applications. We will also display any answers provided for the SSI portion of the application for them to review and edit as needed. The SSI questions are reported under OMB No. 0960-0444.

We removed the question to indicate the “Best time to call” to avoid limiting applicants to specific times as they may think we are only going to try to contact them once. This also removes the issues about different time zones as applicants and technicians may be in different areas. We also added an option for an applicant to provide an email address.