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All information is required, unless noted optional.

How to complete this form

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

General Information

Name of Disabled Person
KENT FREDRICK LAPAGE-MNH JR

Social Security Number (SSN)
***-**-8603

Daytime Telephone Number
If there is no telephone number where you can be reached, please give us a daytime number where we can leave a message for you.

Phone Number ( ) -

Type --

Where do you live?

- ○ House
- ○ Apartment
- ○ Boarding House
- ○ Shelter
- ○ Group Home
- ○ Nursing Home
- ○ Other

With whom do you live?

- ○ Alone
- ○ With Family
- ○ With Friends
- ○ Other

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All information is required, unless noted optional.

How to complete this form

Illnesses, Injuries, or Conditions

How do your illnesses, injuries, or conditions limit your ability to work?

(1840 characters maximum)

Characters remaining: 1840

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Overview

Describe what you do from the time you wake up until going to bed.

(830 characters maximum)

Characters remaining: 830

Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other?

Yes | No

Do you take care of pets or other animals?

Yes | No

Does anyone help you care for other people or animals?

Yes | No

What were you able to do before your illnesses, injuries, or conditions that you can't do now?

(100 characters maximum)

Characters remaining: 100

Do the illnesses, injuries, or conditions affect your sleep?

Yes | No

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Personal Care

Do the illnesses, injuries, or conditions affect your ability to dress?

Yes | No

Do the illnesses, injuries, or conditions affect your ability to bathe?

Yes | No

Do the illnesses, injuries, or conditions affect your ability to care for hair?

Yes | No

Do the illnesses, injuries, or conditions affect your ability to shave?

Yes | No

Do the illnesses, injuries, or conditions affect your ability to feed yourself?

Yes | No

Do the illnesses, injuries, or conditions affect your ability to use the toilet?

Yes | No

Do the illnesses, injuries, or conditions affect your ability to perform other personal care activities?

Yes | No

Do you need any special reminders to take care of personal needs and grooming?

Yes | No

Do you need help or reminders taking medicine?

Yes | No

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Meals

Do you prepare your own meals?

Yes | No

Any changes in cooking habits since the illness, injuries, or conditions began?

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All information is required, unless noted optional.

How to complete this form

Daily Activities: House and Yard Work

Do you do House and Yard Work?

For example: cleaning, laundry, household repairs, ironing, mowing etc.

Yes | No

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Getting Around

Do you go outside?

For example: walk, ride, drive etc.

Yes | No

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Shopping

If you do any shopping, do you shop:

- [ ] In stores
- [ ] By phone
- [ ] By mail
- [ ] By computer

Describe what you shop for.

How often do you shop and how long does it take?

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Money

Are you able to pay bills?

Yes | No

Are you able to handle a savings account?

Yes | No

Are you able to count change?

Yes | No

Are you able to use a checkbook/money orders?

Yes | No

Has your ability to handle money changed since the illnesses, injuries, or conditions began?

Yes | No

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Hobbies and Interests

What are your hobbies and interests?

For example: reading, watching TV, sewing, playing sports, etc. (180 characters maximum)

Characters remaining: 180

How often and how well do you do these things?

(180 characters maximum)

Characters remaining: 180

Describe any changes in these activities since the illnesses, injuries or conditions began.

(180 characters maximum)

Characters remaining: 180

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How to complete this form

Daily Activities: Social Activities

How do you spend time with others?

- [ ] In person
- [ ] On the phone
- [ ] Email
- [ ] Texting
- [ ] Mail
- [ ] Video Chat (Skype / Facetime)
- [ ] Other

Describe the kinds of things you do with others.

(180 characters maximum)

Characters remaining: 180

How often do you do these things?

List the places you go on a regular basis.

For example: church, community center, sports events, social groups, etc. (180 characters maximum)

Characters remaining: 180

Do you need to be reminded to go places?

- ◯ Yes
- ◯ No

How often do you go and how much do you take part?

Do you need someone to accompany you?

- ◯ Yes
- ◯ No

Do you have any problems getting along with family, friends, neighbors, or others?

◯ Yes ◯ No

Describe any changes in social activities since the illnesses, injuries, or conditions began.

(180 characters maximum)

Characters remaining: 180

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Restrictions

Item(s) that your illnesses, injuries, or conditions affect:

- [ ] Lifting
- [ ] Kneeling
- [ ] Completing Tasks
- [ ] Squatting
- [ ] Talking
- [ ] Concentration
- [ ] Bending
- [ ] Hearing
- [ ] Understanding
- [ ] Standing
- [ ] Stair Climbing
- [ ] Following instructions
- [ ] Reaching
- [ ] Seeing
- [ ] Using Hands
- [ ] Walking
- [ ] Memory
- [ ] Getting Along With Others
- [ ] Sitting

How do your illnesses, injuries, or conditions affect each of the items you checked?

For example: you can only lift this much or only walk this far, etc. (180 characters maximum)

Characters remaining: 180

Are you:

- ◯ Right Handed
- ◯ Left Handed

How far can you walk before needing to stop and rest?

If you have to rest, how long before you can resume walking?

For how long can you pay attention?

Do you finish what you start?

For example: conversations, chores, reading, watching a movie, etc.

◯ Yes ◯ No

How well do you follow written instructions?

For example: a recipe (180 characters maximum)

Characters remaining: 180

How well do you follow spoken instructions?

(180 characters maximum)

Characters remaining: 180

How well do you get along with authority figures?

For example: police, bosses, landlords, or teachers (180 characters maximum)

Characters remaining: 180

Have you ever been fired or laid off from a job because of problems getting along with other people?

◯ Yes ◯ No

How well do you handle stress?

How well do you handle change in routine?

Have you noticed any unusual behaviors or fears?

◯ Yes ◯ No

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All information is required, unless noted optional.

How to complete this form

Daily Activities: Aids and Medicines

Do you currently use any aids?

For example: crutches, walker, wheelchair etc.

Yes | No

Do you currently take any medicines for your illnesses, injuries, or conditions?

Yes | No

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All information is required, unless noted optional.

How to complete this form

Remarks

Do you wish to share any information you did not show in earlier parts of this form?

Yes | No

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information you provide to determine benefits eligibility. We may also share the information for the following purposes, called routine uses:

- To third party contacts (e.g., employers and private pension plans) in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his or her benefits or payments, or his or her eligibility for entitlement to benefits or eligibility for payments, under the Social Security program; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system record.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422, and 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 6, 2020, at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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