



# Adult Disability Starter Kit

This kit will help you *get ready* for your Social Security disability interview or online application at [www.ssa.gov/apply](http://www.ssa.gov/apply). It contains:

- ① A **Checklist** of documents and information we will request
- ② An **Optional Worksheet** to help you organize the medical and job information from the checklist
- ③ A **Fact Sheet** that answers questions most people ask about applying for Social Security disability benefits

**IMPORTANT: Do not delay filing your application if you do not have or remember all of the information we request. We will help you get any missing information.**

- ① **CHECKLIST** - Check off the applicable items below as you get ready for your phone or in-person interview or as you prepare to complete your online application at [www.ssa.gov/apply](http://www.ssa.gov/apply)

## Information about you:

Your date of birth, place of birth, and Social Security Number.

The name, Social Security Number, and date of birth or age of your current spouse and any former spouse(s). You should also know the dates and places of marriage and dates of divorce or death (if applicable).

If available, the name, address, and phone number of two people (other than your healthcare providers) who know about your medical conditions and can help you with your claim.

Checking or savings account number, including the bank's 9-digit routing number, for electronic deposit of benefits.

If applicable, workers' compensation or other disability benefit information including the date of injury, claim number, any settlement agreement details, and the source and payment amounts for any disability benefits.

## Information about your medical conditions:

Records already in your possession related to your medical condition(s). You do not need to ask for or pay healthcare providers for any medical records that you do not have.

Names, addresses, and phone numbers of healthcare providers (e.g., doctors, psychiatrists, therapists, nurse practitioners, hospitals, etc.) that examined you or treated your medical condition(s). This information tells us where to request your medical records.

List of medicine(s) you take and why you take them, if known. For prescription medicines, include the names of the healthcare providers who prescribed them.

Names and dates of medical tests you have had or are scheduled to have related to your medical condition(s) and who ordered them.

## Information about your job, education, and training:

A list of the jobs you had in the 5 years before you became unable to work due to your medical condition(s). Provide the dates (month and year) you worked these jobs if known, how many hours on average you worked per day or week, and how much you earned.

Information about your highest level of education completed, and when and where you completed it. If you received special education (for mental, physical, emotional, or behavioral conditions), we also need to know where and when you received it.

A list of specialized job, trade, or vocational training and dates completed.

**② OPTIONAL WORKSHEET** – You can complete this Optional Worksheet to get ready for your phone or in-person interview or as you prepare to complete your online application. If you decide to complete it, please have it with you when you start the online application or when it is time for your appointment.

**PLEASE DO NOT MAIL THIS WORKSHEET TO SOCIAL SECURITY. IT IS NOT THE APPLICATION FOR SOCIAL SECURITY DISABILITY BENEFITS.**

**A. Medical Condition(s)**

List each physical or mental condition (including emotional or learning difficulties) that limits your ability to work. If you have cancer, please include the stage and type. List each condition separately.

Condition(s)	
1.	
2.	
3.	
4.	
5.	
6.	

**B. Medical Sources**

Please list healthcare providers (e.g., doctors, psychiatrists, therapists, nurse practitioners, hospitals, etc.) that examined you or treated your medical condition(s).

Name of Healthcare Provider	Address	Phone Number	Date First Seen by Provider or Admission Date	Date Last Seen by Provider or Discharge Date

### C. Medicine(s)

Please list any medicine(s) you take (prescribed and over-the counter) and why you take them (if known). For prescribed medicines, include the names of the health care providers who prescribed them.

Name of Medicine	Why You Take It	Prescribed By

### D. Medical Test(s)

Please list any medical tests you had or are going to have in the future. Examples include biopsies, X-rays, and psychological tests.

Name of Test	Provider Who Sent You	Date(s)

## E. Job History

List the jobs you had in the 5 years before you became unable to work due to your medical condition(s).

Job Title <i>(e.g. cook)</i>	Type of Business <i>(e.g. restaurant)</i>	Dates Worked		Hours	Days	Rate of Pay	
		From Mo/Yr	To Mo/Yr	Per Day	Per Week	Amount	Frequency

**Remember, you can get started online! Visit [www.ssa.gov/apply](http://www.ssa.gov/apply) for information.**

Also, please do not delay filing your application if you do not have or remember all of the information on this worksheet. We will help you get any missing information.



## ③ **FACT SHEET: What You Should Know Before You Apply for Social Security Disability Benefits**

### **How does Social Security decide if I have a disability?**

By law, Social Security has a very strict definition of disability:

- You must be unable to do any substantial work because of your medical condition(s); and
- Your medical condition(s) must have lasted, or be expected to last, at least one year, or be expected to result in death.

We consider work substantial if it is work for which a person is paid monthly wages at or above a certain amount. For more information about what we consider substantial work, see [www.ssa.gov/oact/cola/sga.html](http://www.ssa.gov/oact/cola/sga.html).

### **My doctor says I have a disability. Is that enough to get Social Security disability benefits?**

No. We will consider your doctor's opinion about your condition as part of our review. However, you cannot get disability benefits solely because your doctor says you have a disability.

### **What happens during the online application or appointment?**

We will ask you many different questions to determine if you are eligible for disability benefits. Your online application or interview may take at least one hour.

### **If Social Security decides that I have a disability, what types of benefits can I receive?**

Social Security pays disability payments under two programs:

- Social Security Disability Insurance (SSDI) for people who have worked long enough and recently enough, and who have paid Social Security taxes on their earnings. Certain family members may also be eligible to receive benefits.
- Supplemental Security Income (SSI) for people with little or no income and resources. To see if you might be eligible, we may ask you questions about your household income, your living arrangements, and the value of any household resources, like bank accounts, vehicles, and property.

### **How can I get more information?**

The most convenient way to learn more about benefits for people with disabilities is to scan this QR code or visit [www.ssa.gov/disability](http://www.ssa.gov/disability). If you do not have access to the internet, call us toll-free at **1-800-772-1213**.

If you are more comfortable speaking in a language other than English, we provide free interpreter service in more than 200 languages to help you conduct your Social Security business. For service in Spanish when you call the toll-free number, press 7 and wait for a Spanish-speaking representative to help you. For all other languages, stay on the line and remain silent during our English voice automation prompts until a representative answers. The representative will contact an interpreter to help with your call.

If you are deaf or hard of hearing, call our TTY number at **1-800-325-0778**.

