

# Adult Social Security Disability & Supplemental Security Income Online Application Instructions



## *What types of benefits are available?*

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### • **Social Security Disability (SSDI)**

SSDI is a monthly benefit payment that may be available to those individuals who have been determined to be disabled by the Disability Determination Bureau (DDB). Eligibility is based on “work credits” which are earned based on work history. The SSDI award amounts are calculated based on contributions an individual has made by paying FICA taxes on their work earnings. Generally, there is a 5 month waiting period & SSA will pay your first benefit the sixth full month after the date you are found disabled. A person may receive SSI benefits, if financially eligible, during the 5 month waiting period for SSDI.

### • **Supplemental Security Income (SSI)**

SSI is a monthly benefit payment that may be available to those individuals who have been determined to be disabled by the DDB and meet certain income and asset tests. SSI is a needs-based program, and therefore work history is not taken into account. In order to qualify for SSI, a person must have limited income, and assets that fall below \$2,000 (individual) or \$3,000 (couple). Unlike SSDI, SSI requires that an interview be completed with the SSA prior to approval. Scheduling a phone appointment with SSA may be the best way to submit your application.

**Note:** It is possible to receive both SSDI and SSI.

## *Who can complete an application?*

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- The adult with the disability
- A friend or relative of the applicant (i.e. parent, spouse, neighbor)
- An appointed representative (i.e. an attorney or a non-attorney advocate)

**Note:** If an appointed representative is completing the application for you, you will need to fill out Form 1696, available at [www.ssa.gov](http://www.ssa.gov).

## *Where do I apply?*

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- Online at [www.ssa.gov](http://www.ssa.gov)
- Phone appointment with the Green Bay Social Security Office:
  - **1-888-862-4811**
- Call the Green Bay Social Security Office for an in-person appointment: **1561 Dousman Street, Green Bay, WI 54303**

(Included in Packet: Social Security Office Information)

### **ADRC of Brown County**

300 S. Adams St. Green Bay, WI 54301  
(920) 448-4300

[www.adrcofbrowncounty.org](http://www.adrcofbrowncounty.org)

ADRC is a nonprofit, 501(c)3 organization

Find us online:

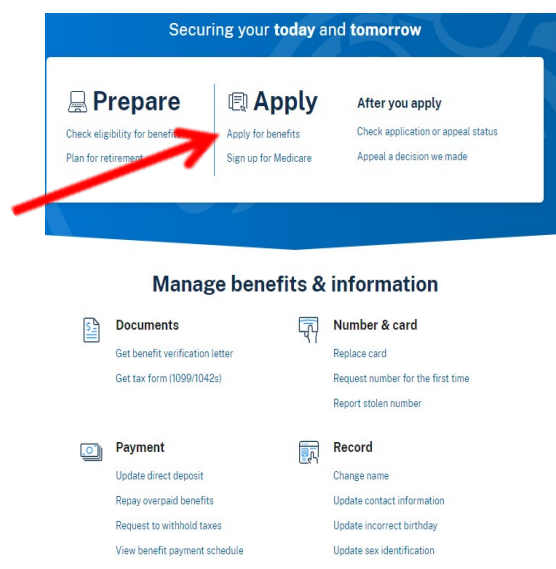


## Helpful Hints:

- The green “Medical and Job Worksheet - Adult” included in this packet will help you complete the application. It is not a requirement for the application process; however, it is a helpful tool to gather all the information you may need. The form has the questions you will be asked on the application with space to write down the answers and a checklist for collecting the information you will need.
- If you are unable to remember the name of a specific doctor you have seen, it is very important that you include, at the very least, the name and address of the facility or clinic at which the services were received and the estimated date of service (i.e. Fall 2014, March 2013, etc.)
- When applying for benefits, keep in mind that medical evidence will be required beginning from the date you report that the illness or injury began. It is generally in your best interest if you do not go back further than 5 years.
- If you have a change of address, phone, or e-mail, always take time to report that updated information to SSA.
- If you have a change in your health or you begin treating with a new provider or new clinic, report that updated information to the Disability Determination Bureau (DDB) so they may gather additional information if needed. For more information about the DDB, review handout, “How A Disability Determination is Made.”
- Also enclosed is the SSA Form #827, Authorization to Disclose Information to SSA. This **is required** and must be submitted in order for medical records to be collected. If the application is completed online, there is an option to sign this Authorization electronically (see below). If you are completing the application by phone, SSA will mail the form to you.

## How to apply online at [www.ssa.gov](http://www.ssa.gov):

Navigate to [www.socialsecurity.gov/pgm/disability.htm](http://www.socialsecurity.gov/pgm/disability.htm) and click apply for benefits



Note: you must “click “an answer in all three areas then click “Learn How to Apply”

**Apply for Social Security benefits**

**Who do you want to apply for?**

An adult (age 18 and over)  
 A child (under age 18)

**What do you want to apply for?**

**Benefits**

**Retirement**  
You worked and paid Social Security taxes.

**Family**  
Your current or ex-spouse worked and paid Social Security taxes.

**Disability**  
You have a condition and expect it to affect your ability to work for a year or more or will result in death.

**Survivor**  
Your spouse died and paid Social Security taxes when they worked.

**Supplemental Security Income**

**Supplemental Security Income for Disability**  
You're blind or have a disability. And it's hard to pay for essentials like food, clothing, and a home.

**Supplemental Security Income for Age 65+**  
You're 65 or older. And it's hard to pay for essentials like food, clothing, and a home.

[Learn how to apply](#)

Click on Start Application.

## How to apply

Information we'll ask you to provide



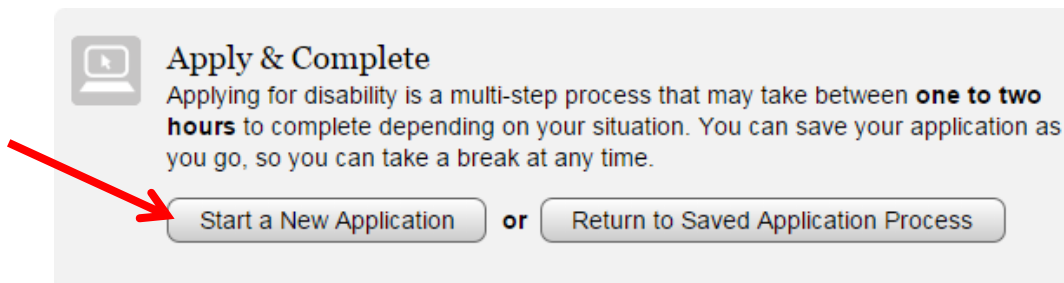
### Submit an application

Online process is only in English

Our employees review every detail you submit. If we need documents or more information, we'll let you know by mail or phone within 14 days. To avoid delays, don't mail us documents unless we ask you to send them.

[Start application](#)

followed by “Start a New Application.”



**Apply & Complete**  
Applying for disability is a multi-step process that may take between **one to two hours** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

[Start a New Application](#) or [Return to Saved Application Process](#)

You will be instructed to create or log into your existing MySSA.gov account. Please see “My Social Security How to Create an Online Account,” also included in this packet.

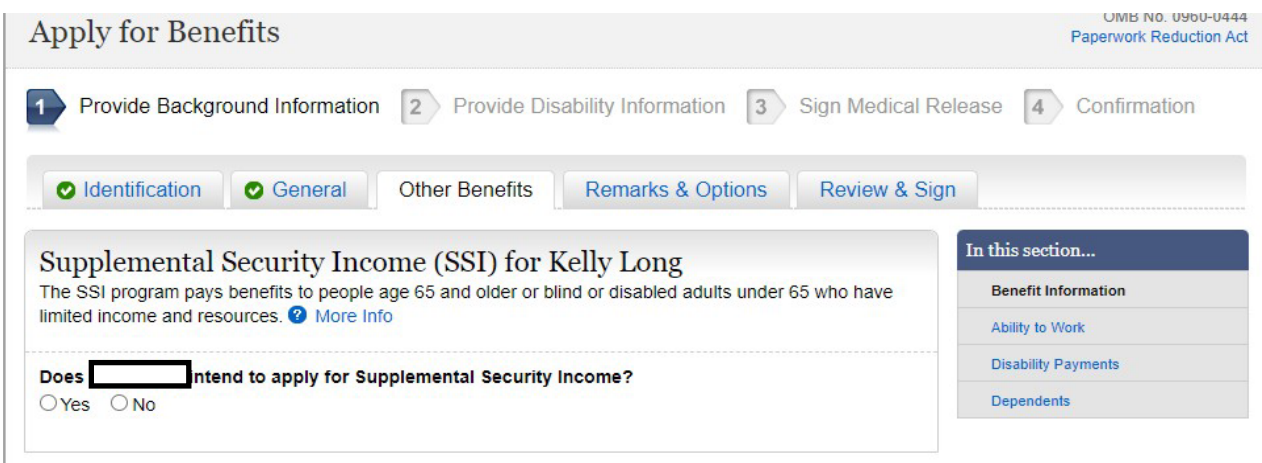
**Note:** Once your basic contact information has been entered, you will receive a “**Re-Entry Number.**” This number allows you to exit and re-enter the application should you need to and is required to be able to access an application that has already been started. Once you’ve completed and submitted, you can no longer access your application via the re-entry number.

Complete the entry fields on each application page to the best of your ability using the (green) “Medical Job and Worksheet - Adult” you completed providing as much information as possible (i.e. clinic or hospital names and addresses, dates of service, work history, etc.)

## Data Entry Tips:

### A. SSI Request:

This question is located in the first portion of the application. (Refer to the “What types of benefits are available?” on page 1 for eligibility information.)



Apply for Benefits OMB NO. 0960-0444  
Paperwork Reduction Act

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

Identification General Other Benefits Remarks & Options Review & Sign

**Supplemental Security Income (SSI) for Kelly Long**  
The SSI program pays benefits to people age 65 and older or blind or disabled adults under 65 who have limited income and resources. [More Info](#)

Does [redacted] intend to apply for Supplemental Security Income?  
 Yes  No

**In this section...**  
Benefit Information  
Ability to Work  
Disability Payments  
Dependents

## B. Other Contacts:

There are instances where SSA may need to speak with someone regarding your application. It is recommended to list someone who knows you well and is able to discuss your disability and how it limits your ability to function day-to-day.

### Someone Who Knows About Your Conditions

Give the name of someone we can contact who knows about your medical conditions and can help you with your claim. This may be a family member or friend who knows about your daily life. Do not include your doctor.

Do you know someone we can contact about your condition?

Yes  No

## C. Medical History:

You do not need to gather your medical records prior to applying for benefits. It is, however, **critical to provide the contact information** about the doctors and hospitals at which you have been treated. If you have already obtained your medical records, including them with your application may reduce the time needed to process your claim.

## D. Doctors:

This screen allows you to list individual doctors who have treated you for your condition; this screen is useful if you visit **one doctor** at a clinic.

### Doctors and Other Healthcare Professionals for

If you do not have any more **doctors/healthcare professionals** to enter, click the **Next** button.

- If you were an inpatient or outpatient at a hospital or clinic, do not list staff doctors. We will ask about them later.
- Include only the people who have treated you for the conditions related to your disability.
- Give each person's first and last name if possible.

## E. Hospitals and Clinics:

This screen allows you to list emergency rooms, urgent care facilities, and any clinics at which you have seen **more than one provider**.

### Hospitals and Clinics for

If you do not have any more **hospitals/clinics** to enter, click the **Next** button.

Include all hospitals and clinics where you have been treated for the condition(s) related to your disability.

It is not necessary to list your entire medical history. Usually, medical records from the **past one to two years** will provide enough information for SSA to make a decision.

### F. Medical Tests:

If you do not have an medical tests to enter, click the “Next” button. Some examples of test to list: blood work/labs, x-rays, MRI/CT scan, EKG, etc.

Medical Tests for

If you do not have any **medical tests** to enter, click the **Next** button.

### G. Medicines:

It is not necessary to list all medications you have been prescribed in the past. List the medications you are currently prescribed. Also include all over-the-counter medications you take.

Medicines

If you do not have any more **medicines** to enter, click the **Next** button. Please make sure to include all the prescription and over the counter medicines that you are taking.

### H. Other Medical Records:

Other Medical Records for

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may be available from:

- vocational rehabilitation services
- worker's compensation
- public welfare
- doctors in a prison or jail
- records held by an attorney or lawyer or
- medical records at another place

These other records may contain important information that we need to consider in evaluating the disability application.

Note: You do not need to list any organization that you have already mentioned.

If you do not have any sources of **other medical records**, please click the **Next** button.

## I. Employment:

### Work Status for (Your Name)

In determining whether you meet the requirements for receiving disability benefits, we must consider your work experience and job skills. [More Info](#)

This section of the report asks for information about:

- when your condition(s) began to affect your ability to work;
- your 5 most recent jobs; and
- your education and training.

Please give as much information as you can. We will contact you later if we need more information.

#### Are you currently working?

- No, I have never worked
- No, I have stopped working
- Yes, I am currently working

### Work Activity for (Your Name)

We need to know more about your reasons for stopping work and whether you made any changes in your work as a result of your condition(s).

#### When did you stop working?

If you don't know the exact date, enter the closest date you can remember.

June 1 2018  
Month Day Year

#### Why did you stop working?

- Because of my condition
- Because of my condition AND other reasons
- Because of other reasons

## I. Employment, Continued:

### Job History for (Your Name)

Since June 1, 2018, have you had gross earnings greater than \$1180 in any month? Do not count sick leave, vacation, or disability pay.  
We may contact you for more information.

Yes  No

### Job Listing

List the jobs (up to 5) that you have had in the past 15 years before you became unable to work because of your physical and/or mental conditions. Start with your most recent job.

Select the number of jobs you have had in the past 15 years before you became unable to work:

2

### Most Recent Job

**Job Title:**  
shipping/receiving

**Type of Business:**  
Walmart

**Start Date:**  
Month: [ ] Year: [ ]

**End Date:**  
Month: [ ] Year: [ ]

### Education and Training for (Your Name)

**Highest Grade Completed:**  
If you did not complete the entire school year, select the previous year that you completed.

[ ]

**Date Completed:**  
Enter the date when you most recently completed a school year as close as you can remember.

[ ]

**Have you completed any type of special job training, trade or vocational school?**

Yes  No

### Special Education

**Did you attend special education classes?** [More info](#)

Yes  No

**J. Remarks:**

The last page provides a text area in which you can **(and should)** write a story that expresses who you are and how your disability has affected your life. The disability examiner does not have the opportunity to know you personally, so it is important to be honest about your limitations, **without exaggerating**.

Remarks for

(Your Name)

**Please provide any additional information you want to include:**

(2000 characters maximum)

## *What happens after you apply?*

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**Note: These timeframes are estimates and can change based on SSA & DDB's processing.**

### *Months 1 - 2*

- If you answered yes to the intend to request SSI question in the “Other Benefits” section (as shown on page 3), expect a call or letter from SSA to set-up an interview to determine if you are eligible for SSI.
  - Please review the pink “Checklist - Adult Disability Interview” sheet in this packet to prepare for your interview.
  - If you **do not** hear from SSA within 2 months of filing your application, follow-up to request an interview. (Green Bay SSA # 1-888-862-4811)

### *Months 3 - 10+*

- It is not uncommon for you not to hear anything during this portion of the application process.
  - If you have questions on the status of your application, you may check online or by calling DDB.
  - The DDB may require additional forms such as the “Adult Function Report” or “Work History Report,” which will be sent to you via mail.
  - The DDB may request that you have a consultative exam (CE) if they feel the medical evidence provided is insufficient. You may be contacted for that exam prior to this time period or during this time period.

*If you have questions about Social Security disability programs, please contact ADRC and ask to speak with a Benefit Specialist.*

*ADRC of Brown County*

*300 S. Adams St. Green Bay, WI 54301*

*(920) 448-4300*

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