Stepping Stones to Recovery

A Case Manager's Manual for Assisting Adults Who Are Homeless, with Social Security Disability and Supplemental Security Income Applications

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

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INTRODUCTION

This manual was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to help case managers and others assist adults who are homeless, especially adults who are homeless and have serious mental illnesses, apply for the Social Security Administration's (SSA) disability programs.[1] The Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs are administered by SSA to provide income support to aged, blind, or disabled individuals.

The decision by SAMHSA to develop this manual was influenced significantly by front–line staff who work with people who are homeless. People who are homeless confront unique barriers and have a particularly difficult time applying for disability programs. This manual identifies the challenges, explains why and how they occur, and offers suggestions to case managers and others about how to address them.

The receipt of disability benefits is crucial for people who are homeless. Often, these benefits provide the foundation from which individuals can take the first steps toward recovery and employability. A case manager's role in the process of applying for these benefits often is critical to an applicant's success.

Applicants and case managers who better understand SSA's requirements and the need for appropriate documentation can facilitate the process, decreasing the time required to issue determinations and reducing the need for appeals.

To meet these objectives, the manual explains the various roles that case managers can play in assisting people who are applying for SSA disability programs. Particular attention is paid to the disability eligibility criteria and the disability documentation process so case managers can help applicants furnish the information that SSA needs to make a decision and determine proper benefit amounts. The manual also describes ways to ensure that people approved for disability benefits receive the correct amount. It explains how decisions can be appealed if an individual believes an application has been denied in error.

[1] This manual provides information relevant to SSA disability programs for adults. It does not address any program requirements or restrictions for children who may be eligible. SSA disability programs for children may have different definitions, procedures, and regulations.

Perhaps the most important point of the manual is that *case managers have a critical role to play in assisting people who are homeless with the application process for SSA disability programs*. The services that case managers can provide to assist applicants with the development and documentation of their disability claim are vital to the application process (see Chapter 6).

Another key point is the importance of establishing direct communication with the claims representative at the SSA field office and the disability examiner at the Disability Determination Services (DDS), the State agency under contract with SSA to perform disability evaluations. Establishing a communication link to the individuals who process the claim is key to learning about the need for additional details from the applicant. Taken together, improved documentation and increased communication can reduce the time required to make the determination and can result in more accurate determinations. More informed decisions may also reduce the need for appeals.

Case managers also should be aware that the *SSA rules cited in this manual are subject to change due to revisions in the Federal law, court rulings, or SSA administrative policy updates*. Before relying on any specific SSA rules cited in this manual, case managers should confirm that the information is current and applicable in their locality. Questions can be answered by consulting the SSA Web site at www.socialsecurity.gov.

This manual has been developed for people who are homeless. It has been reviewed and improved by feedback from experienced individuals, including case managers, consumers, public policy professionals, Federal staff, and others who specialize in the field. The manual is informative but not exhaustive. Readers are directed to review the table of contents and index if they are looking for answers to specific questions. Additional technical information is included in the appendices. Any detail can be checked by consultation with SSA.

The information contained in the manual covers the application and appeals processes for both SSI and SSDI. In many respects, these processes are similar. For example, the disability documentation and determination processes described in Chapters 5 and 6 are the same for both SSI and SSDI. Differences between SSI– and SSDI–related procedures are noted in the text.

While this manual has been prepared for case managers working with individuals who are homeless, the information may be useful for anyone assisting someone with the disability benefit application process, as well as for applicants themselves. It is likely to be helpful whether individuals are disabled by mental or physical illnesses, and whether they are homeless or housed.

The manual is divided into ten chapters—each designed to answer key questions.

Chapter 1 provides a broad overview of the SSI and SSDI programs as well as the Federal and State health insurance options aligned with each.

Chapter 2 addresses the various roles that case managers can play to help individuals apply for disability benefits.

Chapter 3 discusses options for filing an application and provides an overview of the documentation needed to complete an application.

Chapter 4 outlines SSA's income and resource criteria for the SSI program. This chapter also includes a brief discussion of how immigration status may affect eligibility for benefits.

Chapter 5 describes SSA's process to determine whether individuals are disabled, with particular attention to disabilities associated with mental illnesses, co-occurring mental illness and substance use disorders, and co-occurring mental and physical disorders.

Chapter 6 focuses on how case managers can participate in the process of assembling and/or obtaining information pertinent to a disability determination and provide such information to the relevant State's Disability Determination Services (DDS).

Chapter 7 provides an overview of the appeals process, including guidelines for case managers who may need to represent an applicant at a hearing.

Chapter 8 looks at what needs to be done once a favorable decision is made on an SSI application. Payment and expenditure of retroactive benefits are discussed.

Chapter 9 covers issues related to representative payees: when payees are needed; how they are selected; their responsibilities; and how, when appropriate, responsibility of receiving and managing benefits eventually can be transferred to the recipient.

The last chapter, Chapter 10, provides tips on how to maintain benefits for applicants. Specific topics include how living arrangements affect benefit levels, issues related to suspensions and terminations, what to do about overpayments, and information about work incentives.

CHAPTER 1

An Overview of the Social Security Administration's Disability Programs

This chapter provides a broad overview of Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), the two major Federal programs that provide cash benefits based on disability. It also briefly outlines the health insurance options aligned with each program. Many people who are homeless qualify for SSI; some may qualify for SSDI instead of, or in addition to, SSI.

What are SSDI and SSI?

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) are the two Federal disability programs administered by the Social Security Administration (SSA).

SSDI provides benefits to disabled or blind individuals who are "insured" based on contributions paid into the Social Security trust fund, as authorized by the Federal Insurance Contributions Act (FICA). To qualify for SSDI benefits, an individual must have worked long enough and recently enough under Social Security to receive benefits. A person also may qualify as an SSDI beneficiary through parents or a spouse. Disabled widows/widowers age 50 or over may qualify for benefits on a spouse's earnings. In addition, an adult found to have become disabled before age 22 may qualify for benefits if his or her qualifying parent is deceased, disabled, or receiving SSA retirement benefits. An alien who obtained a Social Security number on or after January 1, 2004, must meet additional requirements to meet eligibility for SSDI. Since the SSDI benefit amount depends on the average earnings of the wage earner, the benefit amount will be different for each beneficiary.

In contrast, SSI provides benefits to low income people who are disabled, blind, or elderly. To qualify for SSI, an applicant must meet strict income and resource guidelines to establish that he or she has low or no income and minimal resources, and criteria establishing that he or she is aged (age 65 and older), blind, or disabled, as defined by SSA. People can be eligible for both SSI and SSDI if their SSDI benefit is lower than the full SSI Federal Benefit Rate (FBR).

In some states the SSI benefit is supplemented by money from the state.

These funds provide disabled individuals with more money to meet their shelter, food, and health care needs. The size of the supplement varies from state to state.

Eligibility criteria for supplements differ by state.[1]

For both SSI and SSDI, the definition of disability is based on an inability to do significant work.

How does SSA define disability?

For both SSI and SSDI, disability is based on an inability to work at the level of substantial gainful activity (SGA). SGA is work that involves significant mental and physical activity completed for pay or profit. An individual will be considered disabled by SSA only if he or she cannot do work that was done before and if SSA decides that the individual cannot adjust to other work due to his or her medical condition(s). An individual's disability also must have lasted or be expected to last for at least a year or to result in death.

SSA has an extensive process for determining whether a person is disabled for the purpose of receiving disability benefits. This manual describes the process in detail. The goal of this manual is to provide information to case managers that will improve their ability to help people who are homeless and who have mental illnesses apply for SSI and/or SSDI.

What is the difference between SSI and SSDI?

Both SSDI and SSI use the same definition of disability. However, there are notable differences. The amount of the monthly SSDI benefit depends on earnings while employed or self-employed, and on work history, while SSI benefits are based on a recipient's income or resources. Further, most people who are entitled to SSDI must first serve a five–month waiting period (starting with the date of onset of the disability) before they can receive benefits. However, this can be retroactive, and individuals may receive up to 12 months of benefits before the date of application. SSI payments cannot begin until the month following the date of application.

It is important to note that, before receiving any SSI payments, an individual must have applied for other benefits to which he or she might be entitled (i.e., SSDI, VA benefits, Workers' Compensation, etc.). Case managers should ensure that such applications are completed so payments by SSA are made in a timely fashion if an individual is approved.

SSA should review an individual's eligibility for SSI and SSDI whenever a person applies for either.

[1] A list of states that provide supplementary SSI payments can be viewed at www.socialsecurity.gov/notices/supplemental–security–income/text–benefits–ussi.htm. These payments are administered by the state, by the Social Security Administration, or by both.

Figure 1. **Comparison between SSI and SSDI for Persons who are Disabled**

SSI	SSDI
Must meet the definition of "disabled or blind"	Must meet the definition of "disabled or blind"
Not based on any requirement of insured status	Based on insured status of individual or another qualified person
Income and resource limits	No income or resource limits
Monthly benefit amount (Federal Benefit Rate (FBR) and State supplement, if any)	Benefit amount based on contributions during work history
No work history requirement	Work history generally required
Living arrangements may affect eligibility and benefit amount	Living arrangements have no effect on eligibility or benefit amount
Automatic Medicaid eligibility in most states	May be eligible for Medicaid
Not eligible for Medicare, unless also entitled to SSDI	Eligible for Medicare 24 months after entitlement to SSDI benefits [2]

Some of the differences between SSI and SSDI are summarized in Figure 1.

What about health insurance?

Two publicly–funded health insurance programs exist for individuals who are disabled: Medicaid and Medicare. In most states, people eligible for SSI automatically are eligible for Medicaid, a Federal–State health insurance program with fairly comprehensive benefits, including prescription drug coverage. [3] While SSI and some SSDI beneficiaries are eligible for Medicaid, only those people receiving SSDI benefits are eligible for Medicare. Most SSDI beneficiaries qualify for Medicare 24 months after becoming eligible for benefits. A beneficiary receiving both SSI and SSDI may be covered by both Medicaid and Medicare.

Medicare routinely covers physician visits and hospital services, and it requires copayments, deductibles, and monthly premiums for outpatient services. Recent amendments to the Medicare statute have allowed recipients access to partial prescription drug coverage through a variety of third–party providers.

[2] Since July 2001, people with Amyotrophic Lateral Sclerosis (ALS or Lou Gherig's disease) do not have to serve a 24–month waiting period. Also, beneficiaries who have end–stage renal disease and are undergoing a course of dialysis or who have had a kidney transplant may not have to wait 24 months. However, there is still a five–month waiting period for SSDI eligibility.

[3] Seven states and the Northern Mariana Islands use the same rules to determine Medicaid eligibility as SSA uses for SSI, but require individuals to file a separate application. Eleven additional states not only require a separate application, but also use their own rules to determine if an individual is eligible for Medicaid. For further information, see Appendix B of this manual and/or refer to the National Association of State Medicaid Directors Web site: www.nasmd.org.

Medicaid benefits differ from state to state but are required by Federal statute to cover prescription drugs. It should be noted, though, that not all States' rules allow coverage for all drugs that may be prescribed, and some states may require copayments. In many states, Medicaid also covers the cost of the monthly Medicare premium and copayments for outpatient services. Beyond this, all states have supplemental Medicaid programs: (1) the Qualified Medicare Beneficiary (QMB), (2) Specified Low–Income Medicare Beneficiary (SLMB), and (3) Qualifying Individuals–1 (QI–1S) and Qualifying Individuals–2 (QI–2S) for eligible Medicare beneficiaries. These programs are available to those with limited income and resources who nonetheless are not SSI eligible. SLMB and QI–1S allow states to pay for the Part B Medicare premium; QMB covers deductibles, coinsurance, and the Part B premium. Case managers can find the income and resource eligibility requirements for each of these programs on the Medicare Web site: www.medicare.gov.

Unlike Medicare, no waiting period is required for Medicaid once the disability eligibility determination is completed. Some SSDI beneficiaries may qualify for Medicaid by spending a certain portion of their income on medical services or goods each month. This is referred to as a "spend down." Paying off a significant medical bill, such as a bill for inpatient hospitalization, also may qualify as a spend down.

Sometimes, the savings realized due to SSI coverage of prescription drug costs and monthly premiums can mean that an individual might be financially better off under SSI than SSDI. Even if this is the case, an individual cannot choose to be on SSI. Applicants who qualify for SSDI must accept this benefit before receiving SSI.

What are the SSI and SSDI application processes like?

SSI and SSDI applications can be filed in person at a local Social Security field office, or by calling the SSA toll–free number (1-800-772-1213; TTY 1-800-325-0778) to schedule an appointment. In addition, some SSDI application forms can be accessed and printed online at the SSA Web site: www.socialsecurity.gov. If the applicant schedules an appointment using the toll–free number, he or she usually is given an appointment for a telephone interview. However, the applicant may request a personal appointment at a field office.

Once an application is received and SSA determines the applicant satisfies income and resource (for SSI claims), insured status (for SSDI claims), and other general eligibility requirements, the application is reviewed by the State's Disability Determination Services (DDS). This is a State agency with an agreement with SSA to make medical decisions on behalf of SSA about whether or not a person is disabled. As a State agency, the DDS in each state is located administratively within a larger State department or agency, such as the State Department of Labor or the Department of Social Services. This varies from state to state. To ensure that the eligibility determination process is completed in a timely manner, mail received from the State agency housing the disability service should be responded to with the same urgency as that received from SSA.

How are SSI and SSDI eligibility determined?

As with many other public benefit programs, an applicant must meet income, resource, and U.S. residency criteria to qualify for and continue to receive SSI. In contrast, earnings history requirements must be met to qualify for SSDI. In both cases, the individual must document a disability that precludes the ability to work. While many people who are homeless are likely to meet these criteria, case managers who understand the rules can better help people document their compliance with them. The steps are as follows:

- When someone applies for disability benefits with SSA, the claims representative will check the earnings history for potential eligibility for SSDI, and will assess the income and resource information for SSI. An individual must meet these criteria before his or her case will be evaluated for disability.
- If a person meets the initial criteria, the SSA claims representative then routes the claim to the State Disability Determination Services (DDS) to determine if the disability standard is met. The disability decision will be based on medical records and other information submitted by the applicant.
- If an applicant is found to be disabled, and the claim took more than 120 days to process, the applicant's income and resources will be examined again. The SSA representative will have to determine how much money the applicant is entitled to receive monthly and also will assess any retroactive payments. In most instances, retroactive payments will date to the initial date of eligibility. For SSI, this most often is the first month after the date of application. For SSDI, the date of eligibility most often is set after a five–month waiting period from the date of onset (the date that SSA determines a person's disability began) but may precede the date of application by up to a year.

How long does the disability determination process take?

The length of time that it takes to process a Social Security Disability claim varies depending upon:

- The nature of the disability;
- The speed with which medical evidence can be obtained for an individual applicant; and
- Whether it is necessary to send the applicant for additional medical examinations.

In 2002, the average processing time for an initial SSI application was 104 days, or about three–and–a–half months. This is a national average. The actual time it takes to process an individual claim may vary.

It is important for case managers to understand that if an application is denied, a request for reconsideration will add additional time; an appeal before an Administrative Law Judge (ALJ) will add even more time before a final decision is rendered. By understanding the disability determination process and assisting

applicants with filing complete applications, case managers may help clients avoid the need for appeals. This manual is designed to help case managers avoid unnecessary delays and to improve their ability to assist applicants with filing successful disability applications.

What happens after the determination is made?

After a determination is made, several outcomes are possible. Most often, the person either will be found to be disabled and begin to receive benefits, or he or she will be found not to be disabled. In some instances, a person might even receive a partially favorable allowance. After an applicant receives a favorable decision, SSA will determine if he or she continues to meet the requirements for eligibility and will calculate the correct benefit amount due. Further information on determinations is offered in Chapter 8.

If DDS issues a denial, the applicant has 60 days from the date of the denial notice to file an appeal, called a reconsideration.[4] A DDS staff person, other than the one who made the initial decision, will make the reconsideration determination. If, after reconsideration, it is determined that an applicant is disabled, SSA will pay benefits. If the applicant again is found not to be disabled, he or she has another 60 days to file another appeal, in the form of a hearing before an ALJ. Case managers should help the applicant understand that the appeals process adds additional processing time. The appeals processes are covered in Chapter 7.

Summary

SSA has two income support programs to assist persons who are disabled and cannot work at the level of substantial gainful activity—the SSI and SSDI programs. While people who apply for disability assistance will be evaluated for their eligibility for both programs, generally people who are homeless are more likely to qualify for the SSI program. Although the cash payments for SSI typically are lower than for SSDI, in most states persons who qualify for SSI also will be enrolled in Medicaid. This can be a significant benefit, especially for persons with serious mental illnesses.

[4] At the time of this printing, SSA is conducting a study in 10 states, known as Disability Prototype States, in which, rather than a reconsideration as the first step of appeal, the individual can go directly to a request for a hearing before an ALJ. In these states, there is a separate set of procedures that the DDS uses before recommending an unfavorable disability determination.

CHAPTER 2

The Case Manager's Role in Assisting Applicants

This manual has been written to provide guidance to case managers about how to help people who are disabled apply for and retain SSI and/or SSDI. While there are many specific tasks and responsibilities related to providing this assistance, there are generally three "roles" that a case manager can play: contact person, representative, and representative payee. This chapter explains the different roles associated with the application process and provides advice to case managers about the decision to take on one or more of these roles.

How can case managers help?

Case managers play an important role in helping to secure SSI and/or SSDI for the people with whom they work. First and foremost, a case manager can encourage a potential applicant to apply for benefits. This is especially important for people who may presume they are not eligible because they do not have a single, defining disability, or for those who have current or past histories of substance abuse and may believe wrongly that these histories disqualify them from benefits.[1] Offering accurate information and encouragement may be the first important function a case manager can fulfill.

However, case managers also can play a critical role in the application process by facilitating accurate and timely case determinations. If case managers successfully work with their clients and with their contacts in the SSA and DDS agencies, they can have a beneficial impact on the disability determinations. Case managers can be helpful to applicants by serving in one or more of three specific roles:

- **Contact person.** With the applicant's consent, a case manager can be listed as a contact person on the Disability Report form (SSA–3368; see Appendix D for sample forms) under "third party contact person." The form offers a space

[1] The test for determining eligibility is whether "drug addiction or alcoholism is a contributing factor material to the determination of disability" (20 C.F.R. 416.935(a)). This means if an applicant would still be disabled if he or she stopped using drugs or alcohol, then the applicant will be found disabled, providing that all other eligibility criteria are met. For more information on this issue, see Chapter 5.

for an address and phone number. If a case manager is serving as a contact person, it is also a good idea to call the claims representative to whom the file is assigned and provide that person with an address and telephone number(s), in addition to those listed on the SSA–3368.

- **Representative.** As an authorized representative, a case manager can receive and file paperwork on the applicant's behalf. It is important to distinguish between being a representative and being a representative payee, as they are distinctly different roles. A prospective authorized representative, with the applicant's permission, must file an application with SSA, using Form SSA–1696, Appointment of Representative.

- **Representative payee.** As a representative payee, the case manager becomes responsible for receiving and managing a recipient's SSI/SSDI benefits. It is a separate responsibility and requires authorization forms different from those required of a representative. Being a representative payee can be time–consuming and challenging.

This chapter provides additional details about a case manager's roles and functions as contact person and representative. The role of representative payee will be discussed in–depth in Chapter 9.

Case managers as contact persons

Generally speaking, a contact person is the "go to" person for a claim when a claims representative cannot reach an applicant. The contact person can receive messages and facilitate the exchange of information. However, the person has no legal role in the disability proceedings and no legal basis for receiving or imparting information on behalf of the applicant. That means, for example, that a contact person cannot file an appeal for an applicant if the person is found not to be disabled, even if the applicant, for any reason, cannot file the appeal him– or herself.

Even if a case manager and an applicant decide together that the case manager will limit his or her role to that of a contact person, many functions still can be performed. Basically, responsibilities fall into two broad categories:

- Helping the individual develop and submit complete and accurate information for his or her application; and
- Helping representatives at SSA and DDS obtain the information they need to make an appropriate determination, whether through the applicant or other sources.

Assisting the individual with the claim

Chapters 3 and 4 provide details about assisting individuals with the application process itself. Functions include:

- Explaining the application process to the applicant to reduce anxiety;
- Educating the applicant about the required documents to be filed;
- Helping the applicant gather required documents and/or get copies of required documents;
- Assisting the applicant with processing his or her application; and
- Accompanying the applicant to interviews with SSA.

By ensuring an applicant knows what to expect and has important documentation available at the time of filing, the case manager can facilitate the determination process. However, an applicant should not delay filing if the necessary documentation is not readily available.

Assisting SSA and DDS gather information for the claim

A case manager can help SSA and DDS with documentation in two specific ways. The first is to serve as a liaison between the agencies and the applicant—taking calls when information is missing, working with the applicant to find records and documentation, keeping in contact with the claims representative and disability examiner to monitor the process, and ensuring that materials are sent to the SSA field office and DDS on a timely basis. This type of assistance is crucial to move the process forward and support accurate and timely determinations.

Case managers also can help generate information for the SSA and DDS about the applicant's disability and functioning. While medical records may do a good job of describing a medical condition and listing treatment, they sometimes do a poor job conveying the types of day–to–day limitations a person experiences due to his or her medical condition. Case managers have the ability to collect observations from individuals (such as previous employers) who can provide letters and other documents describing the applicant's functioning on a day–to–day basis. In addition, the case manager can report his or her own observations of the applicant, describing aspects of the applicant's functioning that indicate the applicant is incapable of working. This type of documentation can help the disability examiner get a clear picture of exactly how and to what extent the applicant is disabled.

Finally, the case manager can file a letter summarizing all of the evidence presented in the applicant's case. This letter can direct the disability examiner's attention to specific evidence that documents the applicant's case. The case manager also can help tie those pieces of evidence together to present a picture of the applicant. A detailed portrayal of the applicant can serve as a careful statement about why and how the applicant is impaired. More information about these activities can be found in Chapters 5 and 6.

Case managers as representatives

Many times, individuals with serious mental illnesses are so disabled, or find the application process so overwhelming, that they need additional help in applying for benefits. In addition, people who are homeless may not be able to respond easily to requests for information in a timely way. In these situations, it is extremely helpful for a case manager or other responsible person to become an individual's representative. A representative is authorized by an applicant to deal directly with SSA on the applicant's behalf. A representative can be helpful in the following ways:

- SSA can release information about an applicant to a person who is authorized by the applicant to be his or her representative;
- A representative will receive copies of all notices and letters issued by SSA or the DDS to an applicant; and
- A representative can file reports, applications, and appeals on an applicant's behalf.

Release of information

At the most basic level, an applicant with mental health problems should have someone who can call a claims representative in the field office or a disability examiner in the DDS to discuss his or her case. Once a case manager is an authorized representative, he or she can call to ask if records have been received, what information is included in a record, and whether it meets the examiner's needs. Representatives can question SSA and DDS employees about the meaning of particular notices or requests. In fact, representatives are authorized to discuss all aspects of the case and to act on the applicant's behalf. Without an applicant's authorization, a claims representative or disability examiner cannot discuss the specifics of a case with anyone else, including contact persons.

Receiving copies of notices and letters

Applicants who are homeless may not receive mail and, thus, may be especially difficult to reach. Individuals who are homeless and/or who have mental illnesses may lose claims and/or required documents and may fail to respond to notices. In these cases, applicants are likely to be unable to follow through with important requirements of the disability determination process. A case manager who receives copies of all documents, who is authorized to call the claims representative or disability examiner to get more information, and who can schedule and/or reschedule meetings is particularly helpful.

Taking action on an applicant's behalf

Since representatives receive copies of all notices sent to applicants whose claims are pending, the representative can respond for the applicant. As a result, case managers can help clients avoid administrative denials based on what SSA calls their "failure to cooperate" or "whereabouts unknown." Representatives also can appeal on behalf of applicants, helping to preserve the right to retroactive pay back as early as the month after the initial date of application.

How to become a representative

To become a representative, a person must be authorized by the applicant using an Appointment of Representative form (SSA–1696). It is available at any SSA field office; it can be printed from the SSA Web site: www.socialsecurity.gov/online/ssa-1696.pdf. Once this form is submitted, the representative immediately will be able to assist the applicant. The approval process for a representative appointment generally is a formality unless SSA has experienced difficulty with the proposed appointee in the past. Applicants do not have to appoint a representative when they file their initial application. A representative can be named at any time during the process.

Summary

A case manager can assume one of three roles when assisting a person who is applying for SSA disability benefits. As a contact person, the case manager monitors a claim and serves as a liaison between SSA or DDS and the applicant. As a representative, the case manager agrees to a more formal liaison role and is authorized to receive information and take action on an applicant's behalf. Finally, as a representative payee, the case manager agrees to accept and manage a recipient's benefits over time. This is discussed in greater detail in Chapter 9. The roles of contact person and representative provide essential support to a person who is applying for disability benefits. A case manager should carefully consider the role that he or she will assume in his or her efforts to help potential applicants. To help people more effectively apply for disability benefits, case managers are encouraged to take an active role as a contact person or as a representative whenever possible and as desired by the applicant.

CHAPTER 3

Getting Started

The application process for SSI and/or SSDI requires a great deal of information and documentation. It takes time and can be overwhelming for any applicant. For an applicant who is homeless, the documentation requirements can be especially difficult. He or she may not have access to important paperwork that confirms his or her identity or medical history. This chapter provides an overview of how case managers can help individuals through the SSI and/or SSDI application processes.

Where does a case manager start?

The initial step is preparing for the application interview. Case managers should meet with applicants in a familiar, low–stress environment to explain the process and the documentation that is needed. A checklist of the documentation that usually is needed is found in Figure 3.

Case managers should work with the applicant to compile the required information before meeting with SSA. This can help reduce the likelihood that the applicant and case manager will need to submit additions and/or amendments to the initial application. Working with a supportive and informed case manager, an applicant is more likely to remember this important information. Even if all the information is not readily available, a case manager should encourage appropriate SSI/SSDI applications.

It is crucial for a case manager to accompany the applicant to his or her interview. During the interview, the case manager can:

- Provide reassurance and intervene, as needed, in the event of behaviors that might interfere with the completion of the application;
- Assist the applicant in answering questions, such as contact information for psychiatrists or other physicians who have provided treatment;
- Provide information about the applicant, such as a detailed statement regarding the applicant's day–to–day functioning; and
- Ensure submission of complete disability claims.

Frequently, people with serious mental illnesses do not mention their mental illnesses on their applications. They instead

Disclosing Mental Illness

Applicants who have serious mental illnesses frequently do not mention the illnesses. Since claims development is based largely on information provided, denials occur more often than they would if information were more complete from the start.

- Together, the stress of being homeless, the anxiety produced by the SSA interview situation, and the cognitive changes caused by mental illness can cause people to provide incomplete information unintentionally.
- People may deny the existence or extent of their mental illnesses because of the difficulties associated with facing the problem or the stigma associated with it. Denial can also be a symptom of their illness.

may limit their report to physical problems that, by themselves, may not meet disability eligibility criteria. Without additional information from the case manager, SSA may process the claim based on the limited information provided by the applicant. Consequently, the application of a person with a serious mental illness may be denied.

Case managers can begin to document a mental illness by encouraging the applicant to talk about his or her disability in terms that he or she finds comfortable. This may include using language that the applicant finds more acceptable—such as "nervous condition" or "trouble concentrating," or documenting that the applicant has been told by others that he or she has schizophrenia.

How is a disability application filed?

Once the case manager has discussed the application process with the individual and both come to agreement about representation, it is time to file an application. A person can apply for disability benefits in any one of four ways:

- Call the SSA toll–free number (1-800-772-1213) or use the TTY number (1-800-325-0778) to schedule an appointment at a nearby field office;
- Call the SSA toll–free number or use the TTY number to schedule an appointment to file an application by telephone;
- Use the SSA Web site (www.socialsecurity.gov) to start completing the application forms; or
- Go to the nearest SSA field office to apply in person.

Schedule an appointment to apply

SSA encourages applicants to schedule an appointment to apply for disability benefits by calling the toll–free number above. The Teleservice Center representative can schedule an in–person interview at the field office most convenient for the applicant and his or her case manager. If the claim is

filed within 60 days for SSI (or 6 months for SSDI) after the date of this first call, then the date of the first call will be considered the official application date, rather than the date on which the application is filed. Called a protective filing date, this is the date from which eligibility for benefit payments is determined.

Apply by telephone

A telephone application can be scheduled by calling the same toll–free number (1-800-772-1213; TTY 1-800-325-0778). The call can be used to set a date and time for SSA to call back and take the information required to file the claim. Again, the initial call date will be considered the protective filing date if the claim is filed within 60 days for SSI (or 6 months for SSDI).

Start completing the application online

Access to the online application materials might be difficult for a person who is homeless. However, if a case manager would like to help an individual complete an application online, the forms can be found at www.socialsecurity.gov/applyforbenefits.

As of preparation of this manual, only the SSDI application may be started online. SSI application forms are not available online.

Apply at a field office without an appointment

In some cases, a case manager may want to take advantage of a "window of opportunity" and take an individual directly to a field office to apply for benefits. To find the nearest office, click on the "Find your nearest Social Security office" link on the SSA Web site (www.socialsecurity.gov), which has an interactive service that will provide information regarding the location, hours, and phone number.

Although individuals can go to the SSA office without an appointment, the waiting period to see an SSA representative can be significant. Also, many field office representatives specialize in a particular SSA program, handling only SSI claims or SSDI claims. This can result in longer waits than otherwise might be the case.

Pros and cons of filing approaches

Each filing approach has both advantages and disadvantages. The chart on the following page outlines important considerations for each type of filing.

Many case managers prefer to call SSA to set up an in–person interview. The applicant then secures a protective filing date. In addition, the claims representative at SSA interviewing the applicant will make observations about the person's responses, appearance, and behavior that could not be noted over the phone. Ultimately, this could benefit the applicant's case. However, the decision regarding the best way to file an application should be based on the individual's physical and mental status at the time of application.

What information is needed to apply?

Whichever filing method is used, SSA needs to see various documents—such as the

Figure 2. **Advantages and Disadvantages of Filing Methods**		
Option	**Advantages**	**Disadvantages**
Schedule an in-person interview	• Avoids a wait • Establishes protective filing date • Gives case manager time to gather necessary information • SSA representative can see the applicant and share observations with the disability examiner	• Individual may not show up for appointment
Walk-in without an appointment	• Allows case manager to take advantage of a "window of opportunity" with individuals who otherwise are reluctant to apply	• Individual may feel threatened by security measures or other features of the setting • Long wait • Individual may become discouraged by long wait and leave
Schedule a phone interview	• Avoids a wait • Establishes protective filing date • Gives case manager time to gather necessary information • Environment may be less threatening to the applicant	• Individual may not show up for appointment • Mailed forms and documents may be lost • Limits SSA observations
Start completing the application online	• Avoids a wait • Establishes protective filing for SSDI only if the person starting the online application is the claimant • Gives case manager time to gather necessary information • Environment may be less threatening • Allows individual to start an application and come back to it later, which may be valuable to individuals who cannot tolerate a long interview	• Case manager may not have access to a computer or the Internet • Individual may be threatened by the use of computer • Mailed forms and documents may be lost

Figure 3. **SSI/SSDI Documentation Checklist**
(Required documentation may vary depending on applicant's situation)

Non-medical Information		Medical Information
SSI (all applicants)	**SSDI (all applicants)**	**Same for Both SSI and SSDI** *Name, address, phone number of health care provider for:*
☐ Photo ID ☐ If own/rent, copy of rent/ mortgage agreement ☐ If no rent, name, address, of person(s) providing in-kind help ☐ List of dependents ☐ Ownership of vehicle(s) ☐ Copy of life insurance policy ☐ Most recent bank account statement ☐ Copy of certificates of deposit ☐ Copy of stock/mutual funds certificates ☐ Copy of bonds held in own name ☐ Copy of real estate owned ☐ Copy of burial contracts ☐ Copy of other household income: Pay stubs, other benefits, child support	☐ Birth certificate ☐ Copy of current pay stubs ☐ List of dependents ☐ Proof of Worker's Compensation or State Disability Insurance Benefits (benefits letter or check stubs)	**Physical health care:** ☐ Outpatient physical health ☐ Physical health specialist ☐ Physical therapy ☐ Occupational therapy ☐ Speech therapy ☐ Inpatient physical health ☐ Rehabilitation program ☐ Emergency room visits **Mental health care:** ☐ Outpatient therapist ☐ Outpatient psychiatrist ☐ Inpatient hospital ☐ Day or partial hospital ☐ Psychiatric rehab. program ☐ Psychological testing ☐ Neuropsychological testing ☐ Mobile treatment services ☐ Crisis services ☐ Emergency room visits
Aliens: ☐ Proof of sponsorship—original ☐ Proof of citizenship or alien status—original ☐ Birth certificate (may be required)	**Aliens:** ☐ Proof of sponsorship—original ☐ Proof of citizenship or alien status—original	**Other:** ☐ Third party contact person ☐ Other supportive letter/ contacts: ☐ Family members ☐ Friends ☐ Housing provider ☐ Employer

applicant's identification and, often, a birth certificate—to process the non–medical portion of the application. In addition, medical information is needed to determine disability. A comprehensive list of needed documents can be found on the Office of Disability's Web site located at www.socialsecurity.gov/disability.html.

The table above provides a quick checklist of documentation that a case manager may need to obtain, depending on an applicant's situation.

Please note, especially, items under the medical column. While the DDS is responsible for gathering medical evidence,

any medical documentation, where relevant, can be useful to the disability determination. For documentation on treatment, the case manager should obtain the dates the applicant received treatment.

Obtaining some of these documents may be difficult. The following offers some clues to handling some of the requirements.

Identity

A current valid photo identification (ID) should be sufficient to prove an applicant's identity. However, many people who are homeless have no formal identification documents. Do not delay applying for benefits just because ID is not immediately available. If the person knows his or her Social Security number, that may be sufficient to file an application. If the applicant does not have or recall his or her Social Security number, the SSA may be able to find it on the computer system using the person's name, date of birth, parents' names, and other names used.

Birth certificate

If an applicant is thought to be eligible for SSDI, he or she may be asked to present a birth certificate. If the applicant does not have a birth certificate at the time the initial application is taken, SSA will still accept the application. Case managers often need to help homeless individuals who do not have a birth certificate or other forms of ID by contacting the office of vital records in the state in which the applicant was born. Case managers should be aware that typically a $15–$20 charge is assessed for this service.

Immigration status

Under the law, some legal aliens are potentially eligible for SSI benefits, and case managers should assist these applicants. If the applicant is a non-citizen, verification of immigration is required. If the applicant has immigration documents that contain only some of the information necessary to determine eligibility, SSA must verify the additional information with the Office of U.S. Citizenship and Immigration Services (USCIS). It is also the case manager's responsibility to help an alien applicant file an appeal of an SSI denial if the denial appears to be in error. Case managers should review the SSI denial notice to see if the benefits were denied based on the applicant's failure to meet the special requirements for alien eligibility.

Please note that status as a legal alien does not guarantee that the applicant will meet the special alien eligibility requirements under the law.

Also, be aware that illegal aliens are not eligible for SSI disability payments. Therefore, a case manager must ascertain an applicant's immigration status to determine the appropriate action. It may be necessary to help the applicant resolve his or her immigration status with USCIS. Immigration issues are covered in further detail in Chapter 4 and in Appendix A.

Income, resources, and living arrangements

At the application interview, SSA will require documentation of income, resources, and living arrangements. SSA will accept information provided by an applicant but also

may seek verifying documents. Depending on the source, income can be verified in different ways. Work income can be verified through pay stubs or a letter from an employer. Income provided from a friend or family member can be verified by signed letter from that person. If money provided from a friend or family member is a gift, a letter to that effect is acceptable. Chapter 4 provides more information about requirements regarding income and resources.

People living in a shelter, with someone else, or in some type of temporary housing, must provide a letter from the shelter or the person providing housing. The letter should explain the living arrangement and state how much—if anything—the applicant pays in rent. If individuals are homeless and living on the streets, they do not have to provide verification of living arrangements.

Medical information and work history

At the time of application, SSA will ask the applicant to list all of his or her medical problems, the dates on which those problems began, the names and addresses of all treatment providers since the onset of the medical problems, and work history spanning the last 15 years. SSA collects this information on two forms, the Disability Report for Adults (SSA–3368) and the Work History Report (SSA–3369). These forms are available at the SSA Web site, from which they can be printed and completed. Additionally, electronic versions of the forms, respectively referred to as the i3368 and the i3369, are available at www.socialsecurity.gov/adultdisabilityreport. These electronic versions may be completed online, either in a single session or over a number of sessions, and may be linked to the application itself.

The most important role for a case manager is to do everything possible to help the DDS obtain medical evidence to document an applicant's medical condition and disability. Chapter 5 covers the disability determination process and the role of work history in greater detail.

Other information

At the end of the disability report, space is provided for additional comments. Case managers should use this section to provide detailed contact information and to list any other back–up contacts for the applicant (e.g., another case manager or a family member).

What is presumptive disability?

Presumptive disability payments, authorized by Social Security statute, enable SSI applicants to receive SSI payments before a full medical evaluation is completed when there is a high probability that they will be found disabled. This allows SSI (but not SSDI) applicants to begin receiving benefits immediately—for up to six months—while a formal determination is pending. If the review finds the applicant disabled, he or she will continue to receive SSI payments. If the applicant is found not to be disabled, he or she can appeal and will not be required to repay any presumptive benefits paid. SSDI applicants are not eligible for presumptive disability benefits.

An applicant can be found determined disabled presumptively at either of two different points in the application process. Presumptive disability can be established

by the local office where an application is filed or at the State DDS agency where the application undergoes a medical review.

Local SSA office staff do not evaluate medical records. As a result, presumptive disability can be granted at the local office only in cases in which the disabling impairment is readily apparent. Examples of qualifying impairments include amputations and allegations of deafness or blindness. A complete list is available at policy.ssa.gov/poms.nsf/lnx/0423535005. Field offices are authorized to make presumptive disability payments in HIV cases, if medical documentation clearly shows that an applicant meets HIV disability criteria.

As disability adjudicators, DDS staff have broader discretion to determine disability presumptively. DDS can award SSI presumptively in any case in which, after reviewing the available evidence, staff believes a high probability exists that the applicant will be found disabled after additional evidence is received. However, it should be noted, DDS is never required to award SSI presumptively.

Despite the broader review powers of DDS staff, many State DDS agencies do not determine disability presumptively as often as they could. Most frequently, this appears to be due to a concern among disability examiners that an applicant who is found disabled presumptively later will be determined not to be disabled, resulting in decision reversal. Multiple reversals can be detrimental for SSA, which cannot recover the payments; the DDS claims examiner; and potentially the SSI/SSDI recipient.

Case managers can work closely with DDS staff to provide necessary documentation, including comprehensive medical evaluations, to enable DDS to make more efficient presumptive awards. In addition, case managers, who are familiar with documentation requirements and who have established communication with the DDS, can propose pilot programs to enhance use of SSI presumptive determinations of disability.

Summary

Case managers play a significant role in helping people who are homeless with applications for SSI and SSDI. Assistance can range from referring potentially eligible applicants to the appropriate offices to apply for assistance, to serving as liaison between the DDS and the applicant. The balance of this manual explores the ways in which case managers can assist both applicants and SSA in facilitating the application process.

CHAPTER 4

Evaluating Income, Resources, and Citizenship for SSI

This chapter outlines SSA's income and resource criteria and explains the SSA's approach to evaluating financial eligibility for the SSI program. Financial eligibility is determined before disability determination. The balance of the chapter covers other details of eligibility, including how immigration status may affect eligibility for benefits.

Why is financial eligibility determination necessary?

SSI was established as a benefit program for aged, blind, and disabled people determined to have *low income* and *very limited resources*. Financial eligibility criteria for the program has been set by statute. SSA has rules and policies for evaluating an applicant's financial status to ensure that he or she meets the income and resource standards before determining whether the applicant meets disability standards. This chapter outlines the criteria established for determining income and resource eligibility.

What are the income guidelines for SSI?

To be income eligible for SSI, an individual's monthly countable income must be lower than the Federal SSI benefit payment rate.

Income is defined as cash and in–kind services available to an applicant that can help to obtain food or shelter.

SSA requires that information on both earned and unearned income be provided when evaluating an applicant's income eligibility. However, some income may be excluded during the determination process. Excluded income is mandated by law. Since exclusions reduce the individual's income, they increase the chances of receiving benefits. Exclusions also may result in applicants receiving higher monthly payments. Different exclusions exist for earned and unearned income. To encourage work, SSA excludes more earned income than unearned income.

Among the types of excluded income at the time of this writing are: a $65 monthly *earned income exclusion*; earned income tax credit refunds; work expenses for people who are blind; and impairment–related work

How SSA Determines Countable Income

Countable income (based on the number of paydays per month) is determined as follows:

- The first $65 of earned income is deducted (pre-tax gross wages or net self–employment income) as part of the earned income disregard.
- If there is unearned income, $20 can be deducted from the total amount of unearned income; if there is no unearned income, an additional $20 is deducted from earned income.
- Then, half of whatever earned income remains is not counted.

So, a recipient receiving $579 per month in SSI payments who takes a job and earns $605 per month will have his payment calculated as follows:

- First, the earned and unearned disregards are applied. This totals $85.
- The $85 is subtracted from the $605 he earned, leaving $520.
- The remaining $520 is divided in half, leaving $260 of countable income.
- The countable income is subtracted from the maximum monthly SSI payment of $579, leaving $319.
- So, the recipient is eligible to continue receiving $319 in SSI, while receiving $605 in work income, for a total of $924.

expenses (IRWE), costs related to items and services medically necessary to work.

Unearned income is any income not earned through paid employment or self–employment. Examples may include:

- Alimony;
- Child support;
- Dividends on savings or stocks;
- Rental income;
- VA benefits;
- Pensions;
- Workers' Compensation;
- Unemployment;
- Retirement benefits;
- Lottery winnings; and
- Insurance proceeds.

Unearned income that may be excluded when determining SSI eligibility includes:

- The first $20 of unearned income per month (if not already deducted in other earned or unearned income);
- Federal housing assistance such as Section 8 or public housing;
- State crime victims payments;
- The value of domestic transportation tickets received as gifts and not converted to cash;

Having Countable Income and Receiving SSI

If an individual's countable monthly income (earned and unearned) is less than the monthly SSI Federal payment rate plus any applicable Optional State Supplement payment, he or she is income eligible for SSI. If the individual meets all other factors of eligibility, the payment is the difference between the countable monthly income and the monthly Federal benefit payment rate.

In 2005 the payment rate is $579. Thus, if a person's countable income is $0, the SSI benefit will be $579; if countable income is $100, the SSI benefit will be $479.

If excess countable income is reported at the time of application, the application will be denied without a disability determination being made. This is because the applicant immediately is considered income ineligible.

- Disaster assistance;
- Some foster care payments;
- Tax refunds; and
- Grants or scholarships for educational expenses.

Once countable earned and unearned income is identified and documented, it is combined and compared to the monthly SSI payment amount. An individual is eligible for SSI if he or she has a countable income less than the Federal Benefit Rate (FBR), which normally increases annually due to a cost of living adjustment. In 2005, the maximum SSI FBR for a single individual is $579 per month.[1] If both spouses meet the eligibility criteria, the maximum payment rate for a couple is $869. An individual or a couple with *countable* monthly income above these amounts is ineligible for SSI; however, Medicaid eligibility sometimes continues under certain work–related incentive provisions.

Many people receive food or shelter from friends or family members to make ends meet while going through the SSI application process. They intend to pay the borrowed funds back either when they are approved for SSI and receive a retroactive benefit check or, if they are able to work or are eligible for some other form of benefits, as soon as they can. When this situation exists, case managers should help applicants get a letter clearly stating that they have accepted a loan that will be repaid. Applicants also should write a brief letter to the lender stating that they agree to repay the loan. The letter should be signed, dated, and copied, with the original given to the lender. Since the loan is not counted as income when this occurs, an applicant approved for SSI who receives retroactive benefits will not have those benefits reduced. This is discussed further in Chapter 8.

[1] The 2005 SSI amounts can be viewed on the SSA Web site at www.socialsecurity.gov/pressoffice/factsheets/colafacts2005.htm.

Unstated income

Unstated income is income that, while not reported or otherwise known to SSA, is determined to exist because an applicant's living expenses exceed income from known sources. Whenever information obtained from statements of the applicant or third parties creates questions as to how living expenses are being met, SSA will look for the presence of unstated income. If insufficient or conflicting evidence exists, the applicant will be questioned about possible unstated income. Ultimately, the amount of unstated income charged is the difference between stated (or known) monthly income and monthly living expenses.

While discrepancy between income and living expenses may indicate unstated income, valid explanations for discrepancies do exist. Careful interviewing can help a case manager ascertain if the person is receiving help from a local church, food bank, community service center, or other sources. If the case manager solicits such information, he or she should assist the applicant in obtaining a letter to that effect.

In–kind income

In–kind income is counted as income for SSI purposes if it provides food or shelter directly to the SSI recipient or pays a provider of food or shelter (e.g., payment to the recipient's landlord). However, as of March 9, 2005, clothing, generally, is no longer counted as income, in–kind support or maintenance. In–kind services that do not provide food or shelter are excluded from income (e.g., third–party payment for a phone bill).

An Example of Unstated Income

An applicant claims to receive $50 per week in unemployment, but he pays monthly rent of $450. He is unable to explain where he gets the money to make up the difference. The difference between the $200 he receives in pay (4 weeks per month multiplied by $50) and the $450 rent, or $250, will be counted as unstated income. This is the sum that will be used when determining his SSI payment amount.

Common situations that may suggest the presence of unstated income include:

- Stated income is insufficient to pay costs associated with resources owned (e.g., gas, maintenance, insurance and licensing of an automobile);
- Stated income is insufficient to provide for known living expenses; or
- The applicant claims no income and does not live in a setting, such as a public institution or the household of another, in which food and shelter are provided.

For example, many people who otherwise might be living in shelters or on the street live instead with a friend or family member. Under those circumstances, friends or family often understate the amount of rent owed. However, discounting rent ultimately means

that the individual is paying less to live in the space than a stranger would. The value of this discount is considered in–kind income to the applicant and may result in the applicant having his or her retroactive SSI benefits reduced by up to one–third.

Suppose, however, that the person seeks a higher rent from the applicant—one more in keeping with the fair–market value of the property—but realizes that the applicant currently has no money to pay for it. The renter (e.g., friend, family, landlord) can consider such support a loan to be repaid when the applicant receives his or her SSI benefits. If the renter writes up an agreement, indicating the rent payment is a loan and it is the amount charged to any such tenant, the applicant may be eligible for the full SSI benefit. The applicant then repays these loans when his or her retroactive benefit check is received.

What is deeming? How does it affect eligibility?

Under certain circumstances, income and resources from another person are counted as available to an SSI applicant. This is called *deeming*. Income may be deemed from an SSI ineligible spouse, an ineligible parent of a minor child, or the sponsor of an alien.[2] Deeming is required on the grounds that these persons have a legal obligation to contribute to the support of the person applying for SSI.

What are SSI resource guidelines?

In addition to income criteria, an applicant must meet SSA's resource test. Resources are the goods an applicant owns that have monetary value. These include savings and possessions. Just as in the income section, certain types of resources are counted toward resource limits, and certain types of resources are excluded. The SSI resource limit is $2,000 for an individual and $3,000 for a couple.

Countable resources include:

- Bank accounts—individual or joint. If an applicant has funds in an individual bank account and can withdraw and use those funds at will, the account balance will count as a resource. If an applicant has a joint account with someone, SSA also will presume the applicant has access to all the funds in the account. If the applicant does not have access to the money, he or she needs to provide evidence documenting who owns the funds.
- Stocks, bonds, investments, savings.
- Real property (housing/land). The house in which one lives can be excluded (explained below).
- Life insurance with a face value over $1,500. (Cash surrender value is the amount one could get for the policy if it were returned to the company, not the face value, which is the amount of insurance.)
- Vehicles. One may be excluded (explained below).

[2] SSA rules governing sponsor deeming are complicated and beyond the scope of this manual. If a case manager is in a situation where these rules may apply, he or she should contact a legal services or immigration attorney for advice.

Many resources are excluded in part or entirely from the calculation of resources:

Burial plots/spaces

A burial space/plot for an applicant and his or her immediate family are excluded. This has no effect on the burial funds exclusion.

Burial funds

Up to $1,500 of burial funds are excluded, unless the funds are set aside in an irrevocable burial fund. The difference of the excludable amount ($1,500) and the burial fund may count toward the resource limit of $2,000 for an individual and $3,000 for a couple.

Housing

If an applicant owns a home and makes that home his or her principal place of residence, the value of the home does not count as a resource. While this manual is intended to assist people who are homeless, this provision is worth noting in the event that an applicant is in danger of becoming homeless due to foreclosure, or is considered homeless because he or she lives in a place generally considered uninhabitable. Also, occasionally, applicants may inherit or otherwise acquire a home while being considered for, or already qualified for, SSI. In all of these cases, the value of the home is excluded as a resource as long as the home is or becomes the applicant's principal place of residence.

The value of housing assistance (public housing, Section 8, etc.) also is excluded. Thus, helping an applicant who is homeless move into subsidized housing will not result in a reduction of benefits. Note that under HUD rules, a SSDI or SSI recipient receiving Federal housing assistance such as public housing or Section 8 will pay 30% of that income in rent.

Household goods and personal effects

As of March 9, 2005, the exclusion of household goods and personal effects from countable resources is no longer limited to a designated dollar amount (e.g., $2,000 for individuals or $3,000 for couples). Instead, household goods are excluded from countable resources, if they are items of personal property, found in, or near a home, that are used on a regular basis, or items needed by the householder for maintenance, use and occupancy of the premises as a home. Personal effects are excluded from countable resources if they are items of personal property that ordinarily are worn or carried by the individual, or are articles that otherwise have an intimate relation to the individual.

Automobiles

One automobile is fully excluded from resources if it is used for transportation of the individual or a member of the individual's family. In a change of regulations, effective March 9, 2005, applicants no longer need to document that the vehicle will be used for certain specified purposes (e.g., medical treatment or essential daily activities). Further, any value of the vehicle in excess of $4,500 will no longer be counted against the resource limit.

Earned income tax credits

All earned income tax credits (EITC) payments are excluded until the end of the

month following the month of receipt. That means if an EITC payment were received in January, it would not be counted until the beginning of March. If a person received an EITC payment that put his or her countable resources over the limit, he or she would not be disqualified from applying for SSI until the end of the month following the month in which the EITC payment was received. However, the applicant would have until the beginning of the second month to spend enough of the money to get below the limit.

Other compensation

Additionally, resource exclusions may include:

- Crime victims' compensation payments. Such payments are excluded from resource calculations for up to nine months after they are received.
- Life insurance. If the total face value of all the claimant's life insurance is below $1,500, the insurance is totally excluded. However, if the face value exceeds $1,500, the cash surrender value of the life insurance becomes a countable resource. Cash surrender value is the amount of money the claimant would receive if he or she cancelled the life insurance policy; it is not the amount of life insurance that the claimant has. The cash surrender value of a life insurance policy typically is much lower than the amount of insurance for which the policy is written. For example, a $100,000 life insurance policy might have a cash surrender value of only $1,000.
- Disaster assistance. In the event of a disaster for which compensation was received, a person will not lose SSI eligibility. This provision covers assistance provided by Federal, State, or local governments, as well as disaster assistance organizations.

Resources will be verified in different ways. Bank accounts can be verified with an up–to–date statement of the account balance. The value of a car that does not qualify as an excluded resource can be verified by providing the National Automobile Dealers Association (NADA) value. Along with the NADA value, an applicant can submit a statement from a mechanic that a particular car has problems that cause it to be worth less than the listed value. Valuation of other resources may require different documentation.

Can excess resources be transferred?

Case managers must be familiar with SSA rules regarding the transfer of resources. Applicants, or people who assist them, often assume that if they have too many resources to qualify for SSI, they can transfer the resources to someone else to become eligible. This is usually incorrect. Individuals who transfer non-excluded resources for less than fair market value, for the purpose of establishing SSI or Medicaid eligibility, will be penalized with a period of ineligibility for SSI, not to exceed 36 months.[3] Several important points must be understood about this rule.

[3] Certain uncompensated transfers of resources may not result in a penalty, if the resources are transferred to a spouse or child.

Establishing the Period of Ineligibility

Suppose an individual has a bank account containing $2,337 and lives in a state in which the monthly SSI supplement is $200. The individual gives the entire bank balance to another person and receives no compensation.

To determine how long this person will be ineligible, SSA divides the $2,337 by the total of the monthly Federal Benefit Rate ($579 in 2005) plus the State supplement ($200). Thus, $2,337 divided by $779 ($579 + 200) is 3. This means that, due to the resource transfer, the individual will be ineligible for three months of benefits.

Evaluation of transfers of resources

For SSA, the question regarding transfer of resources is whether the transfer occurred specifically to obtain eligibility for SSI. A transfer penalty only applies to non-excluded resources.

For example, consider an applicant who owns a car valued at $6,000. He or she transfers the $6,000 car when a family member offers one worth $10,000 that is in better condition. In this situation, the extra value does not count as a resource since owning one car used for transportation of the individual or a family member is not counted as a resource.

However, suppose another applicant had two cars, one worth $10,000 and another one, worth $6,000. If he or she transferred the $6,000 car, SSA would investigate the time of transfer and make a determination whether it was for the purpose of obtaining SSI. In this second case, a transfer penalty might be applied.

Transfers for fair market value are allowed

Transfers are allowed if they are either to a spouse or for fair market value. This means that applicants legitimately can spend resources or transfer non-excluded resources in exchange for excluded resources as long as the resources are for him– or herself.

For example, if a single applicant received a cash award of $3,000, he or she would be over the resource limit. However, by pre-paying rent for an apartment or by purchasing a $3,000 car, the individual could spend funds to drop below the $2,000 resource limit. The individual then would qualify for SSI. It is important for case managers and applicants to think through these situations. This allows people to make the most of the resources available to them, while remaining eligible for SSI.

If someone mistakenly made a resource transfer for less than fair market value, the situation can be remedied. If an improperly transferred resource is returned to the individual who transferred it, transfer penalties will be removed. Of course, the applicant then may exceed the resource limit. However, given resource exclusions and the ability to receive fair market value for resource transfers, the applicant will have the

opportunity to make a legitimate transfer and preserve eligibility.

Transfers cannot be made for the purpose of establishing eligibility

Transferring resources does not always make an applicant ineligible for SSI. Transferring resources solely for the purpose of qualifying for SSI is what affects an applicant's eligibility. If the resource transfer was made for another purpose, it does not necessarily affect eligibility. Case managers can help applicants by documenting when resource transfers were not made for the purpose of applying for SSI.

For example, suppose an employed person transfers $3,000 to help a friend. At the time of the transfer, the person lending the money has no idea that she might become disabled and consequently has no intent of applying for SSI. If, nine months later, the lender has an unexpected accident and becomes unable to continue working, the transfer of the $3,000 will not affect her SSI application.

Improperly transferred resources can result in ineligibility.

Only transfers made within the past 36 months are subject to review. If someone is found by SSA to have made an improper resource transfer, he or she will be ineligible for SSI for a period of up to 36 months.

To calculate the number of months the applicant will be ineligible, SSA adds the monthly Federal Benefit Rate and the amount of any State supplement, and then divides the sum by the uncompensated value of the transferred resource(s).[4] The sum of the calculation is rounded to the nearest whole number. This is the number of months for which the applicant or recipient is ineligible. (See Establishing the Period of Ineligibility on the preceding page.)

How does immigration status affect SSI eligibility?

All United States citizens are eligible for SSI as long as they meet the income, age, and disability standards. Conversely, any alien not legally in the U.S. is not eligible to receive SSI. While all legal aliens used to be considered eligible for SSI, the rules changed on August 22, 1996; today, only some legal aliens are SSI eligible.

Large numbers of aliens live in some states, such as New York, Florida, California, and Texas. More detailed immigration information can be found at the USCIS Web site at www.uscis.gov.

SSA refers to non-citizen immigrants as "aliens." A "qualified alien" is an alien whose immigration status makes him or her eligible for SSI under current rules. To receive SSI, a "qualified alien" (or a person in one of the miscellaneous categories of eligible aliens) must be elderly, blind, or disabled, and meet all other SSI eligibility requirements. An applicant also must satisfy two additional tests to be considered a qualified eligible alien. For additional information about qualifying criteria, see Appendix A.

[4] Uncompensated value means the difference between the value of the resource and the amount for which it was transferred. This could be the full value of the resource, but it may also be only a portion of the value of the resource if the applicant received some payment, but less than fair market value.

If a case manager is unsure of a person's immigration status, but is sure that the individual is legally in the U.S., it is appropriate to send the individual to SSA to apply for SSI.

It is beyond the scope of this document to explain how to determine which of these categories, if any, a particular applicant fits into. This document does, however, provide general advice for case managers trying to determine the immigration status of an applicant.

First, case managers should ask for copies of all immigration documents from the applicant. Such documents might include the I–94, a card that the USCIS gives to people when they arrive at a U.S. port of entry. Case managers also should request a copy of a valid passport or other valid U.S. immigration document, such as the temporary resident card or an employment authorization of alien resident card, received by aliens once lawfully admitted for permanent residence (LAPR). The alien card may contain important information about the person's immigration status at the time he or she entered the U.S., along with the date LAPR status was granted. Case managers should review the documents closely with the applicant to best determine his or her immigration status.

If a case manager is unsure of a person's immigration status, but is sure that the individual is legally in the U.S., it is appropriate to send the individual to SSA to apply for SSI. If the application is later denied due to immigration status, case managers can consult with an expert in immigration law to determine if the status was evaluated accurately.

Summary

The SSI program was created to provide financial support to low income elderly and disabled individuals. SSA has developed protocols to determine that individual applicants meet the criteria established by law. This chapter summarized the income and resource criteria with which case managers should be familiar, and some of the strategies that case managers can adopt to help the persons they are assisting organize their affairs and document their income and resources in a manner that is consistent with SSA requirements. Following these guidelines should ensure that applicants receive correct eligibility determinations in a timely manner.

CHAPTER 5

SSA's Disability Determination Process

Once SSA has determined that an applicant meets non-medical criteria, the application is sent to the State Disability Determination Services (DDS) for an evaluation of the applicant's disability. This chapter explains the process that the DDS uses to make that determination and outlines some of the special factors that affect applicants with mental illnesses and substance use disorders.

What are the standards for disability?

Under SSA rules, an adult is disabled if he or she is unable to do any "substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."[1] This definition includes several specific points:

- *Substantial gainful activity* (SGA) is defined by SSA as work that involves doing significant and productive physical or mental duties and is done for pay or profit, even if a profit is not realized. As of 2005, wages or work of $830 per month or more is considered SGA.
- *Any medically determinable physical or mental impairment* means a physical or mental disorder resulting from anatomical, physiological, or psychological abnormalities, which can be confirmed by "medically acceptable"[2] clinical and laboratory diagnostic techniques. A combination of impairments also may be considered by SSA.
- An impairment must *be expected to result in death or to have lasted, or be expected to last, for a continuous period of not less than 12 months* for a person to qualify for benefits.

While every person has the right to apply for SSA disability benefits, some applicants may not meet SSI/SSDI eligibility requirements. In these instances, case managers should

[1] 20 C.F.R. 404.1505(a) and 416.905(a).

[2] Evidence to establish a "medically determinable impairment" must be provided by "acceptable medical sources." Acceptable medical sources are licensed physicians, psychologists (including school psychologists), optometrists, podiatrists, and licensed or certified speech-language pathologists. See 20 C.F.R. 404.1513 and 416.913.

An Example of Probable Disability

A case manager assisted an applicant diagnosed with schizophrenia in August 2001. Medical notes indicated that his functioning was severely impaired—he was unable to interact with others and could not stay focused on task. He had not worked since the diagnosis due to his schizophrenia, and according to the medical notes, he was unlikely to work again in the foreseeable future. Such a person would appear to meet disability criteria and should be encouraged to apply for SSI.

explain the requirements and assist the person in finding more appropriate and available sources of support.

SSA defines disability in ways different from other government programs such as Food Stamps or Temporary Assistance to Needy Families (TANF). Under both of those programs, a doctor's letter stating that his or her patient is unable to work usually is sufficient to prove disability. SSA, by law, is not allowed to accept a doctor's letter as proof of disability. However, while SSA's rules are stricter than those used in other programs, case managers should not discourage applicants from applying.

How is disability evaluated?

Once an SSA field office determines an applicant meets income and resource guidelines, the application is sent to the State Disability Determination Services (DDS) for processing. SSA has agreements with each state and the District of Columbia to undertake disability evaluations. Every state has its own DDS, which may be located in the State's Department of Labor, Social Services, or another agency.

The process of determining whether an individual is disabled entails a five–step test, or *sequential evaluation* process. At each step, the DDS asks and answers a specific question regarding the applicant, ensuring that different aspects of disability are considered before an application is either approved or denied.

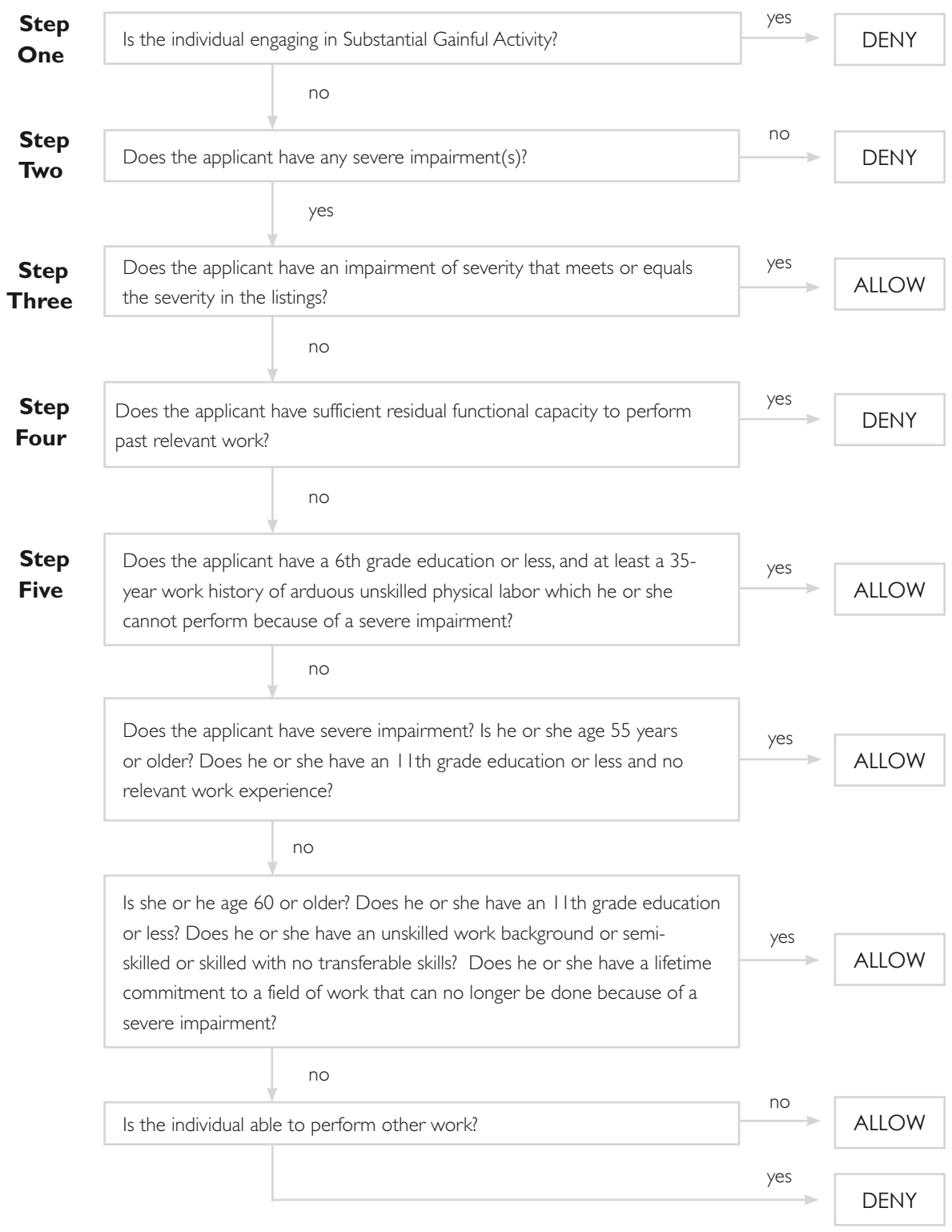
What is the sequential evaluation process?

To determine whether an individual meets disability criteria, SSA and DDS staff use the sequential evaluation process to consider different kinds of information, ensuring that the person's disability is completely reviewed. Since the steps are sequential, the process may stop at a step if specified criteria are met. The specific steps are shown in Figure 2 and described in further detail below.

Step 1. Substantial gainful activity

This step evaluates whether an applicant is engaging in *substantial gainful activity* or SGA. If an applicant is engaging in SGA, he or she is ineligible for either SSI or SSDI. The amount of gross earnings considered changes

Figure 4. **Steps in the Determination Process**



annually. In 2004, the amount was $810 per month; in 2005, the amount is $830 per month. Individuals who earn these sums but who have special conditions or expenses related to their disabling condition may not be considered to be earning SGA by SSA. If an applicant is not working at all, or he or she is not earning at the level of SGA, the case moves to the next step.

Step 2. Documenting severe impairment

A severe impairment is defined as an impairment or combination of impairments that "significantly limit … physical or mental ability to do basic work activities."[3] Under Social Security regulations and guidelines, the threshold for this test is not particularly demanding. The critical issue for case managers is to ensure that information sent to the DDS demonstrates that a person's functioning has been severely impaired. If the information shows the presence of a severe impairment, the process moves to the next step.

Step 3. The listings

Disability Evaluation under Social Security (also known as the Blue Book), a publication distributed by SSA, provides criteria under which SSA automatically will find an applicant disabled in the Adult and Childhood programs. These criteria take the form of a Listings of Impairments, commonly referred to as "the listings."[4] Disability determinations at this step are made without regard to age, education, and work experience.[5] The nature of an individual's physical or mental impairment is compared against the criteria that must be met or equaled for that impairment to be considered disabling. If medical evidence shows the applicant meets these criteria or has impairments equivalent in severity to them, the applicant will be found disabled—as long as the criteria have been met, or are expected to be met, for at least 12 months, or if the impairment can be expected to result in death.

Case managers should note that even if a person doesn't qualify under the listings for a single diagnosis, he or she may qualify as a result of multiple impairments.

Case managers should note that even if a person doesn't qualify under the listing for a single diagnosis, he or she may qualify, at a later step of the sequential evaluation process, as a result of multiple impairments. For example, a person might have diagnoses of depression, diabetes, congestive heart failure, and hypertension. While any one of these chronic illnesses might not rise to

[3] 20 C.F.R. 416.920(c).

[4] The listings can be viewed at the Web site www.socialsecurity.gov/disability/professionals/bluebook/index.htm and at 20 C.F.R. 404, Supart P, Appendix 1. Also, see 20 C.F.R. 416.925–926.

[5] 20 C.F.R. 416.920(d).

the level of a disability under SSA rules, the combination of these illnesses might do so.[6] Therefore, case managers are advised to refer all potential applicants to SSA for evaluation.

If an individual does not meet or equal the requirements of the listings, the sequential evaluation process continues.

Step 4. Past relevant work

In this step of the sequential evaluation, SSA determines whether the applicant has the ability to perform the same work he or she did in the past. If the answer is yes, the applicant will be found not to be disabled. If the answer is no, the analysis moves to Step 5 of the sequential evaluation that examines whether the applicant can perform other work.

In determining whether an individual has the ability to perform past relevant work, SSA will review:

- Medical records and input from the applicant's physician, psychologist, or speech and language pathologist and evaluate them to produce a Residual Functional Capacity (RFC) assessment report that is based on the applicant's current mental and physical abilities.
- Work history over the past 15 years. If there is no work history, the analysis automatically moves to Step 5.
- If a work history exists, the RFC of the applicant is compared to the functional requirements of each job performed over the past 15 years. Based on this comparison, if the RFC assessment determines the applicant is capable of performing any of his or her past jobs, the applicant will be found not disabled.
- If the applicant cannot perform past work, the analysis advances to Step 5.

Step 5. Other work

At Step 5 of the sequential evaluation, SSA determines if the applicant can do any other work that exists in significant numbers in the national economy. It does not matter whether a specific job is available where the applicant lives, whether a specific vacancy exists, or whether the applicant would be hired if he or she applied for the job. Thus, an applicant might be found capable of being a gardener even if no gardening positions are available in his or her area and even if the applicant wouldn't be hired for such a job if one were available. In making this decision, SSA once again will use the applicant's RFC but will now take into account the applicant's age, education, and work experience. To help make this evaluation, SSA relies on Medical–Vocational Guidelines, also known as "the grids."[7]

The grids are designed to make observations about a large number of people. For example, one of these observations is that a person under age 50 with a high school education can do many different jobs. Older, uneducated applicants are more likely to be found disabled than younger applicants, even when their disabilities are the same.

[6] This is a particularly important consideration for individuals with substance use disorders. More information about substance use appears later in this chapter.

[7] The grids are available at www.socialsecurity.gov/OP_Home/cfr20/404/404-ap10.htm. Note that the grid rules were recently revised. See the final rules amended at www.socialsecurity.gov/regulations/articles/rin0960_af37f.htm.

Documenting All Disorders

A 45–year–old obese woman has a history of treatment for major depression. While her depression has improved, she continues to need treatment and cannot work. The depression, combined with her obesity, heart problems, and lung problems result in her inability to engage in SGA. The depression alone does not qualify her for disability benefits, but her overall health status can.

What happens when there are co-occurring mental and physical illnesses?

A significant proportion of individuals who are homeless have physical health problems as well as mental health problems. All of these difficulties need to be reported and documented to be considered during the sequential evaluation process. The presence of physical ailments in combination with mental disorders may lead to the stronger possibility of a finding of disability by the DDS. For example, a person who is homeless may have skin, feet, breathing, or infectious disease problems from living outdoors. Case managers should ensure that all physical and mental health problems are documented and reported.

What about alcohol or drug addiction?

Alcohol or drug addiction alone does not constitute a disability for the purposes of SSI and SSDI. It is possible, however, for applicants using drugs and/or alcohol at the time of application to be found disabled and receive SSI. The test for determining eligibility is whether "drug addiction or alcoholism is a contributing factor material to the determination of disability."[8] Thus, SSA determines whether an applicant would still be disabled if he or she were sober and abstinent from drugs or alcohol. If SSA's determination is positive, the applicant will be found disabled, providing that income and resource criteria are met.

Although SSA has considered drug and alcohol addiction materiality since the SSI program began in 1974, the definition of disability as it is affected by addictions has evolved. Before 1996, a person with a substance use disorder could obtain benefits if he or she could show the presence of a disabling condition, whether or not the condition was related to a substance use disorder. SSA required that he or she adhere to certain restrictions (e.g., a requirement to have a representative payee). Since 1996, however, if a person has a substance use disorder that is determined to be material to his or her disability, he or she will not receive SSI.

[8] 20 C.F.R. 416.935(a).

How should alcohol or drug use be handled?

When assisting individuals who are using drugs and/or alcohol, case managers should:

- *Advise the person to apply.* Some people wrongly believe that people who abuse substances cannot receive SSI, despite any other disabilities they may have. As a result, they erroneously discourage them from applying.

- *Make sure that the medical records submitted to SSA contain evidence of an existing medical diagnosis.* Case managers should understand thoroughly the applicant's functional impairment(s) and their origin(s). Since an applicant

Substance Use and Disability Determination: An Illustrative Example

Jim Jones, a 45–year–old single, homeless man has a diagnosis of major depression with psychotic features and a history of cocaine abuse. In getting to know Mr. Jones, a case manager learned that Mr. Jones's grandfather consistently physically abused him between the ages of 3 and 12 years. The case manager also learned that a neighbor, who befriended Mr. Jones in his early years, sexually abused him. He had kept this secret all his life.

As a child, Mr. Jones was a poor learner. He had an undiagnosed learning disability, and he received no special education. His learning was also affected by his home situation. He became confused and significantly depressed.

At the age of 14, Mr. Jones began smoking marijuana. For years, he had felt ashamed and belittled; he believed that smoking marijuana might help him to feel better and fit in with other teenagers.

His despair continued. Over time, he began using cocaine, which helped him to feel stronger, more competent, and energized. However, this feeling was short–lived and after the effects of cocaine diminished, he felt just as depressed. He had intermittent episodes of sobriety that lasted anywhere from six months to a year. During his sobriety, he felt despair and depression again, and he would then return to cocaine for relief.

After numerous hospitalizations for depression and several relapses into substance use, Mr. Jones entered a recovery program. Treatment records and other documentation supported that he worked hard on his problems, but he continued to use cocaine, though not as intensely as in the past. Even in the midst of recovery, Mr. Jones evidenced significant functional problems. When sober, he found his depression affected his ability to take care of his personal hygiene, resulting in his not washing, sometimes for as long as a week. During these times, which were frequent, he also did not eat. His learning disability made it hard for him to read bus signs, making it

(continued)

difficult to use public transportation to go out. Despite his lack of mobility, the State public assistance benefit he received was spent quickly; he clearly needed assistance to manage his money.

Socially, Mr. Jones isolated himself, and when depressed, he would not communicate with anyone. When angered, he was unable to express himself and would resort to drugs to manage his feelings. In addition, due to his depression, his anger became self–destructive, including purposeful attempts to overdose. He had been hospitalized several times due to these behaviors.

Mr. Jones's depression also interfered with his concentration, attention, and memory. The depressive symptoms of hopelessness, lack of energy, sadness, and suicidal thoughts rendered him incapable of completing tasks, such as applying for food stamps. He was clearly functionally impaired from the effects of his depression.

Upon applying for SSI, Mr. Jones was found eligible, despite his ongoing, intermittent drug use.

with no independent diagnosis will be denied benefits, applicants must emphasize independent diagnoses determined by a medical professional.

- *Advise applicants to be candid about past or current drug/alcohol use.* Many applicants fear their claim will be denied if they admit drug or alcohol use. However, since medical records usually refer to any history of alcohol or drug use, any inconsistency between oral accounts and medical records could undermine the applicant's credibility. This can result in a finding of "not disabled."

- *Consider the application in the context of a person's substance use disorder.* Case managers need to take thorough historical information. A comprehensive longitudinal history, including issues such as trauma, abuse, educational problems, employment history and problems, legal history, and physical health history, is vital to documenting disability. Case managers should work closely with experienced clinicians to assure that the applicant can manage any symptoms that could arise from providing such sensitive information.

Once a case manager has a better sense of a person's life history, he or she should find out more about the individual's level of functional impairments, if any, and the source of these impairment(s). Drugs may be used by a person with mental illness to address or to mask feelings and behaviors related to his or her mental health status. Therefore, the case manager should inquire whether reported problems occur when a person is sober or only when the person is using drugs or alcohol.

For example, if a person stated that he or she takes substances to dull the fear and discomfort created by hallucinations, the case manager could conclude that the mental disorder is the problem and that the symptoms are likely to remain, even in the context of abstinence from drugs. Conversely, if an individual reported that he or she manages activities of daily living fairly well when sober, but avoids these tasks when using or withdrawing from substances, this person might be found not disabled.

Many applicants fear their claim will be denied if they admit drug or alcohol use.

The determination of disability is complicated when substance use is involved. At the same time, it is possible for the DDS to make a correct determination when given thorough, accurate, and complete medical and functional information. By gathering this information, a case manager can understand better what is affecting the person's symptoms and functioning and can share the information with the DDS examiner.

The critical question regarding substance abuse is: "Would this person be disabled if in recovery?" Case managers must make sure that the DDS receives all medical information to help to answer this question to foster an accurate determination.

Summary

While the criteria for determining disability are stringent, the process ensures that a range of issues related to disability are considered before an application is approved or denied. This chapter detailed the steps in the disability determination process to give case managers familiarity with each stage of the process.

Sometimes issues such as substance abuse can complicate a disability determination. While individuals who are disabled solely on the basis of their addictions are not eligible for SSI, persons whose addictions exist in combination with other illnesses may be eligible. It is important for case managers to encourage these individuals to apply. Case managers can play a critical role in developing and providing the documentation to promote appropriate disability determinations. Additional information about how to provide medical documentation to SSA is discussed in the next chapter.

CHAPTER 6

Documenting Disability

This chapter focuses on the critical contribution of case managers in documenting disabilities. Emphasis is placed on claims based on mental illness and mental illness in combination with other disorders. The case manager's role is critical for the disability determination process to move forward accurately and in a timely fashion.

What is the purpose of documenting disability?

Disability programs are designed for people who cannot work because of a physical and/or mental disorder. Therefore, information submitted to SSA or to the DDS should substantiate a person's health status, ability to function, and duration of their impairment. The applicant must demonstrate a "medically determinable physical or mental impairment" that renders him or her unable to do any "substantial gainful activity" and "which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."[1]

SSA and DDS staff must determine whether an applicant's impairment meets these criteria. Yet, the SSA claims representative often is not able to meet with the applicant frequently, and the DDS disability examiner never meets the applicant. Therefore, especially in the instances of people with mental disorders, a case manager can help to gather and provide complete, accurate information related to an applicant's ability to do work. A collaborative relationship between a case manager, SSA, and the DDS throughout the determination process can create an easier, more expeditious process for everyone involved.

How should information be reported to SSA?

Descriptions of the medical information available, and the source(s) from which it can be obtained, are provided by the applicant on a Disability Report form (SSA–3368). As much of the supporting information as possible should be submitted at the time of initial application. If necessary, additional information can be added as it becomes available.

[1] 20 C.F.R. 416.905(a).

Case managers should help applicants ensure that information about *all* medical problems—mental as well as physical—is included with the application. To do so, case managers need to find out where treatment, including treatment in emergency rooms, was provided. In that way, the case manager will know where medical records for the applicant can be found. This is particularly true for treatment received in the preceding 12 months.

What information is required?

Case managers need to assist in gathering records—including clinical and laboratory findings—that address the following areas.

Medically determinable impairment

For a person to be found eligible for disability benefits, he or she must have a "medically determinable impairment." This impairment does not need to be a specific diagnosis but must be supported by objective clinical and laboratory findings.

Case managers working in mental health are used to thinking of impairments in the context of the diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders IV—Text Revision (DSM–IV–TR)* and/or the *International Classification of Disease (ICD)*. These texts, however, are not what the DDS uses to make a disability determination. Rather, the DDS uses "the listings," as described in Chapter 5, which contain descriptions of a number of physical and mental impairments considered to be disabling. A person's impairment must meet criteria for a single listing—or a combination of listings—or be equivalent to it for the individual to be found disabled at Step 3 of the sequential evaluation. Proof of impairment is critical in the context of the disability determination process since the DDS requires a severe impairment resulting from a person's health conditions.

Duration

In addition to presenting evidence of a medically determinable impairment, applicants must show that the impairment has lasted or is expected to last 12 months or more, or will result in death. Often, this requirement is difficult to meet. Sometimes, a person may have an impairment due to a very recent illness or injury, which has not yet lasted for 12 months. Determining that the impairment will last for 12 months may be difficult.

Functional information

Along with diagnostic and duration of impairment requirements, an applicant must show that his or her impairment prevents him or her from being able to work. When DDS considers functional impairment, the important question is what causes the problems in functioning? A clear link needs to be established between the stated impairment and the functional problems being experienced. For example, a person with major depression may have difficulty with simple tasks, such as getting up on time early in the morning, washing, and dressing, because the depression has a profound effect on energy and interest in doing these tasks. On the other hand, another person simply may not like to get up early in the morning, a dislike unrelated to any disability or impairment. While the first person may be

found functionally impaired per SSA criteria, the second person likely would not.

To delve into this area of functioning, a case manager needs to find out what a person's typical day is like: What time does the individual get up; how does he or she spend time, etc?

When examining the functional areas described below, the standard against which an impairment is judged is whether the individual can function in a work setting on a sustained basis. However, case managers can describe behaviors not specifically related to working that could affect the ability to maintain employment. For example, if the person experiencing depression in the previous example is constantly tired and cannot get up on time, this could be a factor that affects work performance.

What are the functional areas that DDS considers?

Obtaining information on a typical day generally leads to a discussion regarding more specific functioning. At Step 3 of the sequential evaluation process, the DDS considers four functional areas when considering a mental impairment claim. For most mental disorders, a person must provide evidence of marked limitations in at least two of the four areas to meet or medically equal the requirements of a listing; however, some listings for mental retardation include different criteria.[2] If an individual is found not to meet the listings requirements, DDS proceeds to Steps 4 and, if necessary, Step 5; at these steps, the individual's impairment, in light of the four functional areas, also is kept in mind, although not addressed in the same manner as in Step 3.

The areas that SSA considers under the mental disorders listings are:

Activities of daily living

These include behaviors such as cooking, cleaning, using public transportation, budgeting, taking care of one's hygiene, and maintaining a residence. A person must show that his or her impairment causes limitations or restrictions in this area that affect his or her ability to work.

When obtaining information about a person's impairment, case managers should gather specific information about functioning, including the last time activities have been performed, and how well they were completed. For instance, a person might report that he or she can cook, but in fact, may not have been functioning well enough to have prepared a meal in years.

Any documented information about functioning should be provided to the DDS examiner. In describing such behavior, a case manager should connect it to the diagnosis. For example, a case manager might state:

> *Mary has a severe psychotic disorder that continuously impairs her ability to*

[2] While most often the requirement to be found disabled is evidence of marked impairment in two of the four areas of functioning, SSA can determine an individual has a disability based on an "extreme" limitation in only one area. See 20 C.F.R. 404.1520a(c) and 416.920a(c). Also, an individual who does not meet or medically equal the listings can still be found disabled based on his or her physical and/or mental RFC.

complete her activities of daily living. For instance, she prefers to douse herself with lavender–scented toilet water, rather than to bathe. When asked about this, she stated, "The water is dirty, and full of foul odors that have been there since the Vietnam War." She also stated that she did not believe in using tap water to wash dishes, since it left a horrible smell.

Social functioning

This area is concerned with an individual's ability to communicate clearly and to get along with other people. A case manager might glean information about this area by simply observing how an individual interacts with people in natural settings, such as soup kitchens and stores. If a person is extremely fearful and isolates him– or herself, success at work is unlikely. This also is true for an individual who is consistently aggressive or threatening. If a person has a psychotic illness, communication may be confusing and unclear. Again, the ability to engage in work would be difficult.

A case manager can help disability examiners, who rarely meet an applicant, obtain a better understanding of an individual's functioning by clearly outlining how he or she interacts with others. By ensuring that this information is comprehensive, detailed, and that it addresses many levels of functioning over a period of time, a case manager can help ensure more accurate determinations.

Concentration, persistence, or pace in task completion

This area is concerned with certain cognitive functions required for work to be done successfully. For a case manager to document this function for the disability examiner, he or she needs to elicit information about concentration, attention, distractibility, memory, and ability to follow directions. A case manager should ask about an individual's ability to remember and keep appointments, and to complete necessary applications; and the case manager should observe whether a person can do these things consistently. Also, the case manager can note whether a person can stay on one topic in conversation. Finding out about the individual's literacy level is important, as well.

Repeated periods of illness, each of extended duration

The SSA regulations define this area of functioning as "exacerbations or temporary increases in symptoms or signs accompanied by a loss of adaptive functioning, as manifested by difficulties in performing activities of daily living, maintaining social relationships, or maintaining concentration, persistence, or pace." While this definition of functioning is somewhat redundant, information related directly to this point can help to meet the duration requirement, since it factors in fluctuations of symptoms. For example, if a case manager can show that someone is having trouble maintaining functioning on an ongoing basis, the applicant would meet the criteria.

This area can be particularly helpful when documenting whether the individual can work on a sustained basis. For example, if an individual has tried to work three or more times in the past year and has experienced increased symptoms each time, this might be an area in which marked impairment is

shown. Increased symptoms and repeated periods of decompensation also could be implied if an applicant has lost a succession of jobs over a short period.

Other approaches to documenting this area of functioning are found in the listings regulations, which are found in the introduction to the section containing adult mental listings.[3]

How is functioning documented?

Evidence can be either medical or non-medical in nature.

Medical evidence is used to indicate the existence of specific impairments and to demonstrate the severity of those impairments for the period during which an applicant says he or she is disabled. Medical evidence includes objective information, such as medical or laboratory test results, as well as other information from medical sources such as medical histories, medical opinions, and medical statements about treatment received.

However, medical records alone rarely provide the functional information needed. People who know the individual well must provide additional information that can be used to create a complete picture of the individual. This information is called non-medical evidence.

Non-medical evidence, sometimes called collateral or third–party information, includes all statements from an applicant, statements from other sources or service providers, and prior disability decisions from government or non-government agencies. Sources such as case managers, nurse practitioners, physician's assistants, naturopaths, chiropractors, audiologists, therapists, family, or friends can provide evidence to document information regarding functioning.

To do so, case managers, family members, or friends provide information in writing to the DDS. The clearer these observations are, the better. Verbal reports also are documented, but case managers are strongly advised to provide written reports regarding functioning whenever possible. Case managers can best assist applicants by helping to assemble these observations from family, friends, and associates and by providing these observations, in the form of a written report, to the disability examiners.

The information submitted should address directly the applicant's ability to function when working or performing tasks required by work. For example, a case manager who sees an applicant every day might write, *"During the four hours that John Smith has been at my program, he is unable to sit still for any significant period of time."* Or, a past employer might write, *"John was fired for poor attendance and for getting into arguments when he was present."*

Formal employment records provide another type of non-medical evidence that can be helpful. A case manager should be aware that he or she will need to have a release form signed by the applicant specifically authorizing the release of any employment

[3] The listings regulations can be found at www.socialsecurity.gov/disability/professionals/bluebook/index.htm.

records. To obtain these records, a case manager should contact the personnel department of the relevant employer.

Collateral reports should focus not only on what the applicant has done on a day–to–day basis, but also on the independence, quality, timeliness, and appropriateness of those activities. The reports also should provide details about changes in the applicant's activities before and after the onset of his or her impairment(s). It is particularly important for a case manager to get information from people who have observed the applicant over time. SSA is looking for proof that the person has been, or is expected to be, disabled for 12 months.

Collateral reports help the DDS examiner understand the applicant as a person. Medical records document impairments and the medical treatment that a patient has received, but they often do not document the effect of those impairments on an individual's daily activities. By filling in this gap, collateral or third–party reports make applications more complete. Accordingly, case managers assisting applicants should consider obtaining at least one of these reports for each applicant that they help. In addition, if such reports are co-signed by a physician or psychologist who has met with the individual, they are viewed as medical evidence and can carry more weight than a standard third–party report.

How can case managers help obtain medical evidence?

Case managers can play a key role in obtaining and submitting medical records to the DDS examiner. This can be a difficult process, but if well organized, it is likely to go more smoothly. Medical evidence essentially comes in three forms: (1) treatment records from a hospital or a doctor's office, (2) a formal report from a doctor, and (3) information from a *consultative examination* (CE) scheduled by the DDS. CEs are discussed in detail later this chapter.

Medical treatment records from hospitals and clinics, including discharge summaries, may be particularly helpful. First, they tend to be concise. They also usually contain valuable information regarding diagnosis, duration of service, and a good summary of the course of treatment. Progress or contact notes from outpatient providers also can be helpful, because these tend to track the course of illness more specifically over time.

What are the barriers to obtaining medical records?

The biggest barrier to obtaining medical records is having the appropriate paperwork to retrieve it. A case manager needs a Release of Information form (SSA–827) signed by the applicant. Without a release form, records will not be released to either the DDS or the case manager.

Case managers must be aware of State laws governing the release of medical information. Depending on the state, release forms may or may not need to be originals. Using a release form that says "photocopies shall be as valid as the original" can avoid the need for applicants to sign multiple release forms.

Some states do not allow one agency to obtain information from a health care provider and to forward it to another place, such as the DDS. Transfer of records may be complicated further by the implementation of the Health Insurance Portability and Accountability Act (HIPAA). Case managers should check guidelines in their states.

When a case manager learns of a medical record or treatment source, he or she should inform the DDS, even if the record is not one he or she can obtain readily.

To obtain a medical record, a case manager must send the release form to the relevant medical records office with a letter explaining the purpose of the request. The letter should state clearly the exact records being requested. Most hospitals and medical offices are extremely busy, and staff rarely have the time to track down correct information for incomplete requests.

Why should case managers obtain records?

Case managers, working with treating clinicians, can identify existing medical records and information, collect them, review them, and help obtain evaluations that may assist in development of the application. For several reasons, the process of collecting information has inherent flaws, especially for individuals who are homeless with intermittent treatment histories.

The cognitive impairments that homeless adults with serious mental illness may have, mean that they may not be able to specify necessary information, such as dates, types of treatment received, and locations of treatment. As a result, the DDS must send requests for medical information that are fairly general.

When a provider receives a request for information, it usually is processed by medical records staff. This staff often are unfamiliar with the needs of SSA and/or the DDS. In addition, with personnel shortages in many medical records departments, such staff is usually extremely busy. Staff may send only the last entry or some of the most recent discharge notes. In many cases, this information may be minimal and may not include some relevant reports. When the DDS receives the information, the claims examiner obviously can evaluate the applicant only on the partial information received from the provider.

As the case manager spends more time with the applicant, he or she often learns about treatment history that the person initially did not recall. Such information may be critical to establish the durational requirement or may provide more clues about the extent of the impairment. Because the case manager is able to establish a relationship with the individual that the DDS claims examiner cannot, the case manager can serve as a critical focal point in the process. The case manager then can collect information him– or herself. If so, the case manager should, as a courtesy and to help expedite adjudication, also send these to the DDS. Alternatively, the case manager can inform the DDS examiner about new information for collection.

When a case manager does not collect the information directly and relies on the disability examiner to do so, he or she should provide DDS with specific information

about service providers, service dates, and treatment received, whenever possible. The case manager can address the problems in the routine process by:

- Working with the applicant to identify the treatment provider(s) likely to have the best information;
- Sending specific requests for information;
- Trying to ensure either that staff familiar with the record photocopy it, or that the case manager is permitted to do so; and
- Reviewing information received immediately to ensure it addresses exactly what the DDS examiner needs to document the impairment, the duration of impairment, and the impact of the impairment on functioning.

Part of the case manager's work, then, involves educating staff in treating agencies and health care settings about the kinds of information needed to support a disability claim and collaborating with them to obtain the needed information.

When case managers collect medical records information themselves, they should be aware that medical records departments frequently charge a fee for processing records requests. If a provider does charge, these costs can easily outpace a case manager's budget. Sometimes, however, departments will consider records sent from one medical provider to another to be a professional courtesy and may not charge. A case manager should discuss the possibility of dismissing the fee with the directors of medical records departments, explaining the work he or she is doing assists people who are homeless.

Typically, when a provider responds to a request from a DDS examiner, a charge for providing records is involved. However, the DDS has a process to cover these charges.

Finally, case managers should be aware it frequently is necessary to follow up on records requests. Phone calls always should be made to medical records departments to confirm that a request was received and that it is being processed. A case manager should document when he or she called, to whom he or she spoke, and what was said.

Can case managers get copies of what DDS receives?

In many cases, the DDS obtains records directly. If the case manager has been made representative for the applicant through the use of the Appointment of Representative form (SSA–1696), the exchange of information between the DDS and the case manager can flow more smoothly and completely. While the case manager may not see all the records that the DDS examiner receives, he or she can inquire about these records, what is missing, what additional information is needed, and can volunteer to help obtain such information. If requested, the DDS may make copies of the evidence received and provide it to a case manager.

When is a consultative exam needed?

Occasionally a case manager may believe an applicant's case would be strengthened with the results of an additional new medical or psychological test. This often is true when

insufficient evidence exists for an applicant's case to be assessed. When a case manager has such concerns, he or she can discuss them with the disability examiner. In either situation, once the examiner is aware of the issue, he or she can schedule a consultative examination (CE). A CE is a medical test ordered and paid for by the DDS.

Case managers should keep in mind that CEs can be simultaneously helpful and problematic. Potentially, the CE can provide medical evidence to substantiate a disability determination. However, problems can include:

- The applicant's treating physician or psychologist usually is the preferred source for a CE but may be unavailable or not qualified to provide the kind of evidence the DDS needs. When another doctor unfamiliar with the individual does the exam, he or she may not understand the full meaning of the applicant's responses. This can affect the interpretation of the information that the applicant provides.

- CEs provide a "snapshot" of a person and his or her situation rather than a longitudinal clinical picture. This snapshot cannot provide the fuller representation of an individual's impairment over time that a treating physician or psychologist can provide.

- Applicants who are homeless often miss CE appointments. If the applicant fails to appear initially and for any appointment that may be rescheduled, the application can be denied.

- Applicants with serious mental illnesses often deny these conditions, contributing again to an erroneous diagnosis.

- Applicants often want to present their "best side" rather than the struggles and difficulties they experience. Thus, in the CE appointment, they talk about what they feel they *can* do rather than what they struggle with or experience symptomatically.

Even with these difficulties, CEs may be the only way to collect additional information needed for an applicant. Case managers should be aware that SSA will pay for a CE only if the DDS examiner requests it. The DDS process for initiating a CE or psychologist is:

- A *medical or psychological consultant* at the DDS reviews the medical evidence.

- He or she determines what, if any, additional information is needed.

- The assigned claims examiner schedules a CE and contacts the applicant with appointment information. It is important for case managers to know that the applicant is notified of a CE by mail. If the case manager is the assigned representative for an applicant, he or she also will receive a copy of this appointment letter. In this way, the case manager knows when the appointment is and can accompany the applicant to the CE.

The importance of having the CE done by the individual's treating physician or psychologist cannot be overemphasized. Most

often, these appointments are fairly brief. Therefore, it is easy to miss details that could be critical to the determination. When this exam is conducted by a physician who knows the person well, the result can be a wealth of information for the examiner that is likely to be critical to the eligibility decision.

What do case managers need to know about consultative exams?

The DDS must authorize the CE to be performed if the State is to pay the cost of the CE. This authorization results from a review of extant case information and a determination that additional information is needed to make a decision.

CEs can be of greatest benefit to applicants if they are performed by a doctor who knows the applicant's case history and who can devote the time to explore fully all aspects of the applicant's disabilities.

CEs can be performed by an applicant's own doctor or by a doctor chosen from a list maintained by DDS. A case manager should inform the DDS of any instance where a treating physician or psychologist is willing to do the CE. The applicant's doctor is most familiar with the person and the applicant's medical impairments. SSA regulations concur that an applicant's treating physician or psychologist is the preferred source to perform a CE. So, if the treating physician or psychologist is qualified to perform the necessary test and is willing to do so for the fee that SSA will pay, then that physician or psychologist should be selected.

If a CE is scheduled with a DDS–selected doctor and an applicant has a treating physician or psychologist willing and qualified to perform the CE, a case manager should request, in writing, cancellation of the DDS appointment in favor of a CE performed by the treating physician or psychologist. If DDS agrees the treating physician or psychologist is qualified to perform the CE, this request should be granted.

In short, CEs can be of greatest benefit if they are performed by a doctor who knows the applicant's case history and who can devote time to explore fully all aspects of the applicant's disabilities.

The case manager should plan to accompany the applicant to a CE to ensure that he or she keeps the appointment. If the applicant cannot be found or won't cooperate, the case manager should call the DDS and let the claims examiner know. DDS policy requires a rescheduling where the applicant may have a mental impairment, no representative, and can provide what may be considered a good reason for missing the appointment. In practice, DDS offices and claims examiners may reschedule appointments even if some of these criteria are not met. However, it is not a good idea for a case manager to rely on any such use of discretion because the DDS office may proceed to adjucate the case without having a CE.

Sample Opening for a Summary Letter

I am writing to ask that you find Mr. Smith disabled, beginning on January 1, 2000. Since this date, Mr. Smith has been unable to work due to the following medical problems: hypertension, bipolar disorder, and depression.

Pulling it all together: Writing a summary letter

Case managers can help make an applicant's health status, diagnosis, and functioning clear to the DDS examiner by writing a summary report. As stated previously, two main complications exist for a DDS examiner attempting to make a disability determination: he or she most often never meets the applicant; and the medical evidence, from which the determination is based, seldom addresses the full impact of the impairment on day–to–day functioning. In this report, co-signed by a treating physician or psychologist, a case manager can compile collateral information provided by family, former employers, or other providers, and can illustrate clearly the impact of a person's impairment on his or her functioning. Excerpts from medical records can be included to illustrate symptoms, diagnosis, and duration. A written, co-signed report ensures the whole story is told and is considered medical evidence.

Such a report can be written simply as a letter. If the case manager has medical records to submit along with the letter, that is fine. By writing narratives, as opposed to filing out forms or checklists, case managers can describe a person completely and with clarity. In this letter, the case manager should:

- Address the letter to the DDS examiner. The applicant's name and Social Security number should be referenced. It is helpful to include the applicant's date of birth.

- State that the purpose of the letter is to provide information relevant to the applicant's disability claim. The letter should be on agency letterhead and should include, at the end, the phone number for the case manager and that of the co-signing physician or psychologist.

- When there is a mental disorder, describe the applicant and how he or she interacts with others in conversation. This begins to give the examiner a "feel" for the applicant.

- Provide additional personal history not contained in the records, including history of physical and/or sexual abuse, educational history (e.g., grade level achieved, special education, repeat of grades, literacy). Employment history can be provided along with reasons for leaving past work (e.g., fired, laid off, problems with co-workers, resignation, walked off the job). Additional medical problems (and sources of information from which they are derived) can be included. Head injury history, accidents, surgeries, and other details also should

be provided, if not already in submitted records.

- Include critical excerpts from submitted medical records.
- Describe functional deficits and link these clearly to the person's impairment.
- Write a summary section that ties the information together and clearly articulates the severity of impairment, duration, and functional difficulties.

For samples of each section of the summary letter, see Appendix C.

Once the report is complete, the case manager should send it to DDS and confirm that it has been received by calling or emailing the DDS examiner. After the submission of the report, the case manager can maintain regular contact with the DDS examiner to determine if additional information is needed. The next chapter addresses what to do once a decision on eligibility is made.

Summary

Often, SSA and DDS are unable to obtain additional information and to maintain contact with applicants who are homeless. They usually are pleased to learn of community agencies whose staff are assisting applicants and willing to become their representatives.

Case managers have two important ways to help adults who are homeless and who have mental illnesses apply for disability programs. The first is to help gather information to document an impairment and certify that it has lasted, or will last, for a year. The second is to provide information from the case manager's own observations of the applicant, particularly how the person's impairments affect the ability to work. The most critical need is for comprehensive, accurate, and timely information. Providing this assistance is one of the most important functions that a case manager can fulfill.

CHAPTER 7

The Appeals Process

This chapter provides an overview of the full appeals process for an SSI or SSDI application, from the Request for Reconsideration through an appeal in Federal court. It outlines the range of considerations an applicant should review before obtaining an attorney, and it provides guidelines for case managers who represent claimants at appeal hearings before SSA Administrative Law Judges (ALJs). Emphasis is on the outcome of the initial application; SSA reviews and appeals that occur once an individual receives benefits are not covered.

What does SSA's initial decision mean?

After SSA makes an initial determination, a letter—called a notice—is sent to both the applicant and the applicant's representative, if there is one. The letter indicates whether the applicant has been found to be disabled. If the applicant is found disabled, he or she usually will be considered disabled as of the first full month after the date of SSI application, or for SSDI, as of the date on which the person said the disability began.[1] If the applicant is found not to be disabled, the determination will apply to the entire period of time covered by the application.

In some cases, an applicant may be found disabled as of a date following the date of SSI or SSDI application. This generally occurs when SSA is unable to find an earlier date of disability based on the medical evidence in the applicant's file. Under these circumstances, the SSA notice will state that the *date of onset* (the date that a person's disability began) is later than the date on which the person applied for benefits.

While this manual does not discuss these "partially favorable" determinations in great detail, case managers should be aware that they may occur.

In all cases, the initial determination letter will include information that explains how applicants can appeal the determination. Obviously, there are few reasons one would appeal a determination that finds an

[1] As will be discussed at length later in the manual, a person who is found disabled may have payment begin effective earlier or later than the date of application.

applicant disabled.[2] On the other hand, an applicant almost always will want to appeal a determination that finds the applicant not disabled.

When an applicant is found disabled with a later date of onset, applicants will need to decide whether or not to appeal. Filing such an appeal usually is in the applicant's best interest, since he or she will receive benefits during the appeal period. If the appeal is successful, additional retroactive benefits will be paid.

However, risk is involved. At any level of appeal, SSA can reverse its previous determination. In the case of a partially favorable determination, SSA could find, on appeal, that the applicant is not disabled at all. To avoid this risk, some people choose not to file an appeal, and they accept the partially favorable determination. Case managers should present applicants with all of their options, so the applicants can make fully informed decisions on whether or not to file appeals.

The remainder of this chapter explains what a case manager should do if the applicant is found *not* disabled. Next steps to assist an applicant who is found disabled are explained in the next chapter.

What can a case manager do when an applicant is found not disabled?

If an applicant receives an unfavorable determination, or chooses to appeal a partially favorable determination, a representative or case manager can assist with filing an appeal. This initial appeal is called a *Request for Reconsideration*.[3] The Request for Reconsideration form (SSA–561) is available from the local Social Security office or on the SSA Web site at www.socialsecurity.gov/online/forms.html.[4] It can be found under the section of the page called "other forms." An appeal also can be filed by sending a letter to SSA. The letter must have the applicant's name and Social Security number on it. It does not have to be detailed; it needs only to state that the applicant wishes to appeal the determination.

The letter or Request for Reconsideration form must be supported by a Reconsideration Disability Report. This should be submitted with release forms for any additional medical sources. These forms also are available at the SSA Web site: www.socialsecurity.gov. These forms must accompany the Request for Reconsideration for a reconsideration of medical eligibility to be accepted and processed.

[2] Applicants do, however, have the right to appeal a completely favorable decision. While this occurs rarely, when it does, the applicant is often appealing because of a mental impairment that prevents him or her from understanding the importance of receiving a stable monthly income, along with health insurance. In such a situation, a case manager should work with the applicant to explain how these benefits can be used to assist in recovery. This will usually prevent applicants from seeking to file an appeal.

[3] At the time of this writing, SSA is conducting a study in 10 states, known as Disability Prototype States, in which, rather than a reconsideration as the first step of appeal, the individual can go directly to a request for a hearing before an ALJ. In these states, there is a separate set of procedures that the DDS uses before recommending an unfavorable disability determination.

[4] At the time of this writing, the Request for Reconsideration form (SSA–561) is under review by the SSA. Be aware that differences may exist between the information contained in this manual and the current SSA rules for the reconsideration process.

How is a Request for Reconsideration filed?

A case manager should follow a number of steps in filing an appeal. These are listed below.

Copy the applicant's SSA case file

When a claim is denied, the case file is returned to the SSA office where the claim was made. The file stays there for at least 65 days, until SSA knows whether the determination will be appealed. While at the office, the file is available for copying by representatives. If a case manager has filed to be a representative, he or she should call the local SSA office and arrange to copy the file. The location and phone number of the appropriate SSA office, generally the one where the claim was filed, are listed on the denial letter.

The file should contain internal DDS documents that can give representatives an idea of the decision–making process for the applicant's claim. Case managers should look for specific documentation, including:

- A log of what the analyst and medical consultant did, including medical records requested and received, third parties spoken to, and so forth;
- Psychiatric Review Technique Form (PRTF) for applicants who allege a mental illness; and
- For applicants whose denial occurred at Step 4 or Step 5, the mental and/or physical Residual Functional Capacity (RFC) assessment forms, which are completed by the medical and psychological consultants. These forms contain a series of check boxes, showing medical and psychological symptoms and conditions that were documented, as well as the degree of functional impairment that was supported by the records. These forms also may have comments by the reviewer that provide a summary of the findings and the reasoning behind such findings.

Copying the content of the file can give the case manager an important road map to follow when trying to document disability on appeal. Once the appeal is filed, however, the case file leaves the SSA office and is returned to DDS. Be sure to copy the file before filing the appeal.

File a Request for Reconsideration

The Request for Reconsideration form is one page long. It asks the applicant's name, SSI claim number (this is usually the applicant's Social Security number), the type of claim being appealed, and briefly, the relevant reasons for filing an appeal. The form also asks for the addresses of the applicant and his or her representative.[5]

Either the applicant or a representative (who has submitted an Appointment of Representative form signed by the applicant) should sign the Request for Reconsideration form. Both can sign, but it is not necessary. If an applicant's whereabouts are not

[5] The filing period is considered to be 60 days from the date of the receipt of the letter, which SSA assumes to be five days after the letter is dated.

known at the time the form must be filed, the representative should file the Request for Reconsideration while he or she tries to contact the applicant.

Organize the appeal

For a reconsideration based on medical eligibility to be accepted and processed at the SSA office and forwarded to the DDS, additional forms must be filed. A supporting form, the Reconsideration Disability Report (SSA–3441) is required, as are several other release forms for additional medical sources listed on the Reconsideration Disability Report.

The Reconsideration Disability Report seeks updated information, in the following sections:

Section 1 asks for name and contact information.

Section 2 includes questions about changes in the severity of the applicant's illness or injury since filing the original claim.

Section 3 includes questions regarding new doctors, new hospitalizations, and new agencies accessed by the applicant.

Section 4 includes questions about any medications the applicant is taking.

Section 5 asks about any new medical tests.

Section 6 asks if the applicant has worked since the last disability report. If so, SSA will ask the applicant to provide the details on a separate form.

Section 7 asks for a description of how the applicant's impairments affect his or her ability to care for him- or herself, and any changes in daily activities.

Section 8 asks if the applicant has completed any job training or vocational school since the last disability report.

Section 9 includes information on participation in the Ticket program, vocational rehabilitation, and other support services.

Submit the paperwork

When a case manager or applicant files the Request for Reconsideration, he or she should receive a date–stamped copy from the SSA field office. This helps the applicant retain proof of the date on which an appeal was filed, in case questions arise during the process. Appeal forms also can be mailed to the SSA office, certified return receipt requested; the date–stamped copy will be sent to the applicant or representative by mail.

The Request for Reconsideration must be filed at an SSA office within 60 days of the date on which the applicant receives notice of the initial determination. SSA assumes, unless an applicant can provide evidence to the contrary, that the determination is received five days after the date printed on it.

The question of timeliness is an important one. If an appeal is not accepted because it is filed too late, the applicant may have to file a new SSI application and begin the process all over again. Therefore, when filing for reconsideration, case managers should help applicants submit the forms as quickly as possible.

Submitting a late Request for Reconsideration

People who are homeless may not see a case manager right after receiving a determination notice, may lose their notices entirely, or may

not understand their right to appeal. In such situations, a case manager should work with the applicant to submit a written statement of *good cause* for missing the 60–day deadline. If SSA finds that good cause exists for failure to file a timely Request for Reconsideration, the reconsideration will be processed as if the request were filed in a timely manner.

The Request for Reconsideration must be filed within 60 days of the date on which the applicant receives notice of the initial decision.

A statement of good cause must contain one or more reasons why the applicant did not request reconsideration within 60 days. Federal regulations require SSA to consider: (1) all the circumstances that prevented an applicant from making the request on time; and (2) whether an applicant had any physical, mental, educational, or linguistic limitations that prevented him or her from filing within 60 days, or knowing or understanding that the request needed to be filed within that time period.

Frequently, people who are homeless experience problems for which they can claim good cause under both of these categories. The most common is non-receipt of a determination due to homelessness. If an applicant was unaware that a determination had been made in his or her case, then a solid argument can be made that he or she was unaware of the need to file an appeal. Other examples of difficult circumstances include a severe illness that prevented contact with SSA; a mental illness that prevented a complete understanding of the notices; or the loss of important records due to fire, theft, or some other accident.

What can case managers do after the appeal is filed?

When a Request for Reconsideration is received by the DDS, the applicant's case file is given to a new disability examiner and medical or psychological consultant team that is responsible for making the reconsideration determination. The new team will have played no role in making the initial determination.

A case manager should communicate with the new team in the same way he or she did with the examiner who made the initial determination. To find out who composes the new team, a case manager should call the DDS.

When undertaking an appeal, it is important to know that the application can be expanded to include new diagnoses or impairments that have been identified since the original application was filed. Therefore, case managers should focus on providing not only updated information about impairments already disclosed in the initial application, but also new information about impairments that may have arisen since the initial application was filed.

For example, an individual may have filed for SSI based on depression and been denied. Since that time the applicant may have discovered that she also has diabetes. While it is important to provide the DDS with additional medical records about the individual's depression, it is equally critical to provide records relating to the newly developed medical condition.

How should case managers follow up on reconsideration decisions?

The reconsideration determination will look similar to the initial determination. It will state whether or not the applicant is disabled and will briefly list the evidence considered in making the determination. If the applicant is found not disabled, and the case manager and/or applicant continue to believe that this finding has been made in error, the case manager should work with the applicant to file a second appeal. This appeal is called a Request for Hearing by Administrative Law Judge (ALJ).

How is a request for an ALJ hearing filed?

The Request for Hearing by ALJ form (HA–501) also must be filed at any SSA office within 60 days of the date on which the applicant receives the reconsideration determination.[6] Once again, a representative can sign and file the form on behalf of an applicant. And, good cause can be found for failure to file within the filing period, as described in the previous section regarding the Request for Reconsideration. The Request for Hearing by ALJ form can be found at www.socialsecurity.gov/online/forms.html.

What happens after an ALJ hearing is requested?

Once a hearing is requested, no further contact is needed with the State DDS agency. The case file is sent to a local Social Security Office of Hearings and Appeals (OHA) immediately after a hearing is requested. However, the applicant and representative may not hear from OHA for two months or more. During this time, there is no opportunity for any substantive interaction with SSA. The best way to keep track of the case is to call the OHA. As soon as the case arrives there it will be logged into the computer system. You can get the phone number for your local OHA by calling SSA's toll free number: 1-800-772-1213.

What can be done to facilitate a favorable decision?

Once the case file reaches OHA, case managers should discuss the possibility of hiring or obtaining an attorney with the applicant. While a representative need not be an attorney, the hearing before the ALJ is much more of a legal proceeding than the earlier parts of the application and appeals process.

In many places around the country, attorneys from Federally funded legal services or local legal aid programs will represent individuals at ALJ hearings. If such a program is

[6] In certain types of cases, such as when an appeal is based on non-disability issues like income, the appeals process allows applicants to choose whether their appeal will be handled through a "case review," an "informal conference," or a "formal conference." These choices are not available in cases where the issue is based on findings related to a person's disability status.

Making the Case for an Attorney

Case managers should devote the time and effort necessary to have a hearing handled by an attorney, as a hearing is a legal proceeding. A legal services attorney will not charge a fee. Other attorneys who also have expertise in social security law will charge a fee if the case is selected. Their expertise also ensures full representation and should be seriously considered if representation by a legal services attorney is not available.

available, the applicant can be represented at no charge. The attorneys and paralegals in these offices typically are skilled in preparing for and attending disability hearings. A list of Federally funded legal services programs is available at www.lsc.gov. In addition, most local SSA offices have a list of legal aid services available to the beneficiaries. A claims representative can provide a copy of the list. If a legal services or legal aid attorney cannot be found to handle the claim, the applicant may consider hiring a private attorney.

What are the pros and cons of hiring a private attorney?

Private attorneys typically represent people on a contingency basis. This means the attorney will get paid only if the claim is successful. If the claim is unsuccessful, the applicant will not owe the attorney anything. For this reason, private attorneys often will not take a case unless it is a strong one. Therefore, consulting a private attorney can provide good information about whether the applicant has a strong case or not.

If a claim is successful, under SSA rules, a representative may ask SSA for approval of a fee not to exceed 25 percent of past due benefits or $5300, whichever is less. Thus, if an applicant is eligible to receive back benefits of $10,000, the attorney can charge up to $2,500. While this reduces the amount of funds available for an individual, it is sometimes worth the price since it can improve the likelihood that an applicant will be found eligible for benefits (and obtain any health insurance benefits to which he or she may be entitled).

If an attorney takes the case, what should the case manager's role be?

If the applicant obtains an attorney, the attorney should become the applicant's representative, taking over this role from the case manager. This can be done by having the attorney complete and submit a new Appointment of Representative form. The case manager should take the steps needed to allow the attorney to take the lead in handling the case. However, as someone with detailed knowledge of the applicant and the case, the case manager should provide the attorney with all the necessary information to proceed and should consider serving as a witness at the hearing.

What if the applicant decides against having an attorney?

If the applicant decides against having an attorney or is unable to find one to take the case, it is important to understand that a case manager is still permitted to represent the applicant under SSA rules. One positive aspect of not retaining a lawyer is not having to pay a fee. On the other hand, a case manager should be aware that representatives cannot serve as witnesses at the hearing. Since the case manager may have the best understanding of the case, this might present a problem.

The balance of this chapter explains the remainder of the SSA appeals process, discussing the ALJ hearing level in some detail for case managers who represent applicants at this level. Less detail will be provided about the Appeals Council and the U.S. Federal courts, the two appeal levels following an ALJ hearing. Since representation by an attorney typically is recommended at ALJ hearings, it is also important for such representation to continue at the Appeals Council. Further, if the case goes to Federal court, a claimant is required to have attorney representation.

How can a case manager prepare for a hearing?

Representing a client in a legal proceeding is probably beyond the scope of responsibilities for most case managers. Therefore, it is important that the case manager know what to expect should he or she choose to take on that role.

What should a case manager do before the hearing?

Once a representative knows that a particular claim is at the OHA, he or she should find out the name of the judge who will be handling the case, as well as the name of the judge's hearing assistant. That may not happen immediately: Sometimes cases are not assigned for several months after they arrive at an OHA. Once the case has been assigned, the representative should contact the judge's hearing assistant to let that person know that he or she will be representing the applicant, usually referred to as the *claimant*, once a claim is filed.

After a claim file arrives at OHA, it is reorganized into a hearing file. Each piece of medical or other evidence in the hearing file is labeled as a separate exhibit so it can be referred to at the hearing. The ALJ will consider only documents associated with the hearing file.

As soon as possible, a case manager should go to OHA and arrange to copy the file. This will ensure that the case manager knows exactly what is included in the record, and can make sure that any known evidence that is not in the file is submitted in a timely fashion.

If new medical records or other evidence need to be submitted, the representative should do so in a way that provides verification that the materials were received. The representative also should submit a letter outlining the medical and legal reasons why the claimant should be found disabled. All evidence should be addressed to the judge, although once it gets to the hearing office, it will be given to the hearing assistant to place in the case file.

Case managers should submit any new medical records prior to a hearing. Records can also be submitted at the time of the hearing and these must be accepted, even though some judges may express initial reluctance to do so. If the records are recent, most judges will not object.

Immediately prior to a hearing, the representative should review the file again to determine what is in it. Items may be missing, in which case the representative will need to resubmit them. Also, the OHA may have records or information in the file of which the representative may not be aware. It is very important that a representative review this information so he or she is not surprised by anything at the hearing.

The amount of time it takes to schedule a hearing varies by OHA. The OHA is required to provide 20 days notice before a hearing is scheduled. Occasionally, a decision can be made without a hearing, based on the medical evidence in the file and the strength of the evidence.

Preparing claimants for hearings

Many claimants have had prior negative interactions with judges that concluded with their incarceration or involuntary commitment to a psychiatric hospital. Therefore, representatives should explain to applicants what to expect. Most hearings are held in small conference rooms or courtrooms; the judge sits on a bench above where the claimant sits. Remind the client that ALJs do not have the authority, at the hearing, to incarcerate or order medical treatment. It is important that clients understand this before their hearings, so that they feel free to speak candidly about all of their mental and physical impairments.

What is the representative's role at the hearing?

At a hearing, the representative may have several responsibilities. A representative should be prepared to take any of the following actions:

- Make an opening statement, citing the specific reasons why the claimant is disabled. The statement should include references to the medical and other evidence that has been submitted.
- Stay quiet while the judge elicits information through direct questioning of the claimant.
- Make a closing statement, intended to persuade the ALJ with the same type of summary given during an opening statement.
- Question the claimant, and any other witnesses, to present the facts that should be highlighted.

What should a representative know about testimony?

In preparing for a hearing, it is important to remember that testimony is intended to expand on the information in the medical records and other evidence. This makes it an invaluable part of any case. When preparing a claimant or another witness to testify, the most important thing is to ensure the claimant's medical limitations are explained as well as possible, without exaggerating. If a claimant exaggerates, the ALJ may find that the testimony is not credible. In such a case, the claim may be denied, even if the medical records and other evidence arguably could support a finding of disability.

The first witness usually will be the claimant. If the claimant is a child, the ALJ may or may not ask him or her to testify, depending on age and ability to provide relevant information. When a child claimant does not testify, a parent typically testifies instead.

When questioning the claimant, or any other witness, hearing rules are not as strict as courtroom rules. However, representatives should be careful not to use leading questions. For example, a proper question is *"You have been diagnosed with depression. On a day when you are feeling depressed, can you describe for me all of the daily activities that you perform?"* It would be improper to ask, *"Isn't it right that on most days, you are stuck at home not doing anything because you are depressed?"* Representatives also should avoid questions that result only in "yes" or "no" answers.

In most cases, other witnesses will include people who know the claimant and see the claimant frequently, people who can testify about his or her daily activities and apparent limitations. However, on rare occasions, a representative may want the claimant's doctor or psychiatrist to testify at the hearing. Typically, a doctor will write a letter; however, if a case is extremely complicated, and the doctor is available, it may be useful to have him or her testify.

Witnesses are especially useful to corroborate key points of the claimant's testimony. However, they must be asked only about matters within their knowledge. For example, it is improper to ask about how much the claimant's back hurts, since the witness cannot have personal knowledge of someone else's back pain and its severity. It would be equally improper to ask a doctor to corroborate a claimant's testimony that he or she takes two–hour naps each day, since the doctor does not see the claimant every day and could not specifically corroborate that the claimant, in fact, takes naps. However, the doctor could testify to whether someone with the claimant's condition might need or want to take two–hour naps.

Medical expert testimony

If the judge deems it necessary, a medical and/or vocational expert will be present at the hearing. The hearing notice will indicate whether the judge is asking experts to be at the hearing. After the claimant and witnesses have testified, the experts will testify.

The job of the medical expert (ME) is to assess all the medical evidence in the case file, as well as the testimony of the claimant and other witnesses. Based on that information, the ME first gives an opinion about whether or not the claimant has a condition that meets or equals any of the SSA listings. If the ME states the claimant meets or equals a listing, the ALJ almost always will stop the hearing and allow the claim. However, because the ALJ is the ultimate decision–maker, he or she is not required to do so.

If the ALJ does not accept the opinion of the ME that the claimant meets or equal a listing, or if the ME's opinion is that the claimant does not meet or equal a listing, the ALJ will ask the ME for an opinion about the claimant's residual functional capacity (RFC). As discussed in Chapter 5, RFC is the claimant's ability to work in relation to his or her previous capacity—for example, it covers

how many hours per work day a claimant could sit, stand, or walk. If the ME's opinion is that a claimant's RFC is so restrictive that he or she is clearly unable to work, the ALJ may stop the hearing and make a finding that the claimant is disabled.

However, if the testimony provided does not result in an ALJ finding that the claimant is disabled, the representative should cross–examine the ME. In the questioning, the representative should review the evidence that suggests the claimant is disabled and make the ME acknowledge it and explain why he or she is not crediting it. It is important to refer to both medical records and medical opinion letters in the case file. It also is critical to ask the ME why he or she has determined that the claimant does not meet a listing or that the claimant has a particular RFC, despite the evidence to the contrary.

Vocational expert testimony

A vocational expert (VE) provides the ALJ with an opinion about whether a hypothetical claimant is able to work based on his or her knowledge about the effect of various vocational factors and functional limitations on the ability to perform work. The VE bases his or her opinion on the RFC provided by the ALJ; the *Dictionary of Occupational Titles* (a Department of Labor publication that describes how occupations are performed in the national economy); other reliable sources of vocational information; professional expertise; and a variety of non-medical factors such as age, education, work history, ability to communicate in English, and transferable job skills. VEs are necessary particularly when a claimant has non-exertional impairments, which can make use of the grids more subjective.

A VE is questioned in a very specific manner. First, the judge will present the VE with one or more hypotheticals, based on the age, work history, and the documented medical and/or vocational impairments of the claimant. For example, a judge will ask:

> *Are there any jobs available in the national economy for a 47–year–old male, with an RFC of less than a full range of sedentary work because he cannot sit for more than 30 minutes without severe pain, cannot stand up for more than 10 minutes without having to sit down, cannot walk for more than one block before needing to sit down and rest, and cannot concentrate for more than an hour at a time because of depression?"*

If the VE says that a person with those limitations cannot perform any jobs, there is no need for further questioning, because he or she has provided a favorable response likely to result in a finding of disability.

However, if the VE says there are jobs that the hypothetical individual can do, the representative cross–examines the VE. This should focus on two things. First, the representative needs to ensure that the judge's initial hypothetical included all of the claimant's impairment–related limitations and restrictions. If not, the representative should ask: *"Of the five jobs just mentioned, could the claimant still do them if she had the following additional limitations and restrictions?"* Then, the representative should

list the additional limitations and restrictions that were not included in the judge's original instruction. If the VE says that there are no jobs that the claimant can do with the additional limitations, cross–examination should be ended.

If the representative has added all of the claimant's limitations, and the VE still identifies jobs available, the representative must try to prove that the claimant cannot do the specific jobs listed by the VE. To do so, the representative should ask the VE to describe the jobs and the skills involved with those jobs. The representative should question the VE about how someone with the claimant's particular limitations could perform the tasks associated with that job.

In this type of questioning, one important factor to consider is the number of consecutive hours the claimant is capable of sitting, standing, and walking. If a claimant cannot perform a job full–time, he or she is not able to perform that job. Ultimately, if the VE concludes the claimant cannot do any jobs, the examination has been a success. However, even if the VE does not concede this point, the ALJ sometimes will rule for the claimant. Since the ALJ has decision–making authority, a favorable decision can be issued, even after a VE states that there are jobs that the claimant can do.

Closing the hearing

At the close of the hearing, the ALJ should provide the representative with a brief opportunity to make a closing statement. The closing statement is a very short summary of why the representative believes that the claimant is disabled. The representative should take advantage of it.

The only other thing that might occur at the close of the hearing is a request for additional information or medical tests. This may arise because the representative has persuaded the judge to hold the record open for a limited period while the representative tries to obtain an additional specified piece of evidence, or because the judge has determined additional evidence is necessary. After these requests are honored, the hearing will be closed.

How to read and understand the ALJ's decision

Unlike the decisions at the initial and reconsideration stages, the ALJ's decision will be lengthy. The decision typically comes with a cover page. The top of that cover page will read "Fully Favorable," "Partially Favorable," or "Unfavorable." An unfavorable decision means it has been determined the claimant is not disabled.

If the decision for SSI eligibility is fully favorable, the claimant's file will be forwarded to the local SSA office; the claimant will be asked to come in for a new financial eligibility determination. The financial eligibility determination is important, since it sets the amount of both retroactive and ongoing SSI benefits the claimant will receive. This will be discussed in more detail later.

If the decision is partially favorable or unfavorable, it can be appealed to the Appeals Council (AC) by filing a Request for Review of Hearing Decision/Order (HA–520) or by writing a letter to SSA. As with other SSA forms, the Request for Review is available at www.socialsecurity.gov, and it must be filed within 60 days of the date printed

on the OHA hearing decision (the 60 day filing period plus the five–day period SSA assumes for delivery of the decision). Either the Request for Review form or a letter must be submitted within the same time frame. Whichever method is chosen, it needs to state the claimant disagrees with the decision and wishes to appeal based on relevant information. The form or the letter can be filed at the local SSA office, the Appeals Council, or the OHA. However, it often is most efficient to file it at the local SSA office where an applicant has a known contact.

Deciding whether to appeal a partially favorable decision

As previously mentioned, partially favorable decisions are less common than full approvals or denials, but they may occur for a variety of reasons. Generally, they involve a finding that the applicant's disability began later than the date stated in the application or that the applicant's disability stopped a certain period of time after the date of application. The question of whether to appeal a partially favorable decision depends on how the decision is written and the applicant's priorities.

One important consideration when considering appeal is that, while rare, a partially favorable SSI decision that is appealed could become an unfavorable decision on appeal. The risk, although not high, is real and considerable. Some applicants may feel that it is worth accepting a partially favorable decision, which provides SSI benefits and Medicaid, rather than risking a reversal at the time of appeal To help evaluate the risk, claimants may consider consulting an attorney before deciding whether to appeal a partially favorable decision.

When should the Appeals Council or Federal Court be used?

The right to file an appeal to the Appeals Council (AC) is absolute. The AC looks at every request for a review, but grants review only where: (1) there appears to be an abuse of discretion by the ALJ; (2) there is an error of law; or (3) the action, findings, or conclusions of the ALJ are not supported by substantial evidence. If a claim does not meet one of these criteria, the AC will not review it.

Because this is a complicated standard, case managers should not continue as representatives once a claim gets to the AC. If a case manager believes that an ALJ decision was wrongfully made, he or she should help the client file an appeal, and then work to find an attorney, or a more experienced non–attorney representative, to review the claim and determine if there are grounds for pursuing the appeal.

When a case reaches the AC, SSA rules allow the claimant to file a new application for benefits, while still pursuing the appeal. This is beneficial for many claimants whose conditions may have worsened since filing the original application. Filing a new application sometimes may result in a favorable decision that provides the claimant with ongoing benefits, while still permitting an appeal in the hope of obtaining retroactive benefits.

If a claim is denied at the AC, an appeal can be filed in Federal court. Any Federal court appeal must be handled by an attorney. Further discussion of Federal court appeals is beyond the scope of this manual.

Summary

SSA offers applicants a number of opportunities to appeal unfavorable and partially favorable decisions. Once an appeal is pursued beyond reconsideration, the first decision an applicant must make is whether to retain an attorney. If an applicant decides to hire an attorney, case managers can still serve an important role. As the person most knowledgeable about the claim (other than the applicant), a case manager can help an attorney organize a case. He or she can also serve as a witness. Additionally, the case manager provides ongoing contact with the applicant throughout the appeals process.

If an applicant decides not to hire an attorney, the case manager can continue to serve as the applicant's representative. In this role, the case manager can help with everything from filing the request for reconsideration to cross–examining witnesses during the hearing.

In the event that the applicant still has an unfavorable determination after the first appeal, he or she can file another appeal with the Appeals Council. Again, a case manager can be helpful by assisting with filing the appeal. However, at this point the case manager should strongly recommend to the applicant that he or she engage an attorney.

CHAPTER 8

What To Do When Benefits Are Approved

This chapter and the two chapters that follow look at how to assist an applicant to obtain benefits promptly once he or she is found disabled. In particular, this chapter covers the post-eligibility interview and the payment of retroactive benefits. Since SSDI beneficiaries do not have to provide evidence of their income and resources, most of the material in this chapter applies only to individuals who receive at least one dollar of SSI.

How will a case manager know a determination has been made?

Generally an applicant and his or her representative will receive a notice reporting a determination decision. Even if a case manager calls an SSA representative and hears that a claim has been approved, it is important to wait for official written approval from SSA before telling an applicant. Though records available to SSA field office might show the application was approved, the determination may be pending review by SSA quality review staff. If this is the case, quality review staff may review the medical decision and determine that the decision should be changed. Therefore, receipt of an official written notice of approval from SSA is necessary before informing applicants that they will be receiving SSI.

What happens after a favorable determination?

After a fully favorable decision has been made, the case manager should assist the applicant with the steps necessary for him or her to begin receiving benefits.

Verifying the onset date of a fully favorable decision

When reviewing a fully favorable decision, the first thing case managers should do is verify the onset date: the day SSA determined the applicant became disabled. In a fully favorable SSI decision, this date should correspond to the date on which the applicant filed his or her claim (the protective filing date or date of application). Generally, this is a formality. However, in the rare case in which the dates do not match, case managers need to determine the cause of the discrepancy.

If the onset date is earlier than the date of application, the claim could actually be a combined SSDI and SSI claim. Alternatively, the applicant could have made a prior application of which the representative was unaware, that was re-opened by the judge and took precedence over the more recent application. Both of those scenarios are good for the applicant, as they may result in receiving additional retroactive benefits.

However, if the onset date listed in a fully favorable decision is later than the date of application for SSI, then a mistake probably has been made somewhere within the ALJ's office. In this situation, the first step is to contact the ALJ's office and to speak with the judge's assistant. The assistant can check the judge's notes to determine what the judge intended when making the decision.

If the assistant concludes the judge made a clerical error, SSA regulations allow the judge to correct the error and issue a new decision. The case manager should send a letter for the case file requesting that the clerical error be corrected. This ensures that the agreement to correct the error is documented in writing in case there is a future dispute. If the corrected decision is not forthcoming, a printed record exists of the agreement to issue it.

Determining the date on which the applicant is first eligible to receive benefits.

Under SSI, benefits are payable starting with the first day of the month following the onset date. So if the SSI onset date is July 2, 2002, benefits are payable as of August 1, 2002. When the beneficiary will be receiving SSDI, however, benefits are payable beginning five months later. Thus, with a July 2, 2002, onset date, benefits will be paid starting January 1, 2003.

Attending an SSA office interview

Once an applicant has received a favorable decision and begins receiving benefits, he or she is referred to as the recipient instead of the applicant. Before benefits can be issued, however, the recipient must have an interview at the local SSA office to determine how much in retroactive and ongoing benefits he or she is eligible to receive. This determination is based on the person's income and resources from the date of application for SSI through the date of the interview, or the date on which all required non-medical documents were obtained. The interview is used to obtain information from the recipient that will enable SSA to make the correct calculation.

Preparing for the office interview

Soon after the applicant receives a fully favorable decision, the SSA office sends a letter setting up the interview. It is sometimes possible to accelerate this process. When a recipient receives a fully favorable decision, he or she can take the decision to the local SSA office. The local office either can interview the person right away or set up a future appointment.

To prepare for the interview, the recipient should get copies of any financial information relevant to his or her income and resources, dating back to the time when the application was filed. For example, he or she will need documentation of any earned or unearned income, as well as other financial records, such as bank statements. The recipient also will need to document any money that was received. The best form of documentation is written records or statements from employers or banks. Original documents must be brought in. The claims

A Model Letter to an ALJ's Assistant

Thank you for discussing the case of Mr. Smith with me yesterday. As we determined during that conversation, the onset date listed in Mr. Smith's fully favorable decision is incorrect. You informed me that this problem was due to a clerical error in your office. To resolve this matter, you agreed to issue a new decision, containing the correct onset date (provide date). I look forward to receiving this new decision shortly.

representative will photocopy them and certify the copies with an SSA date stamp and signature. If original documents are not available, however, a case manager should not hesitate to bring copies and explain the situation.

This information sometimes is difficult for people who are homeless to obtain. It is critical for case managers to work with recipients who are homeless to get all the information that can be collected before the interview, to ensure that the recipient receives the benefits to which he or she is entitled (see Chapter 4 for more details about how to document financial eligibility for SSI).

At the interview, the recipient will be asked to present the financial information. Case managers should attend this interview to help recipients with the presentation. Ideally, after the recipient provides financial documents, the claims representative will tell the recipient how much money he or she can expect to receive in retroactive benefits, if applicable, and in ongoing monthly benefit checks. If additional information is needed, the claims representative should provide the applicant with a written list of all information that must be collected.

How can case managers be sure that calculations are correct?

To determine if SSA is awarding the correct amount of retroactive and ongoing benefits, case managers should gain a general idea of the monthly SSI amount by using the SSI income/resource and living arrangements guidelines provided in the SSA handbook. However, these amounts are subject to change due to annual cost of living increase adjustments, as well as to the living arrangements, resources, and monthly income (earned and unearned) of the applicant.

Calculating the correct amount of retroactive benefits

The calculation of retroactive benefits can be performed with the following information:

- Onset date (or protective filing date);
- Type of living arrangement;
- Type of income and resources;
- Maximum monthly SSI benefit for each year since the onset date; and
- Amount of any deductions from the maximum benefit, for any month since the onset date.

For example, if a recipient, living alone, applied for SSI in January 2002 and received a fully favorable decision at the appeal level in March 2003, the recipient would be eligible for benefits beginning in February 2002. SSI benefits are payable beginning the first day of the month following the month of application, if all other non-medical requirements are met. Retroactive benefits would change if, from the date of application, the recipient had a friend give her $100 every month to assist with the rental expense, and that friend was only going to give her $50 per month after she began receiving her SSI checks. Retroactive benefits would be calculated as follows:

- For 2002, the maximum monthly SSI benefit was $545. For each month in 2002 during which the recipient received $100 in cash from a third party, this cash would be deducted from the maximum monthly benefit, minus the monthly unearned income disregard of $20. Therefore, a total of $80 per month would be deducted from the maximum monthly benefit. This amount would be multiplied by 11, the number of months in 2002 during which the recipient was eligible for SSI. Doing this calculation provides the amount of retroactive benefits due to the recipient for all of 2002. Here is the math:

  - Monthly SSI benefit in 2002 = $545
  - Deduct $100 monthly unearned income from friend = $445
  - Add $20 income disregard = $465 benefits due per month
  - Multiply by number of months benefits due = $465 × 11 = $5,115
  - Total retroactive benefits due for 2002 = $5,115

- For 2003, the maximum monthly benefit was $552; the number of eligible months would be five, if the recipient is to be paid through the end of May.[1] So, the math would be as follows:

  - Monthly SSI benefit in 2003 = $552
  - Deduct $100 monthly unearned income from friend = $452
  - Add $20 income disregard = $472 benefits due per month
  - Multiply by number of months benefits due = $472 × 5 = $2,360
  - Total retroactive benefits due for 2003 = $2,360

- The total amount of retroactive benefits due would be $5,115 + 2,360 = $7,475.

Calculating the correct amount of ongoing benefits

Ongoing benefits are calculated in much the same way. Under the above example, the maximum monthly SSI benefit for 2003 was $552. The recipient is getting $50 in cash per month from a friend. There is a $20

[1] While the example states that a favorable decision was received in March 2003, it is assumed that SSA will take several months to process the retroactive payment. Therefore, the months of April and May are included in the retroactive payment calculation.

unearned income disregard. Therefore, the recipient's monthly benefit would be ($552 – ($50-$20)) = $552 – $30 = $522.[2]

How are retroactive benefits paid?

Retroactive payments are made through lump–sum checks. Payment is made in one, two, or three installments, depending on the amount due. The rule of thumb is that benefits less than 12 times the Federal Benefit Rate (FBR) plus any State supplement are paid in a single installment, as soon as an applicant is found disabled and determined to be financially eligible for SSI. Benefits between 12 and 24 times this amount are paid in two installments, with the first installment being 12 times the FBR plus State supplement, and the second installment for the balance. That check is issued six months after the first one. Benefits over 24 times this amount are paid in three installments. The first two installments are each in the amount of 12 times the FBR plus supplement; the third installment covers the balance. A third installment, if necessary, would be made six months after the second payment. All remaining benefits are paid in the third installment.

Several exceptions are made to the rule on installment payments. First, installment payments do not apply if a recipient has a medical impairment expected to result in death within twelve months or if the recipient is ineligible for SSI benefits and is expected to remain ineligible for the next twelve months. Under such circumstances, recipients receive all benefits in a single lump–sum check. Second, the amount of any installment payment can be increased by the amount of an applicant's total "outstanding debt for food, clothing, shelter, or medically necessary services, supplies or equipment, or medicine." Third, the amount of an installment payment can be increased by "current or anticipated expenses in the near future for medically necessary services, supplies or equipment, or medicine, or for the purchase of a home."[3]

Many people who are homeless have debts for food, clothing, shelter, medical care, and/or medicine. When meeting with applicants who have been found disabled, case managers should get information about any of these kinds of debts. If the applicant is to receive retroactive benefits in more than one installment, the case manager can have the initial installment raised by the amount of the debts by presenting this information to SSA. This could eliminate the need for a second installment.

When a claimant is entitled to both SSDI and SSI benefits, SSA utilizes a windfall offset provision to ensure that the claimant receives the correct amount of retroactive benefits. For example, if a claimant is entitled to $220 per month in SSDI, $200 would be counted and that claimant would be entitled to only $352 per month in SSI (for calendar year 2003). This would bring the claimant up to the Federal Benefit Rate for 2003 of $552.

[2] This example would not apply in all situations involving unearned income. In the example above, if the friend paid the $50 directly to the landlord, or if "deemers" were involved (see Chapter 4), the calculation would be different.

[3] 20 C.F.R. 416.545.

An Example of a Retroactive Benefit Payment

Suppose that the Federal Benefit Rate for all retroactive months is $552, and the State supplement is $48, for a total of $600. A check for up to $7200 (i.e., $600 × 12) would be paid immediately in one installment. A check for an amount between $7,200 and $14,400 would be paid in two installments—one for $7,200, and another six months later, for the balance. A check for more than $14,400 would be paid in three installments—two installments of $7,200 (separated by six months) and a final installment six months after the second, which would contain the balance due.

The claimant would not be allowed to collect a "windfall" by receiving a full monthly SSI payment of $552 plus the $220 in SSDI, for a total of $772.

If the payment appears to be too low

Before SSA sends out a retroactive benefits check or begins to make ongoing monthly payments, a notice is mailed to the recipient and to that person's representative, explaining how retroactive and ongoing benefits totals were calculated. Sometimes, the case manager's calculation of the retroactive and/or ongoing benefits due is higher than the amount that SSA asserts is due. In such a situation, case managers should understand that this SSA notice can be appealed within 60 days of receipt by the recipient or his or her representative.

The best way to handle such a situation is to schedule another interview appointment for the recipient at the local SSA office. The case manager should attend that appointment, at which he or she should request an explanation of retroactive or ongoing benefits calculations. If the case manager can show SSA staff that an error was made, the benefit will be recalculated to determine if more money is due the applicant.

The representative should be aware that asking for a recalculation could result in a decrease in monthly SSI benefits. SSA has a right to correct the error even though it may adversely affect the recipient. However, the recipient has the right to request an appeal and/or file a waiver on the overpayment.

If SSA does not believe an error was made, but the recipient and case manager continue to believe otherwise, the Request for Reconsideration form, as discussed in Chapter 7, should be completed and submitted to the local SSA office within 60 days of the decision. When filing for reconsideration over a financial issue, the recipient is entitled to ask for a formal meeting at the local SSA office. Requesting this type of meeting is strongly recommended. At the meeting, the recipient should be prepared to bring any papers or other evidence showing that he or she may be entitled to additional benefits. If the reconsideration decision is not favorable, the

recipient can appeal to an ALJ, then to the SSA Appeals Council and, finally to Federal court, just as in a case where the issue is proving disability.

If the payment appears to be too high

At times, a case manager's calculation of the retroactive benefits due may be lower than the amount that SSA states is owed to the recipient. If the case manager believes SSA has overstated the payment due the recipient, the case manager should discuss the situation immediately with the recipient. An overpayment is not a windfall that can be kept by the recipient without penalty. The case manager should advise the recipient to make arrangements to rectify the award. These funds frequently are reclaimed by SSA, and the recipient will need to be prepared to return the funds. More information about overpayment is discussed in Chapter 10.

How should retroactive benefits be spent?

The SSI resource limit is $2,000 for an individual and $3,000 for a couple. Once retroactive benefit checks are received from SSA, the cash received is not counted as a resource for the first nine months. To qualify for this exception, however, the funds must be kept separate from other money. Practically, this means that spending money from a retroactive SSI check should be tracked separately from other funds. The recipient should keep a complete, detailed record of when, where, and on what the money was spent.

Having unspent retroactive benefits after nine months should not be a problem for a person who is homeless, since he or she is likely to need items like food, clothing, and shelter—all of which can be expensive. Additionally, these funds can be spent on household goods and other personal items. Under SSA regulations, household goods worth up to $2,000 are excluded as resources, and in practice, SSA rarely verifies the worth of household goods. Also, retroactive benefits can be used to purchase an excluded resource, such as a car. Retroactive benefits can be spent on all of these things, and on many other things, in order to bring a bank account balance below the SSI resource limit.

Case managers should be aware that when funds are used to rent an apartment, they also can be used to prepay rent for months in advance. While most landlords require only a month's rent plus a security deposit, typically landlords are more than happy to accept prepaid rent for additional months. Prepaying rent can reduce the amount of assets a person has to put him or her under the resource limits.

Whenever retroactive benefits are deposited, transferred, or spent, receipts should be kept to show SSA how funds were moved or disposed, if ever required. Case managers should work with recipients to make sure they can account for the use of retroactive payments to ensure that monthly benefit payments are not cut off due to excess resources. For more information about income and resource rules, including transfers and exclusions, refer back to Chapter 4.

Summary

Even after applicants are informed that their disability claims are approved, case managers still play a major role. The interview subsequent to the approval notice will determine how much money recipients are paid in retroactive and ongoing benefits. It is a crucial process during which case managers can be of assistance to recipients. Case managers can help obtain and organize financial documents, as well as work with the recipient and the claims representative to ensure all calculations are done correctly.

CHAPTER 9

Representative Payees

This chapter explores several important provisions regarding representative payees, including when a representative payee is needed, how a payee is selected, the responsibilities of a payee, and how payees can be changed. It also provides information about when and how a person can begin to receive his or her own benefits. Much of this chapter was abstracted from the SSA Handbook, which provides guidance about these and many other issues related to representative payees.[1]

What is a representative payee?

A representative payee is an individual, agency, organization, or institution that SSA selects to receive and manage benefits on behalf of an incapable or legally incompetent beneficiary. When evidence suggests a beneficiary is unable to manage or direct management of benefit payments in his or her own best interests, representative payment may be made. SSA assumes that all adult beneficiaries have the right to manage their own benefit payments. However, if it is determined that a person is in need of a representative payee, the person or organization best suited to serve as the payee is selected.

When does SSA appoint a representative payee?

SSA appoints a representative payee when the Agency determines that a beneficiary is unable to manage or direct someone else in the management of his or her benefit payments. SSA regulations state that a representative payee is required when a beneficiary is: (1) a minor child under age 15; (2) a legally incompetent adult; or (3) mentally or physically incapable of managing benefit payments or directing the management of his or her benefits.

Legal incompetence

Legal incompetence can be determined only by a court after a judicial proceeding; it cannot be determined by SSA. The

[1] The Handbook can be found at: www.socialsecurity.gov/OP_Home/handbook/handbook.16/handbook-toc16.html.

determination that a person is legally incompetent results in the court's appointment of a guardian. SSA relies on the decision of the court and appoints a representative payee for any beneficiary who has been declared legally incompetent—even if the beneficiary was managing his or her benefits successfully. Of course, circumstances may change and the court subsequently may re-assess competence and find the beneficiary competent. In that case, as explained later in this chapter, SSA may resume direct payment.

Mental and physical incapability

Unless a court has determined a recipient is incompetent to manage SSI payments, mental and physical incapability is determined by SSA based on medical evidence, SSA's own observations of the beneficiary's behavior, and statements from relatives, friends, and others who have known and observed the beneficiary. If a case manager believes that a client is mentally or physically not capable of managing or directing the management of his or her own benefit, he or she should notify SSA, so that SSA can determine incapability and consider appointing a representative payee.

Not every applicant who is found disabled due to a mental impairment requires a representative payee. A payee is necessary only if a beneficiary is found unable to use money in his or her own best interest. Typically, this is limited to people unable to manage or direct someone else to manage their money due to delusions, impulse control problems, or recent histories of drug or alcohol abuse. However, if the beneficiary continually has been managing benefits successfully, SSA has the option to allow the beneficiary to continue to receive the benefit check directly.

What are the responsibilities of representative payees?

The responsibilities of a representative payee are to:

- Determine the beneficiary's current financial needs and save the remainder for the beneficiary's future use;
- Apply the benefit payments only for the beneficiary's use and welfare;
- Maintain a continuing awareness of the beneficiary's needs and condition;
- Notify SSA of any change in the payee's circumstances that would affect performance of the payee responsibilities;
- Report any event that would affect the amount of benefits the beneficiary receives or the right of the beneficiary to receive benefits from SSA; and
- Report on the use of the benefits, when requested to do so, and make all supporting records available for review, if requested by SSA.

Funds received on behalf of the beneficiary should be maintained separately from all other funds in the possession of the payee, including his or her own money. Any money deposited in a bank should be kept in a separate account and titled to show the beneficiary's ownership of the account.

Responsibilities of representative payees are limited to managing the Social Security benefits received by the beneficiary.

Designation as a representative payee does not confer any other legal rights or responsibilities.

If a payee fails to carry out his or her duties, or if there is an abuse of the authority vested in him or her, SSA may reach a decision that the payee no longer is entitled to serve in that role.

What expenditures does SSA deem appropriate?

A representative payee must apply the payments for the use and benefit of the entitled individual. Social Security and/or SSI benefits are properly disbursed if they are:

- Spent for the beneficiary's current and reasonably foreseeable needs; or
- Saved or invested for the beneficiary, after current needs have been met.

Current needs are defined as shelter, food, clothing, utilities, medical care and insurance, dental care, personal hygiene, education, and the rehabilitation expenses of disabled beneficiaries. Representative payees also may use funds to pay the beneficiary's pre-existing debts, but only after all current needs have been met. Any additional funds should be invested or saved. Preferred investments are U.S. Savings bonds, or interest bearing bank accounts. Investments such as stocks and other types of bonds are discouraged.

All invested funds must be monitored to ensure that the beneficiary's income or assets do not exceed the SSI income or resource guidelines. If it becomes necessary to take action to reduce the assets of an SSI recipient, case managers should refer to Chapter 4 for guidelines regarding asset expenditure.

How does a payee account for benefit payments?

SSA sends a Representative Payee Report form to each payee once a year asking:

- The amount of benefit payments on hand at the beginning of the accounting period plus that received during the period;
- How the benefit payments were used;
- How much of the benefit payments were saved and how the savings were invested;
- Where the beneficiary lived during the accounting period; and
- The amount of the beneficiary's income from other sources during the accounting period.[2]

A payee must submit this information in a timely manner or provide a good reason for not doing so.

If a case manager believes a representative payee is not acting in the best interests of a beneficiary, he or she should report it to SSA. This information can provide the basis for SSA to ask for such an accounting or to decide whether to change payees.

[2] 20 C.F.R. 416.665.

Who can be a representative payee?

In selecting a representative payee, SSA looks for the "person, agency, organization, or institution that will best serve the interest of the beneficiary." When choosing a payee, SSA considers the:

- Prospective payee's relationship with the beneficiary;
- Amount of interest the payee has shown in the beneficiary;
- Any legal authority that the payee may have over the beneficiary;
- Whether the payee has custody of the beneficiary; and
- Whether the payee is in a position to understand and look after the beneficiary's needs.

In most cases, the order of preference in selecting a payee for a beneficiary, age 18 or over, is—

- A spouse, parent, other relative, or legal guardian who has custody of the beneficiary, or who shows a strong concern for the personal welfare of the beneficiary;
- A friend who has custody of the beneficiary;
- A public or nonprofit agency or institution, Federal institution, or a statutory guardian or voluntary conservator that has custody;
- A private institution operated for profit and licensed under State law that has custody of the beneficiary;
- People other than the above who can carry out the responsibilities of a payee and who are able and willing to serve as a payee for a beneficiary (e.g., members of community groups or organizations who volunteer to serve as a payee for a beneficiary);
- A friend without custody, but who demonstrates a strong concern for the personal welfare of the beneficiary; or
- An organization that charges a fee for its service.

SSA uses the preference list as a guide and is not required to follow this order of preference, if doing so would not serve the beneficiary's best interest.

In some cases, a beneficiary may ask that SSA appoint as representative payee, a friend, family member, or guardian who is not necessarily the best choice. A case manager is in a unique position to identify this potential misstep since he or she often knows the client best. The case manager should suggest to both the applicant and SSA alternative people or agencies to serve as the representative payee. If the case manager has completed a SSA–1696 Appointment of Representative form, this recommendation can be made to SSA (if absolutely necessary) without the client's permission. This should occur only in situations when the case manager feels the client's funds will be misused by the representative he or she has named.

In light of SSA's stated preferences, case managers and the organizations they represent effectively are the payees of last resort. If a beneficiary does not have a family member or friend to serve as a payee, and the beneficiary is not in the custody of an institution that can be his or her payee, then a case manager or other homeless program staff person may apply to serve in that role.

What rights does a beneficiary have?

Beneficiaries have formal appeal rights in a number of areas related to representative payees, including the right to appeal the decision to appoint a payee; the right to appeal the payee selection; and the right to appeal with respect to a misuse of benefits determination.

Challenging the decision to require a representative payee

It is not unusual for a beneficiary determined to be in need of a representative payee to object to that requirement. Several approaches can be taken to challenge a decision:

- Challenges at the time the decision is made. When SSA determines a representative payee is necessary, they are required to notify the beneficiary before effectuating the decision. In the notice, SSA will state the intention to appoint a representative payee.

  A beneficiary may object to this proposed decision by contacting SSA. SSA must provide access to the evidence used to determine that a payee is necessary. SSA must allow the beneficiary to submit additional evidence to refute the evidence and/or affect the decision.

- Challenges after the decision is made. A beneficiary receiving benefits through a representative payee may challenge that decision at any time by submitting to SSA information that shows he or she is able to manage benefits alone. The most useful evidence is a treating physician's statement or completion of the SSA–787 form by the treating physician. SSA considers the medical evidence and makes a decision based on that evidence, along with any evidence it develops from non-medical services.

  If a person previously has been judged legally incompetent by the court, he or she must submit a certified copy of the court order restoring his or her rights. Once that documentation is received, SSA may resume direct payment to the beneficiary, unless evidence suggests that the beneficiary remains mentally or physically incapable of managing his or her own benefits. If SSA denies the beneficiary's request to resume direct payments, the beneficiary may file a Request for Reconsideration and proceed through the SSA appeals process.

Changing representative payees

If a beneficiary believes a payee is not complying with legal obligations, SSA should be notified and will investigate the allegations. If necessary, SSA will process a payee application from another person, as long as the new applicant being suggested is suitable to serve as payee. In addition, the beneficiary, or a case manager working with a beneficiary, should provide SSA with any evidence they have uncovered that the payee has not complied with the rules. If SSA finds the evidence credible, in addition to selecting a new payee, SSA will note the information on the original payee's record so he or she cannot become a representative for other beneficiaries.

Misuse of benefits

SSA is required to reissue benefits to beneficiaries whose funds have been misused by organizational representative payees or by an individual serving 15 or more beneficiaries. SSA then seeks to recover the misused funds from the payee. Reissued benefits are excluded from SSI resource determinations. This is effective for misuse determinations made by SSA on or after January 1, 1995.

Requests for Reconsideration

If SSA assigns a representative payee or does not agree to change a representative payee, the beneficiary may file a Request for Reconsideration. If the beneficiary continues to be dissatisfied, he or she may follow the regular SSA appeals process described in Chapter 7. Case managers can assist beneficiaries by serving as a representative and helping to appeal a decision.

While a representative payee is in charge of managing a beneficiary's funds, he or she has no jurisdiction over when or if a beneficiary can file an appeal unless the individual is also a court–appointed legal guardian. This ensures that representative payees cannot prevent beneficiaries from enforcing their rights under SSA regulations.

What do case managers need to consider before becoming representative payees?

A case manager can take a number of different roles with respect to representative payees. The most obvious is to be the representative payee. It is important to note that it is not the individual case manager, but the case manager's organization, that becomes the representative payee. Besides taking on this role, case managers also can be active in educating family members or friends who are representative payees, monitoring payees to ensure that they are acting on the beneficiaries' best interest, and helping beneficiaries meet the requirements necessary to regain responsibility for managing their own benefits.

Becoming a representative payee

While a case manager may not be SSA's first choice for a representative payee, case managers are often asked by SSA, by the recipient, or by friends or family to take on this role. No matter how the issue comes up, case managers should be aware of what may be involved.

- *Being a representative payee can be challenging.* It usually is time–consuming, and it can be difficult to assist a beneficiary when he or she does not believe that the funds are being used according to his or her preferences.
- *Being a representative payee changes the relationship with a client.* Being in a position of managing someone's money requires skill, sensitivity, respect, and empathy. It also infuses the case manager/client relationship with a level of power and control beyond what commonly may exist. Case managers must be respectful of that change, and clients must be very trusting to initiate it without resentment.
- *Case managers can provide critical assistance.* Case managers willing to serve as a representative payee can ensure that their clients receive the

proper benefit amount, and that those benefits are managed appropriately.

- *Nonprofit representative payees can be compensated.* If an organization is community–based, a tax exempt 501(c)(3) agency, bonded and licensed in the State, and regularly provides representative payee services to at least five beneficiaries, SSA may authorize to charge a monthly fee of up to $32 ($61 for a beneficiary with a substance use disorder), or up to 10 percent of the beneficiary's benefits, whichever is less.[3] However, the organization must not be a creditor of the beneficiary. Procedurally, organizations seeking to collect fees for serving as a representative payee must provide SSA with a written request. Along with the request, the organization must provide evidence to show that it meets the above criteria. Fees cannot be collected until SSA approves the request in writing.

In light of the pros and cons presented by the situation, case managers must make informed decisions every time the possibility of becoming a representative payee arises.

Educating others to be representative payees

Frequently, case managers work with family members and friends of the people they are helping. When someone else is serving as a representative payee, the case manager should help ensure that the person is aware of how to act effectively as a payee. In particular, the person should know the duties of a payee. Case managers always can direct others to the SSA Web site or can give them sections of this manual.

Monitoring payees

Occasionally, case managers may suspect an existing payee is not acting in a beneficiary's best interest. If this situation arises, case managers should contact SSA and explain their concerns. To the extent possible, if there is evidence of mismanagement, the case manager should forward that evidence to SSA.

Educating beneficiaries

Case managers can help clients by teaching them money management skills. In this way, clients who previously have been poor money managers ultimately may be able to receive their benefit directly. Periodically, case managers may assess a beneficiary's money management skills and provide evidence to SSA of the beneficiary's capacity to receive and manage checks when, and if, those skills are mastered.

Summary

Sometimes beneficiaries are unable to manage the funds that are received from Social Security because of mental or physical limitations. When that situation occurs, SSA appoints a representative payee. Case managers can be helpful in many ways, including providing evidence to SSA that either confirms or refutes the need for a representative payee, serving as a representative payee when no other person or organization is available, monitoring or assisting representative payees to ensure that they meet the rules and requirements of the position, and helping beneficiaries learn the money management skills necessary to eliminate the need for a representative payee.

[3] The fees are re-determined each December based on the annual Cost of Living Adjustment.

CHAPTER 10

Maintaining Eligibility

This chapter provides tips on how to maintain benefits for applicants who are found to be disabled. Specific topics include how living arrangements affect SSI benefit levels, issues related to suspensions and terminations, what to do about overpayments, and information about SSI and SSDI work incentives.

How do living arrangements affect ongoing eligibility?

Several common living arrangements can result in a reduction or loss of SSI benefits. Case managers should be aware of them and should advise beneficiaries about those issues.

Homeless shelters

Residents of emergency public homeless shelters are eligible for SSI, but only for six out of every nine months during which they reside in the shelter. Residents of homeless shelters may be affected by this rule, but it is very specific and may not apply, in most cases, for two reasons.

For a month to be counted against this limit the recipient must live in the shelter for the entire month. If a recipient does not live in the shelter for even one day, the month does not "count against" the six–month time limit. Many people who are homeless are frequently in and out of public emergency shelters. Very few stay in a shelter for six full months.

The definition of a public emergency shelter is very specific. It only covers shelters operated by Federal, State, or local governments that are intended to provide temporary places for people who are homeless to stay. Shelters sponsored by non-profit organizations, even ones that receive government funds, are excluded from the definition and not subject to the cap.

While few people are affected by this requirement, case managers should be aware that certain long–term emergency shelter residents could have their SSI eligibility suspended due to this rule.

Receiving assistance from friends or family members

Beneficiaries living "doubled up" in a friend's or family member's home or receiving in–kind assistance from friends, family, or social service agencies must comply with SSA's rules regarding living arrangements. SSI recipients need to be aware that certain types of living arrangements may result in a reduction in benefit amounts. Case managers can assist recipients in an inquiry regarding living arrangements and benefits. For a more in–depth discussion of this, see Chapter 4.

SSA rules state that a recipient who lives in the house of another person for a full calendar month and receives both food and shelter from that person will have his or her benefits reduced by exactly one–third of the full Federal Benefit Rate, regardless of the amount of food and shelter assistance received. This is done under the *value of one–third reduction rule (VTR)*. For example, a recipient who lives with his or her parents and does not pay for rent or food is subject to this rule. Under the rule, instead of receiving the 2005 Federal Benefit Rate of $579, the monthly check would be reduced by $579/3, or $193—making the total payment $386.

Recipients who live by themselves and receive in–kind assistance from third parties, or who live in the house of another person and receive either food or shelter (but not both) from that person, are subject to a reduction in benefits under the *presumed maximum value rule (PMV)*. The rule creates a presumption that the assistance provided is at least equal to the total of one–third of the Federal Benefit Rate plus $20.

Recipients cannot circumvent the PMV by renting a property from a friend or relative for less than fair market value. For example, a person may rent a one bedroom apartment for $200 from his or her parent when similar apartments rent for $500. Under this scenario, the $300 difference between the $200 actual rent and $500 fair market rent will result in a reduction in benefits under the PMV.

The PMV is rebuttable. For example, if an SSI recipient can submit documentation that shelter assistance actually is only worth $75, then his or her monthly SSI payment will only be reduced by that amount.

Avoiding benefit reductions

To avoid the one–third reduction rule, the beneficiary should pay a pro-rata share of household expenses. A pro-rata share is calculated by dividing the average monthly household expenses (food, rent, mortgage, gas, property taxes, and other utilities) by the number of people in the household—including children. If the SSI recipient is paying a pro-rata share of household expenses, his or her benefits will not be reduced.

As long as the recipient is paying a pro-rata share of household expenses, a third party can provide assistance to the recipient without jeopardizing his or her benefit. The only stipulation is that the assistance cannot be used for food or shelter. If the recipient's friend pays an outstanding debt or purchases an item on the beneficiary's behalf, it will

not be subject to the PMV or the VTR. Medical bills are an excellent example of an in–kind payment that can be made without penalty on behalf of a recipient.

Other rules about in–kind *support and maintenance (ISM)* involve the person to whom payments are made. For example, if someone pays rent for a recipient directly to a landlord, it counts as in–kind support and can result in a benefit reduction no greater than one–third of the FBR (less than $200). However, if that same person gave the recipient the rent money each month, and let the recipient pay it directly to the landlord, it would count as unearned income. Unearned income results in a dollar–for–dollar reduction in the SSI grant, after the $20 monthly earned income disregard. Therefore $400 for a rent payment, if given to the beneficiary to transfer, results in a $380 benefit reduction.

Because living arrangements can affect a recipient's monthly SSI benefit significantly, any changes should be reported to SSA immediately. When changes are reported, they should be accompanied by documentation. For example, if a recipient moves to a new apartment with a different rent expense, he or she should provide SSA with a copy of the new lease, which shows the new rent expense. If a recipient moves in with a friend or family member and agrees to pay rent, the recipient should have a written agreement signed by both the recipient and the person receiving the money. A copy of the signed agreement should be submitted to SSA.

When are benefits suspended or terminated?

SSI benefits can be suspended or terminated for a variety of reasons. This section discusses the scenarios that can lead to suspensions or terminations and suggest ways to avoid or fix them.

As a general rule, SSI benefits are suspended when a recipient no longer meets eligibility requirements (other than the requirement that a recipient be aged, blind, or disabled). To have a suspension lifted, a recipient does not have to file a new application. Rather, the individual is required to submit evidence that he or she once again meets the non-medical eligibility requirements.

When a suspension is lifted, benefits are resumed effective the first day the eligibility rules are met. This date could be earlier than the date on which evidence is submitted. For example, suppose a recipient had excess resources in the month of March and her benefits were suspended. As soon as the recipient became aware of the problem, her case manager helped to manage the resources so she was back under the resource limit by April 1. She immediately requested reinstatement as of April 1. However, she had to wait until mid-May to get her bank statement, so she could not file evidence of meeting requirements until June 1. In this situation, the recipient would be eligible to receive retroactive benefits for the months of April and May.

After twelve consecutive months of suspension, benefits are terminated. Benefit termination becomes effective on the first day of the thirteenth month. Once benefits are terminated, a new application must be filed to receive SSI again, necessitating a new disability determination. This makes it important for case managers to work closely with SSI recipients who report benefit suspensions to ensure that the suspension is resolved, if resolution is appropriate, before it becomes a termination.

Suspension for failure to provide necessary information

When a recipient fails to provide requested information, benefits may be suspended. This type of suspension can be resolved by providing SSA the information requested. Once this is done, benefits can be restored immediately. Retroactive benefits, if applicable, can be paid for any portion of the suspension period where the recipient can document that he or she was eligible.

Suspension due to excess income or resources

Benefits will be suspended beginning the first day of the month in which countable income is greater than or equal to the amount to be paid in benefits, or the month in which resources exceed the resource limit. For a suspension due to excess income, benefits are resumed the first month countable income is less than the benefit amount. For a suspension due to excess resources, benefits will be restarted on the first day of the month following the month in which the recipient's resources are under the limit. So, if a recipient reduces his or her resources in March, he or she can begin to receive benefits again in April.

Suspension due to residence in a public institution

Benefits are suspended on the first full calendar month in which a recipient is residing in a public institution (e.g., jail, public residential treatment program). If the recipient is not in the public institution for even one day of the month, benefits are not suspended for that month. Benefits are resumed effective in the month that a recipient no longer lives in the public institution.

Suspension due to hospitalization

While residents of public institutions generally are not eligible for benefits, an exception is made for those who are hospitalized. If a recipient is in a medical treatment facility for a full calendar month, benefits are reduced to $30. However, in 1987, the Social Security Act was amended to provide recipients who are temporarily hospitalized (and who otherwise would have received a reduced benefit or none at all) to receive uninterrupted benefits during the first three full months of hospitalization. This is to enable the beneficiary to pay some or all of the expenses necessary to maintain his or her living arrangement. In this way, the beneficiary does not lose housing because of a need for medical care. Benefits paid under this section of law are referred to as temporary institutionalization (TI) benefits.

Suspension due to loss of status as an eligible alien

If a recipient loses eligible alien status, benefits are suspended effective on the first day of the month after the recipient last has an eligible immigration status. Benefits can be resumed as of the specific date when a recipient regains an eligible immigration status. The first month's benefits can be prorated.

Suspension due to absence from the United States

If a recipient is out of the U.S. for more than 30 consecutive days, SSI benefits are suspended until the recipient returns to the country. For benefits to be reinstated, the beneficiary needs to remain in the U.S. for 30 consecutive days. If benefits are not reinstated on the first of the month, benefits will be prorated for that month.

Suspension due to criminal justice involvement

A recipient will not be eligible for SSI during any month in which he or she:

- Is fleeing to avoid prosecution for a felony crime or for an attempt to commit a felony crime;
- Is fleeing to avoid custody or confinement imposed after conviction for a felony crime; or
- Is violating any condition of a State or Federal probation or parole.

Suspension will occur, effective the month in which an arrest warrant or an order to appear in court is issued, or in the month in which the individual flees, whichever comes earlier. Benefits can be resumed on the first month during which a recipient is found to no longer be fleeing or violating a condition of probation or parole.

This fairly recent provision of law increasingly is being applied to recipients. It can be particularly problematic for people who are homeless, since they move frequently and may be unaware that such warrants exist. Generally, outstanding warrants for people who are homeless are failure to appear warrants stemming from old arrests. These warrants are felonies, even though the crime that precipitated the warrant may have been a misdemeanor. For example, a person may have been charged initially with disorderly conduct, a misdemeanor. However, by missing a court hearing, a warrant for the individual is issued due to his or her failure to appear. Although the initial charge was a misdemeanor, the warrant is based on the felony of not appearing in court.

Failure to appear warrants issued by cities in which a person who is homeless has lived previously can be hard to resolve. Typically, the city issuing the warrant is disinclined to seek extradition of the recipient from another jurisdiction since the warrant is for a minor offense. However, the court often is just as disinclined to drop the charges. As a result, the felony warrant remains and benefits are suspended.

Often, a recipient has no knowledge of the warrant and left the city where the warrant was issued for a reason other than fleeing justice. This is one approach a case manager

can use to help an individual charged with failure to appear. For example, the beneficiary may be able to document that he or she left town to find a place to live. As long as the recipient is not fleeing from justice, his or her benefits should not be jeopardized.

Responding to a notice of suspension

Prior to suspending a recipient's benefits, SSA must send a letter describing the proposed action. The recipient may choose to appeal the suspension. If so, he or she should file a request for reconsideration within 60 days of receiving the notice. If the recipient appeals within 10 days, benefits are continued at the pre-suspension level until the appeal is resolved. If payment is continued and the appeal is not resolved in favor of the recipient, any extra benefits received are considered an overpayment and subject to payback.

What should case managers know about overpayments?

An overpayment is any payment made by SSA to an SSDI or SSI recipient in excess of the amount due to that recipient. When SSA determines an overpayment has been made, the recipient is sent a notice. The notice indicates the amount of the alleged overpayment and the reason the overpayment was made. The notice gives the recipient three options: (1) appeal the overpayment, (2) request a waiver of the overpayment, or (3) repay the overpayment.

Appeal of overpayments

If a recipient believes that he or she is being charged for an overpayment based on incorrect information or an incorrect interpretation of SSA rules, he or she should file a request for reconsideration. This must be done within 60 days of receiving the notice. The recipient should provide SSA with information about why the payment was correct. For example, a recipient could be paid for a month, and later have SSA determine that he was over the resource limit. If the recipient is able to show that there was an error on his bank statement and that he was not over the resource limit for the month in question, the overpayment will be removed from his record.

Filing a request for reconsideration does not preclude filing a request for a waiver or vice versa. In many cases, it is best to file for both simultaneously.

Waiver of overpayments

If an overpayment appears to be correct, a recipient can still apply to have the overpayment waived. A waiver means that SSA makes an official decision that a beneficiary does not have to repay all or part of an overpayment. There are several situations under which a waiver may be approved.

SSA may grant a waiver when a recipient was not at fault for having caused the overpayment, and recovery of the overpayment would (1) defeat the purpose of the SSI program; (2) be against equity and good conscience; (3) prevent efficient administration of the SSI program due

to the small amount involved; or (4) lead to resources being less than $50 over the resource limit. Each of these situations is described below.

A waiver because recovery would defeat the purpose of the SSI program. This type of waiver can be granted if the individual's income and resources are required for ordinary and necessary living expenses (food, clothing, shelter, and medical expenses—including expenses for dependents). Most people who are homeless are likely to meet these criteria and, consequently, are likely to have an overpayment waived, as long as they can demonstrate they were not at fault for the overpayment.

Waiver because recovery is against equity and good conscience. This type of waiver is granted when an individual not at fault for an overpayment changed a position to his or her detriment or gave up a valuable right because he or she expected a payment or had a notice indicating a payment would be made.

For example, suppose a person is told that she is eligible for SSI and received two months worth of SSI payments. In reliance on that eligibility, she signs a new lease for an apartment. After the two months, SSA determines that the payments were incorrect, and they send her a notice of overpayment stating their intention to recoup the money. In this situation, the beneficiary should file a waiver of the overpayment because she took action based on information she received from SSA and she cannot get the money back. Suppose the same person turned down $250 from a charity believing that she was entitled to SSI. If SSI was terminated after two months and it was determined that the benefits were incorrectly awarded, she would likely receive a waiver of the overpayment.

Waiver because recovery would impede administration of the SSI program. This type of waiver is narrowly limited to situations in which the overpayment to be recovered is so small that the cost of recovery would equal or exceed the administrative cost of collecting the overpayment. In such a situation, SSA will not seek to recover the overpayment. If the overpayment is under $500 and the recipient did not cause the overpayment, it can be waived.

Waiver due to recipient's resources being less than $50 over the resource limit. An overpayment due to a recipient's countable resources exceeding the resource limit by less than $50 will be waived, unless SSA finds that a recipient willfully and knowingly concealed the existence of the overpayment.

In many cases, the point that prevents a waiver from being granted is the recipient's inability to demonstrate that he or she was not at fault for causing the overpayment. An erroneous SSA payment does not absolve a recipient from responsibility. For example, a recipient who receives money in excess of the entitlement and immediately spends the funds, could be considered at fault for the resulting overpayment. The recipient should have realized that she was spending funds to which she was not entitled, or because she may have failed to submit information that she knew or should have known she was supposed to submit.

Reduction in benefits to repay an overpayment

If SSA alleges a recipient has been overpaid and the overpayment is not challenged or waived, SSA will adjust the recipient's monthly benefits to repay the overpayment. The maximum amount that can be recovered each month is limited. SSA either can take the recipient's entire monthly Federal benefit payment or can take ten percent of the recipient's total income for the month, whichever is less.[1] For example, if SSA were to take ten percent of the recipient's total income, for a recipient whose sole income is the maximum FBR of $579 (in 2005), the repayment would be $57.90 per month. In another example, for someone whose countable income was such that their benefit payment was $45 per month, SSA could take 100 percent of the benefit ($45 per month) which is less than ten percent of the FBR ($57.90).

SSA does not always have to take the maximum repayment amount. A lower rate can be requested, in order not to deprive the recipient of income that is required for ordinary and necessary living expenses. Conversely, SSA may take more than the maximum reduction, if the overpayment occurred because of fraud, willful misrepresentation, or concealment of material information by the recipient or his or her spouse.

What are SSA's work incentive programs?

The SSI program includes several important work incentive programs that encourage people receiving disability benefits to return to part-time or full-time employment. An *overview* of these incentives follows. Recipients should consult with a SSA representative prior to attending work, so that their individual situations can be determined.

Working and remaining eligible for SSI

Financial eligibility for SSI always can be maintained as long as countable income does not exceed the Federal payment standard ($579 in 2005). In states that offer a supplement above $579, countable income must not exceed the total of $579 plus the State supplement.

If a person begins to work while receiving SSI, employment income exclusions come into play. For those whose only income is SSI, there is an $85 exclusion to earnings. Those with other income in addition to SSI have a $65 exclusion. A formula then is applied that considers Impairment–related Work Expenses (IRWEs) and reduces the SSI check, in general, by half the countable earnings from work. As these calculations are made, a case manager can soon see that, to have the entire SSI check stopped, earnings must be significant—approximately twice the FBR.

[1] Countable non-SSI income plus any SSI and State supplement.

During the time a recipient has any SSI benefit—even as low as $1—he or she remains eligible for Medicaid. Clearly, trying to work improves a recipient's financial status.

Working and remaining eligible for SSDI

Work incentives under SSDI are quite different from those for SSI. Under SSDI, a beneficiary has a Trial Work Period of nine months during which he or she receives the full SSDI benefit. For a month to be counted as a trial work month, a person has to have gross earnings (in 2005) of $590 within the month. Gross earnings under this amount do not count in this calculation. After nine months of work at this earning level, SSA reviews the person's situation, undertakes an additional review and calculation, and makes a determination whether the individual is eligible for ongoing SSDI. This determination can be complicated; recipients are urged to consult with a SSA representative when they begin to work to be well informed about the potential impact of employment on SSDI benefits. As is true with SSI, however, SSDI recipients are financially more sound obtaining employment.

As with any change in a beneficiary's life (e.g., change of address, name), changes in work status need to be reported to SSA immediately and updated information should be provided as these occur. SSA conducts data matching with the IRS and other Federal and State agencies. This means that work income that is not reported by a recipient will likely be discovered by SSA anyway. If this occurs, the recipient may incur an overpayment and jeopardize his or her eligibility.

Impairment–related work expenses

As mentioned in Chapter 4, impairment–related work expenses (IRWEs) also can be deducted from work income. IRWEs are a person's out–of–pocket expenditures that are related to his or her disability and that enable the individual to work. For example, for people with physical disabilities, an IRWE might include special equipment or modifications to existing equipment for which the person must pay. For people with psychiatric disabilities, an IRWE likely would include medication copayments or medical bills that are not covered but that are related to one's disability and help the person with work. IRWEs do not include such work–related costs as routine bus transportation, meals, uniforms that everyone has to wear, or other expenses that people without disabilities also have. IRWEs are considered in the SSI calculation before the SSI income is reduced. For SSDI, IRWEs are taken into account when the person completes the trial work period.

Plans for Achieving Self–Support

For people receiving SSI, a Plan for Achieving Self–Support (PASS) is also available. This plan enables SSI recipients who work to set aside a portion of monthly income and/or assets to achieve a work goal. For example, a person might want to develop a PASS to go to college or another training program to learn a new skill. A PASS also could be used to purchase equipment to set up a business. To develop a PASS, a recipient must work with a SSA representative and have the plan approved by SSA. If a plan is approved, funds

saved are deducted from the earned income before the countable income is calculated.

All PASS funds must be used for the agreed upon vocational goal. This use should be documented with receipts and any other paperwork, since SSA reviews PASS plans regularly, usually on at least an annual basis.

What if income from work exceeds allowable limits?

If countable work income exceeds the SSI Federal Benefit Rate (plus the State supplement, if available), SSI benefits will be suspended. If these benefits are suspended 12 months, SSI is terminated.

Expedited reinstatement provision

Under the *expedited reinstatement provision,* an SSI recipient has up to 60 months to request reinstatement of benefits after income from work makes him or her ineligible. The individual gets up to six months of provisional benefits—just like in presumptive disability determination cases—while medical eligibility is re-determined.

Continuation of SSI benefits: §1619(a)

Public Law 99–643 established two provisions helpful to SSI recipients. The first, Section 1619(a), enables individuals to receive SSI payments even though earnings exceed the SGA level.[2] To be eligible for §1619(a) benefits, individuals must continue to have the original disabling impairment and must currently meet all other eligibility rules, including the income and resource test. If all eligibility requirements continue to be met when earnings increase to greater than the SGA level but remain lower than the benefit rate plus supplements, recipients will automatically move into §1619(a) status.

There are not observable differences between regular SSI payments and §1619(a) payments. Eligibility for §1619(a) cash payments will continue until earnings fall below SGA, at which point individuals will automatically move back into regular status or when countable earnings exceed the payment rate, at which time cash payments will cease due to financial ineligibility. Maintaining SSI eligibility also would maintain Medicaid for most recipients.

Continuation of Medicaid eligibility: §1619(b)

The other provision under Public Law 99–643 is Section 1619(b) that allows for Medicaid continuation despite work income. If a person's SSI benefits are suspended solely because of increased earnings income, under §1619(b), the individual may keep Medicaid. This is possible as long as the recipient meets all SSI non-medical disability requirements except for earnings and needs Medicaid to continue to work.

[2] Remember that to prove medical eligibility for SSI, one has to show that he or she is not engaged in Substantial Gainful Activity. SSA assigns a dollar figure to SGA—$810 in 2004. Anyone earning over SGA during their application process is presumed able to work and thus ineligible. As an incentive to working while on SSI, PL 99–643 was passed, allowing SSI to continue for disabled SSI recipients who earn over SGA.

Individuals are eligible for §1619(b) status as long as their gross earnings fall between certain limits, which are called the threshold amounts. The thresholds are standards used to determine if earnings are sufficient to offset the loss of Medicaid. The law does not mention thresholds—they are designed to make administration of the program easier, much like the presumption that $830 (2005) is equivalent to the ability to engage in Substantial Gainful Activity. Threshold amounts vary from state to state as a result of variations in the cost of medical services. Like SGA, threshold amounts are rebuttable presumptions. Individualized thresholds can be computed if individuals have medical costs higher than those represented by their state threshold.

Ticket to Work Program

The Ticket to Work program was enacted by Congress in 1999 and is the newest SSA work incentive program. Implementation of this program is done by each state. In general, the statute has two significant parts that are helpful to SSA disability benefits recipients: (1) the ticket program provides a voucher system so that individuals can obtain vocational services from any willing provider who participates in the program, and (2) Medicaid buy–in allows SSDI recipients who work to "buy into" the Medicaid program. Again, particulars of each of these is different for each state. Detailed information on this program can be found on the SSA Web site: www.socialsecurity.gov/work/Ticket/ticket_info.html. Local SSA offices also should have information on implementation in the state in which they exist.

Summary

The receipt of SSI and/or SSDI can provide for homeless individuals the ability to stabilize their lives and to begin to reach their goals. One of these goals is often beginning or returning to work. As with all aspects of the SSA program, case managers need to be informed about requirements for those approved for benefits and should assist individuals in meeting these. Understanding the work incentives under each of these programs can also enable case managers to be of greater assistance in the lives of individuals whom they serve. Helping a person maintain his or her disability benefits and, whenever possible, work toward greater self–sufficiency can provide the basis for a relationship that is rewarding, goal–oriented, and focused on recovery.

APPENDIX A

Immigration Status

The following tables provide information about immigration statuses considered "qualified status" for SSI eligibility. For further information, consult the SSA Web site: www.ssa.gov/notices/supplemental-security-income/spotlights/spot-non-citizens.htm. A case manager should consult an immigration expert or legal counsel for complex immigration issues.

Figure 5. **Aliens Eligible for SSI**

Alien Category*	**Circumstances Under Which Alien Is Eligible for SSI**
Qualified Alien *(See following Figure 6 for explanation of qualified)*	Eligible if: • Was receiving SSI on 8/22/96; OR • Was lawfully residing in the country on 8/22/96 and is currently blind or disabled; OR • Meets veteran exemption; OR • Meets Native American exception.
Legal Permanent Residents	Eligible if: • Entered the country on or before 8/22/96 and meets the 40-quarters exemption; OR • Entered the country after 8/22/96, has been in the country at least 5 years, and meets the 40-quarters exemption. (Note: No one could qualify under these criteria prior to 8/23/01.) *(See also "Qualified Alien" eligibility categories, above.)*
-Entered the country as a refugee (or was granted refugee status) -Granted asylum Status -Granted Cancellation of Removal -Cuban/Haitian Entrant	Eligible if: • Entered the country or granted status in the last 7 years. *(The 7-year "clock" begins to run at the time the alien was granted one of these statuses. For example, asylees are eligible for SSI for the first 7 years after they were granted asylum status, not seven years after they first entered the U.S. Similarly, those granted cancellation of removal are eligible for SSI for the first 7 years after they were granted cancellation of removal.)* *(See also "Qualified Alien" eligibility categories and, if applicable, the "Legal Permanent Resident" eligibility categories, above.)*

Figure 5. **Aliens Eligible for SSI *(cont'd)***	
Amerasian Alien	Eligible if: • Entered the country or granted status in the last seven years. *(See also "Qualified Alien" and "Legal Permanent Resident" eligibility categories above.)*
Non-Qualified Alien	Eligible if meets Native American exception.
** Some aliens will fall into more than one alien category. In such cases, the alien is eligible for SSI if he or she falls into at least one eligible category.*	

Figure 6. **Groups of Aliens Defined as Qualified**	
Alien Category	**Description**
Legal Permanent Resident (LPR)	Person granted lawful permanent residence status (green card holders)
Refugee	Person admitted as a refugee
Asylee	Person granted asylum
Granted Cancellation of Removal *(formerly called—Withholding of Deportation)*	Person granted cancellation of removal
Parolee for a year or more	Person who has been paroled into the U.S. for at least one year
Cuban and Haitian Entrant	Person paroled into the U.S. as a Cuban or Haitian Entrant who is the subject of exclusion or removal proceedings or who has an application for asylum pending
Domestic Violence Victims and their parents or children	Regardless of the individual's immigration status, a victim of domestic violence or his/her parent or child is "qualified" if: • Alien has been battered or subjected to extreme cruelty, or alien's child or parent has been battered, by a spouse, parent, or member of the household; • Alien has a pending or approved spousal petition or a petition pending for relief under the Violence Against Women Act; and • Alien's need for assistance has a substantial connection to the battery or cruelty

APPENDIX B

SSI and State Medicaid Programs[1]

Figure 7. **1634 States** *In 1634 states, SSA makes Medicaid eligibility determinations and—essentially—authorizes Medicaid when a person is approved for SSI.*			
Alabama	Kentucky	New Jersey	Tennessee
Arizona	Louisiana	New Mexico	Texas
Arkansas	Maine	New York	Vermont
California	Maryland	North Carolina	Washington
Colorado	Massachusetts	Pennsylvania	Washington DC
Delaware	Michigan	Rhode Island	West Virginia
Florida	Mississippi	South Carolina	Wisconsin
Georgia	Montana	South Dakota	Wyoming
Iowa			

Figure 8. **SSI Criteria States** *SSI criteria states use SSI eligibility criteria for Medicaid but, beyond those criteria, may make their own Medicaid determinations or ask SSA to determine eligibility.*			
Alaska	Kansas	Nevada	Oregon
Idaho	Nebraska	Northern Mariana Islands	Utah

Figure 9. **209(b) States** *209(b) states use at least one criterion that is more restrictive than the SSI program's criteria for determining eligibility.*			
Connecticut*	Indiana	New Hampshire*	Oklahoma
Hawaii	Minnesota	North Dakota	Virginia
Illinois	Missouri*	Ohio	
** Indicated states do not include individuals who are not blind and who are under the age of 18 in their definition of disability.*			

[1] Information current as of July 2003.

APPENDIX C

Samples from the Field

The following samples provide examples of documentation a case manager might find helpful when attempting to create a profile of an individual's disability:

- Sample Summary Report Letter
- Sample Employer Letter
- Sample Letter from a Collateral Source

Sample Summary Report Letter

Please note that the following samples from a summary report letter are excerpts. They are provided here as an example of each section, not as a rendering of a complete letter.

Introduction

Ms. Amelia Smith is a 35–year–old woman who has a lengthy history of bipolar disorder, hypertension, diabetes, and homelessness. Ms. Smith is 5'5" and weighs 195 pounds. Her hair is matted and often dirty. She has had little dental care and is missing several teeth in the front of her mouth. She dresses in several layers of clothes despite the weather and has a strong body odor most of the time. In conversation, Ms. Smith either speaks very rapidly and is difficult to re-direct or she sits in long periods of silence. In either state, she seems to have difficulty following questions and responding to them appropriately. When depressed, she moves extremely slowly and appears very sad. When speaking rapidly, she becomes easily irritated if interrupted and then refuses to continue with the conversation.

Personal history

Most of Ms. Smith's history is contained in submitted medical records. However, her history of sexual abuse is not mentioned as she has not discussed this in treatment in the past. Ms. Smith reports that, from ages 8–13, her maternal uncle, who lived with the family, would come in her room at night and touch her "in private places" and make her "touch him." She was afraid to tell her mother as she "felt that she would blame me, not him." This has weighed on her and has contributed to her past use of alcohol as she felt, when she drank, that "the problems were no longer there."

In addition, Ms. Smith's stepfather was often physically abusive to her when her mother was not at home. There were several instances when he pushed her against the wall very hard and she was knocked out briefly. She received no medical care for these injuries.

Finally, we have learned more details of Ms. Smith's work history. Although she was able to work at the Hilton Hotel, in housekeeping, for two years, the work was intermittent, and she was frequently threatened with firing. She said, "My boss was against me. I had good ideas on how the work should be done. He wanted it his way. We frequently argued, and he would threaten me. Sometimes I was suspended for a week or two, and he would then let me back to work." In most of her other work (the Hyatt, Marriott, and Motel 6), she had similar experiences.

Medical/psychiatric history

In 1980, Ms. Smith was first diagnosed with a bipolar disorder when she was hospitalized at Mount Pleasant General Hospital's psychiatry unit on an involuntary basis. The police picked her up in the street where she was yelling at people and was very agitated. Records there indicate that "she has had a two-year history of mood swings and inability to control her behavior. She has had several emergency room visits but refused voluntary admission and was deemed, at those times, as not meeting criteria for commitment. While on the unit, Ms. Smith remained manic for two weeks and only gradually responded to treatment. Discharge diagnosis was bipolar disorder, manic, with psychotic features. Medications were Zyprexa, 10 mg at bedtime, lithium, 400 mg t.i.d., and HCTZ for hypertension."

Following this hospitalization, Ms. Smith apparently had no outpatient treatment. She remained homeless, and various emergency room records (1998–2002) indicate frequent visits there with manic/depressive symptoms and intermittent medication compliance.

In July, 2003, Ms. Smith was hospitalized again, this time at Fort Covington Psychiatric Hospital in Brynburne, New Jersey. She was again admitted involuntarily through police intervention. Records note: "Ms. Smith was extremely dirty and agitated upon admission. She spent several days in the quiet room and gradually responded to treatment. She was abusive verbally to staff and inappropriate with other patients, being intrusive and sometimes aggressive with them. On two occasions, she was put in seclusion for these behaviors. After four weeks, Ms. Smith was discharged with a diagnosis of bipolar disorder, manic, with psychotic features. Medications were Zyprexa, 10 mg at bedtime, lithium, 500 mg t.i.d., and HCTZ for hypertension. She was referred to the ACT team for follow-up and to the Safe Haven for housing.

Functional information

Ms. Smith shows significant functional impairment in her activities of daily living, social functioning, and ability to persist and pace in the completion of tasks.

Regarding her activities of daily living, this report noted above that Ms. Smith's hygiene is quite poor. She estimates that she bathes approximately once every two weeks. She is either "too busy" to bathe or feels that her depression causes her to have little interest or energy for it. She walks everywhere she needs to go, and her feet are frequently sore and swollen from all the walking. She reports having no idea as to how to use the bus or subway. In addition, she is leery of these as there are "too many people" for her to handle in public transportation. Ms. Smith has had no place to live for five years. She intermittently goes to soup kitchens to eat but sometimes feels so agitated that she simply looks for leftovers in the dumpsters behind restaurants on Main Street. She talked at length about what good food one can find in the dumpsters.

Socially, as was indicated in the employment history, Ms. Smith has a great deal of difficulty getting along with others. When she is manic, she becomes grandiose, irritable, and expects others, including employers, to do tasks "my way." She does not understand why this causes her difficulty. On occasion, for example in the hospital, Ms. Smith becomes aggressive and suspicious of others. She has no sense of when she is being intrusive and, when manic, often acts inappropriately, e.g., singing standing in the middle of the street. When she is depressed, she isolates herself and wants no contact with anyone. When she feels this way, she sleeps on the street and eats little. She refuses even to go into the shelter at night as she "doesn't care and has no energy."

Regarding her ability to complete tasks, Ms. Smith, when manic, is extremely distractible. It took the writers several sessions to obtain information from Ms. Smith as she was so distractible that she was unable to stay focused on an answer to questions. She missed appointments as she was "too busy" doing "things I cannot name." She notes that she has to write down every detail of her life or she forgets them. "I used to have a crackerjack memory," she said.

Summary

Ms. Smith is a woman who has been homeless, psychotic, with a bipolar disorder and serious physical health problems for at least the past five years. She has had at least two known lengthy psychiatric hospitalizations. She has only recently begun taking medication and attending treatment as she is receiving the intensive services (treatment and case management) from the ACT team as well as support from the Safe Haven staff. Without these supports, Ms. Smith would likely decompensate once again and be on the street. We believe that Ms. Smith is disabled. Please contact us……if you have any questions.

Sincerely,

Jane Jones, Case manager

Sandra Smith, M.D., Psychiatrist

Sample Employer Letter

Disability Determination Services
P.O. Box 99
Peoria, IL 61614

Re: Jones, Jane

To Whom It May Concern:

Ms. Jane Jones was hired as an aide at our nursing home and worked here from 2000–2003 in a full–time position. During the years that Ms. Jones was here, she had to take a significant amount of medical leave. However, because she was so well liked by the staff and patients here, we granted such leave. During the last year, she was unable to do her work without someone with her virtually at all times. She would often become confused and needed help completing her assigned duties on time. Initially, other staff was more than willing to pitch in with Ms. Jones as she was very sweet, pleasant, and appreciative. However, over time, this became an impossibility for us to keep doing this amount of support, and we had to let her go. We were sorry to have to do this.

If you have further questions, please call me at 640-782-9876.

Sincerely,

Clara Barton, RN
Nursing Supervisor

Sample Letter from a Collateral Source

Disability Determination Services
P.O. Box 55
Albany, NY 12210

Re: Sam Ellis

To Whom It May Concern:

I am the mother of Sam Ellis, who is now 27 years old. For a very long time, Sam lived with me. Last year, I couldn't keep him here any more because he was up a lot at night, talking loudly when he was up, and kept saying very strange things to me, like he didn't think I was his mother. I had to ask him to leave because I work and I couldn't keep working when I wasn't getting sleep. I felt really bad about this and worry about him all the time, but I didn't know what else to do.

As a youngster, Sam was a quiet, obedient boy. He didn't give me any problems when he was little. In high school, he started staying more to himself and not doing so well at school. When we would talk about it, he didn't seem to know why. He got quieter and quieter and didn't seem to have any friends. But he was still nice at home, so I didn't worry too much. And he wasn't failing at school, so that was good.

Sam then barely finished high school. After that, he really didn't do anything. He would stay in his room all day and read or just stare at stuff. He started not taking care of himself very well and wouldn't wash without my asking him to. He couldn't tell me why and, when I asked, he would get really angry with me, so I stopped asking. Since my husband passed away a few years ago, it was just Sam and me at home, so I tried not to push him too much.

For a little bit of time, Sam did a few odd jobs, but he couldn't seem to be able to keep work. He would say that the people at work were out to get him or his bosses accused him of doing wrong things. At first I believed him but then I wondered if this could happen at so many different jobs. He gave up trying to get work and then just stayed in his room. Sometimes he would say that I was trying to feed him bad food and he would refuse to eat.

I didn't know what to do. We've never had problems like this before and I didn't realize that what Sam was doing were signs of a sickness. Finally, one day, he got so upset with me I was frightened and called the police. When they got here, he was angry with them and they took him to the hospital. He was there for a couple of weeks, and I was told he had schizophrenia. He came back home and was better for a while but then fell back to his old ways.

Right now, Sam doesn't do anything. He's stopped taking the medicine they gave him because he said he doesn't like it. He sometimes goes to the clinic and meets with people there but not as often as he should. He also says that he doesn't trust those people and they're just going to try to put him away again.

Since I had to ask him to leave, I don't know what he does during the day. But, when he was here, he would just stay in his room, eat a little bit, and talk really loudly. When he comes here to see me now, he is dirty and smelly. I let him take a shower and try to wash the clothes he has with him if he will let me. He stops by about once or twice a week. He said that he sometimes goes in a shelter but doesn't like the people there so he sleeps outside. He's not eating much and looks real thin to me. I wish I could let him stay here but I just can't. It breaks my heart to see my wonderful boy like this.

I don't think he talks with anyone and I know he doesn't have any friends. He said people talk about him and point at him wherever he goes. He won't take the bus because of the people and walks here, which makes him really tired. When he comes by, I try to get him to eat something. Sometimes he will, and sometimes he won't.

Sam has changed so much. He used to be so bright and clever. Now, he seems to get really confused when I ask him questions. He forgets to do things and can't seem to tell me much about his life and what he does. He always seems to be distracted and thinking about something else even when I am talking to him, and he says he's listening. I know that he hears voices and noises and that's a big problem. I think these voices say very scary things to him.

I hope that you can help my son. I try to give him some help, but my job doesn't pay too much, so I can't do a lot. If you know of some place he can get help, I'd sure appreciate it. Having some income would help him get a place, and that would help him a lot, too. Thank you for reading my letter. I hope this helps. You can call me at work 999-456-2345.

Sincerely,

Sara Ellis

APPENDIX D

Sample SSA Forms

Appendix D contains samples of SSA forms that were mentioned throughout the text of the manual as being necessary or helpful to the process of applying for disability benefits. The following forms are included in this appendix:

- Form SSA–8000—SSI Application
- Form SSA–3368—Disability Report for Adults
- Form SSA–3369—Work History Report
- Form SSA–1696—Appointment of Representative
- Form SSA–561—Request for Reconsideration
- Form SSA–827—Authorization to Disclose Information to SSA
- Form SSA–787—Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits
- Form HA–501—Request for Hearing by Administrative Law Judge
- Form HA–520—Request for Review of Decision/Order of ALJ

SOCIAL SECURITY ADMINISTRATION ☐ TEL

Form Approved
OMB No. 0960-0229

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

Do not write in this space

☐ FS-SSA/APP ☐ FS-REFERRED

Filing Date
Month, Day, Year

☐ Actual or ☐ Protective

I am/We are 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.

TYPE OF CLAIM ☐ Individual with Ineligible Spouse ☐ Couple ☐ Individual ☐ Child ☐ Child with Parent(s)

PART I—BASIC ELIGIBILITY—The questions in this section pertain to the period beginning with the first moment of the filing date month through the date this application is signed unless a question specifies a different time period.

SAMPLE

1. (a) First Name, Middle Initial, Last Name | Birth *(month, day, year)* | Sex ☐ Male ☐ Female | Social Security Number ___ / __ / ____

   (b) Did you ever use any other names *(including maiden name)* or other Social Security numbers? → ☐ YES Go to (c) ☐ NO Go to #2

   (c) Other Names and Social Security Numbers Used

2. (a) Are you married? → ☐ YES Go to (b) ☐ NO Go to #4

   (b) Spouse's Name *(First, middle initial, last)* | Birth *(month, day, year)* | Social Security Number ___ / __ / ____

   (c) Did your spouse ever use any other names *(including maiden name)* or other Social Security Numbers? → ☐ YES Go to (d) ☐ NO Go to (e)

   (d) Other Names *(including maiden name)* and Social Security Numbers Used by Spouse

   (e) Are you and your spouse living together? → ☐ YES If your spouse is not filing go to #3; otherwise go to #4. ☐ NO Go to (f)

   (f) Date you began living apart | Address of spouse or name and address of someone who knows where the spouse is.

   (g) IF YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU SEPARATED SINCE THE FIRST MOMENT OF THE FILING DATE MONTH GO TO #3. IF YOUR SPOUSE IS FILING FOR SUPPLEMENTAL SECURITY INCOME, GO TO #4.

3. (a) Is your spouse the sponsor of an alien for supplemental security income? → ☐ YES Go to (b) ☐ NO Go to #4

   (b) Alien's Name | Alien's Social Security Number ___ / __ / ____

Printed on recycled paper

		You	Your Spouse, if filing
4.	(a) Have you been married before? →	☐ YES Go to (b) ☐ NO Go to #5	☐ YES Go to (b) ☐ NO Go to #5

(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #5.

	FORMER SPOUSE'S NAME (including maiden name)	SOCIAL SECURITY NUMBER (if none or unknown, so indicate)	DATE OF MARRIAGE	DATE MARRIAGE ENDED	HOW MARRIAGE ENDED
You					
Your Spouse					

		You	Your Spouse
5.	(a) Are you blind or disabled? →	☐ YES Go to (b) ☐ NO Go to #6	☐ YES Go to (b) ☐ NO Go to #6

(b) GIVE THE FOLLOWING INFORMATION:	DATE IMPAIRMENT BEGAN	NATURE OF THE IMPAIRMENT
You		
Your Spouse		

		You	Your Spouse, if filing
6.	In what city and State or foreign country were your born? →		
7.	Are you a United States citizen by birth? →	☐ YES Go to #11 ☐ NO Go to #8	☐ YES Go to #11 ☐ NO Go to #8
8.	Are you a naturalized United States citizen? →	☐ YES Go to #11 ☐ NO Go to #9	☐ YES Go to #11 ☐ NO Go to #9
9.	(a) Are you lawfully admitted for permanent residence in the United States? →	☐ YES Go to (b) ☐ NO Go to #10	☐ YES Go to (b) ☐ NO Go to #10
	(b) Give the month, day, and year of lawful admission for permanent residence. If date is within 3 years of the filing date, go to (c); otherwise go to #11 →	DATE	DATE
	(c) Was your entry into the United States sponsored by any person or promoted by an institution or group? →	☐ YES Go to (d) ☐ NO Go to #11	☐ YES Go to (d) ☐ NO Go to #11

(d) Give the following information about the person, institution, or group:

Name	Address	Telephone No. *(Include Area Code)* (_ _ _) -

(e) GO TO #11

		You	Your Spouse, if filing
10.	(a) Is the Immigration and Naturalization Service (INS) aware of your presence in the United States? →	☐ YES Go to (b) ☐ NO Go to #11	☐ YES Go to (b) ☐ NO Go to #11
	(b) Through what date will INS allow you to remain in the United States? (If indefinitely, so indicate) →	DATE *(month, day, year)*	DATE *(month, day, year)*
11.	(a) When did you first make your home in the United States? →	DATE *(month, day, year)*	DATE *(month, day, year)*
	(b) Have you lived outside the United States since then? →	☐ YES Go to (c) ☐ NO Go to #12	☐ YES Go to (c) ☐ NO Go to #12
	(c) Give dates of residence outside the United States. *(Month, day, year)* →	FROM: TO:	FROM: TO:
12.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 days prior to the filing date? →	☐ YES Go to (b) ☐ NO Go to #13	☐ YES Go to (b) ☐ NO Go to #13
	(b) Give the date *(Month, day, year)* you left the United States and the date you returned to the United States. →	Date Left Date Returned	Date Left Date Returned

SAMPLE

PART II—LIVING ARRANGEMENTS—The questions in this section pertain to the signature date.

13. Check the applicable block to show where you live now:

- ☐ House
- ☐ Apartment
- ☐ Room (private home)
- ☐ Room (commercial establishment)
- ☐ Mobile Home
- ☐ Foster Home
- ☐ Transient
- ☐ Other (Specify) _____

INSTITUTIONS

- ☐ School
- ☐ Hospital
- ☐ Rest or Retirement Home
- ☐ Nursing Home
- ☐ Rehabilitation Center
- ☐ Jail
- ☐ Other (Specify) _____

IF YOU ARE LIVING IN A FOSTER HOME, AN INSTITUTION, OR ARE A TRANSIENT, EXPLAIN IN REMARKS AND GO TO #21.

14. Do you live alone or with your spouse only? → ☐ YES Go to #16 ☐ NO Go to #15

15. (a) Give the following information about everyone who lives with you (or with you and your spouse):

NAME	RELATIONSHIP TO YOU OR SPOUSE	SEX M	SEX F	DATE OF BIRTH (Month, day, year)	BLIND OR DISABLED YES	BLIND OR DISABLED NO	IF UNDER AGE 22 MARRIED YES	MARRIED NO	STUDENT YES	STUDENT NO

SAMPLE

(b) Do all the persons listed in 15(a) receive assistance or income based on need? → ☐ YES Go to (c) ☐ NO Go to (c)

(c) Does anyone listed in 15(a) who is not married and under age 18 OR between ages 18-21, not married, and a student receive income? → ☐ YES Go to (d) ☐ NO Go to #16

(d)

CHILD RECEIVING INCOME	SOURCE & TYPE	MONTHLY AMOUNT
		$
		$
		$

16. (a) Do you (or does anyone who lives with you) own or rent the place where you live? → ☐ YES Go to #17 ☐ NO Go to (b)

(b) Name and address of person who owns or rents the place where you live: | Telephone number, if known *(Include Area Code)* (___) -

(c) GO TO #20

17. (a) Are you (or your living with spouse) buying or do you own the place where you live? → ☐ YES Go to (c) ☐ NO If you are a child living with parent(s) go to (b); otherwise go to #18.

(b) Are your parent(s) buying or do they own the place where you live? → ☐ YES Go to (c) ☐ NO Go to #18

(c) What is the amount and frequency of the mortgage payment? → Amount $ | Frequency of Payment

(d) GO TO #20

18.	(a) Do you (or your living with spouse) have rental liability for the place where you live? →	☐ YES Go to (d)	☐ NO If you are a child living with parent(s) go to (b); otherwise go to (c).
	(b) Do your parent(s) have rental liability? →	☐ YES Go to (d)	☐ NO Go to (c)
	(c) Does anyone who lives with you have rental liability for the place where you live? →	☐ YES Give name of person with rental liability in Remarks and go to #19	☐ NO Give name of person with home ownership in Remarks and go to #20.
	(d) What is the amount and frequency of the rent payment? →	Amount $	Frequency of payment
19.	(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse? →	☐ YES Go to (b)	☐ NO Go to #20
	(b) Name of person related to landlord or landlord's spouse:	Relationship	Name and address of landlord (include telephone number and area code, if known):
20.	(a) Does anyone who does NOT live with you provide your household with all or part of the food and shelter (including payment of the bills for food, rent or home mortgage payments, property insurance required by the mortgage holder, real property taxes, heating fuel, gas, electricity, garbage removal, water, or sewerage) or give the household money for these items? →	☐ YES Go to (b)	☐ NO Go to (c)

(b)

ITEM	CONTRIBUTOR'S NAME AND ADDRESS (TELEPHONE NUMBER AND AREA CODE, IF KNOWN)	MONTHLY AMOUNT	MONTHS RECEIVED
		$	
		$	
		$	
		$	

SAMPLE

(c) GO TO (d) IF YOU (OR YOUR LIVING WITH SPOUSE) OWN OR RENT AND LIVE WITH OTHERS (OTHER THAN SPOUSE ONLY) BUT YOU DO NOT LIVE IN A PUBLIC ASSISTANCE HOUSEHOLD; OTHERWISE, GO TO #21.

	(d) Does anyone living with you give you (or your living with spouse) money for or help pay for all or part of your food, rent or home mortgage payments, property insurance required by the mortgage holder, real property taxes, heating fuel, gas, electricity, garbage removal, water, or sewer bills? →	☐ YES Go to #21	☐ NO Go to #21
21.	(a) Has the information given in items #13 through #20 been the same since the first moment of the filing date month? →	☐ YES Go to (b)	☐ NO Explain in Remarks and go to (b).
	(b) Do you expect this information to change? →	☐ YES Explain in Remarks and go to #22.	☐ NO Go to #22

PART III—RESOURCES—The questions in this section pertain to the first moment of the filing date month.

		You	Your Spouse
22.	(a) Do you own or does your name appear on the title of any vehicles; e.g., cars, trucks, boats, motorcycles, etc.? →	☐ YES Go to (b) ☐ NO Go to #23	☐ YES Go to (b) ☐ NO Go to #23

(b)

OWNER'S NAME	DESCRIPTION (YEAR, MAKE & MODEL)	USED FOR	EQUIPPED FOR HANDICAPPED? YES	NO	CURRENT MARKET VALUE	AMOUNT OWED
					$	$
					$	$
					$	$

23. (a) Do you own or are you buying any life insurance policies? →

You		Your Spouse	
☐ YES	☐ NO	☐ YES	☐ NO
Go to (b)	Go to #24	Go to (b)	Go to #24

(b) Give the following information on each policy:

OWNER'S NAME	NAME OF INSURED	NAME AND ADDRESS OF INSURANCE COMPANY
Policy (#1)		
Policy (#2)		
Policy (#3)		

POLICY NUMBER	FACE VALUE	CASH SURRENDER VALUE	DATE PURCHASED	LOANS AGAINST	
				YES	NO
Policy (#1)	$	$		$	
Policy (#2)	$	$		$	
Policy (#3)	$	$		$	

24. (a) Do you (either alone or jointly with any other person) own any:

	You		Your Spouse	
	YES	NO	YES	NO
Life estates or ownership interest in an unprobated estate? →				
Household or personal items worth more than $500 each? →				

(b) Give the following information for any "Yes" answer in 24(a); otherwise go to #25

OWNER'S NAME	NAME OF ITEM	VALUE	AMOUNT OWED ON ITEM	WHERE APPROPRIATE, GIVE NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION
		$	$	
		$	$	

SAMPLE

25. (a) Do you own or does your name appear (either alone or with any other person's name) on any of the following items?

	You		Your Spouse	
	YES	NO	YES	NO
Cash at home, with you, or anywhere else →				
Checking Accounts →				
Savings Accounts →				
Credit Union Accounts →				
Christmas Club Accounts →				
Certificates of Deposit →				
Notes →				
Stocks or Mutual Funds →				
Bonds →				
Other items that can be turned into cash →				

(b) Give the following information for any "Yes" answer in 25(a); otherwise go to #26

OWNER'S NAME	NAME OF ITEM	VALUE	NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION IF APPROPRIATE	IDENTIFYING NUMBER
		$		
		$		
		$		
		$		

26.	(a) Do you have any land, houses, buildings, real property, property in foreign countries, equipment, business, mineral rights or other money or property of any kind (including belongings held in safe deposit boxes) that have not been shown elsewhere on the application? (Include assets set aside for an emergency or to provide for your heirs.) →	You		Your Spouse	
		☐ YES Go to (b)	☐ NO Go to #27	☐ YES Go to (b)	☐ NO Go to #27

(b) Give the following information:

DESCRIPTION OF PROPERTY (If real property, include type and size of structure, acreage or lot size, location.)	HOW IS IT USED? (If not used now, when was it last used and what is next planned use.)
Item 1	Item 1
Item 2	Item 2

OWNER'S NAME	ESTIMATED CURRENT MARKET VALUE	TAX ASSESSED VALUE	AMOUNT OF MORTGAGE PAYMENT	AMOUNT OWED ON ITEM
Item 1	$	$	$	$
Item 2	$	$	$	$

SAMPLE

27.	(a) Have you sold, transferred title, disposed of or given away any money or other property, including property or money in foreign countries, since the first moment of the filing date month or within the 30 months prior to the filing date month?	You		Your Spouse, if filing	
		☐ YES Go to (b)	☐ NO Go to #28	☐ YES Go to (b)	☐ NO Go to #28

(b) Give the following information:

OWNER'S NAME	DATE OF DISPOSAL	DESCRIPTION OF PROPERTY
Item 1		
Item 2		

IF THE DATE OF DISPOSAL IS BEFORE 7/1/88 AND LESS THAN 24 MONTHS PRIOR TO THE MONTH OF FILING OR IF THE DATE OF DISPOSAL IS AFTER 6/30/88, GO TO 27(c); OTHERWISE GO TO #28.

(c) Give the following about the information in 27(b):

NAME AND ADDRESS OF PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	SOLD ON OPEN MARKET	
		YES	NO
Item 1			
Item 2			

VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT	SALES PRICE OR OTHER AGREEMENT	ARE ADDITIONAL CONSIDERATIONS OR PROCEEDS EXPECTED? EXPLAIN	DO YOU STILL OWN PART OF THE PROPERTY	
			YES	NO
Item 1 $				
Item 2 $				

28.		You	Your Spouse
	(a) Have you acquired any resource since the first moment of the filing date month? →	☐ YES Go to (b) ☐ NO Go to (c)	☐ YES Go to (b) ☐ NO Go to (c)
	(b) Explain any "Yes" answer given in 28(a)		
	You	**Your Spouse**	
	(c) Has there been any increase or decrease in the value of your resources since the first moment of the filing date month? →	☐ YES Go to (d) ☐ NO Go to #29	☐ YES Go to (d) ☐ NO Go to #29
	(d) Explain any "Yes" answer given in 28(c)		
	You	**Your Spouse**	
29.	(a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any assets mentioned in items #22 through #26 and item #28. →	☐ YES Go to (b) ☐ NO Go to #30	☐ YES Go to (b) ☐ NO Go to #30

SAMPLE

(b) DESCRIPTION (Where appropriate, give name and address of organization and account/policy number)	AMOUNT	WHEN SET ASIDE (Month, Day, Year)	OWNER'S NAME
Item 1	$		
Item 2	$		

FOR WHOSE BURIAL	IS ITEM IRREVOCABLE?	WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?
Item 1	☐ YES ☐ NO	☐ YES Go to #30 ☐ NO Explain in (c)
Item 2	☐ YES ☐ NO	☐ YES Go to #30 ☐ NO Explain in (c)

(c) Explanation:

Item 1

Item 2

30.		You	Your Spouse
	(a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums or other repositories for burial or any headstones or markers? →	☐ YES Go to (b) ☐ NO Go to #31	☐ YES Go to (b) ☐ NO Go to #31

(b) OWNER'S NAME	DESCRIPTION	FOR WHOSE BURIAL	RELATIONSHIP TO YOU OR SPOUSE	CURRENT MARKET VALUE (if applicable)
				$
				$

PART IV—INCOME—The questions in this section specify time period.

31. (a) Since the first moment of the filing date month, have you received or do you expect to receive income in the next 14 months from any of the following sources?

	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
FEDERAL BENEFITS: Social Security				
Railroad Retirement				
Veterans Administration (Based on need/not based on need)				
Office of Personnel Management (Civil Service)				
Military Pension, Special Pay, or Allowance				
Black Lung				
Bureau of Indian Affairs				
Earned Income Tax Credits				
STATE/LOCAL BENEFITS: Unemployment Compensation				
Workers' Compensation				
State Disability				
State or Local Pension				
Aid to Families with Dependent Children				
State or Local Assistance Based on Need				
PRIVATE BENEFITS: Employer or Union Pension				
Insurance or Annuity Payments				
MISCELLANEOUS: Interest (bank accounts, stocks, CD's, etc.)				
Rental/Lease Income				
Dividends/Royalties				
Alimony				
Child Support				
OTHER INCOME NOT PREVIOUSLY MENTIONED				

SAMPLE

(b) Give the following information for any "Yes" answer in 31(a); otherwise go to #32.

PERSON RECEIVING	TYPE OF INCOME	AMOUNT	FREQUENCY	DATES EXPECTED OR RECEIVED	SOURCE (Name/Address of Person, Bank, Company, or Organization)	IDENTIFYING NUMBER
You		$		From: To:		
You		$		From: To:		
You		$		From: To:		
Your Spouse		$		From: To:		
Your Spouse		$		From: To:		
Your Spouse		$		From: To:		

		You	Your Spouse
32.	Since the first moment of the filing date month, have you received or do you expect to receive any clothing, meals, or other gifts which are not cash? →	☐ YES Explain in Remarks and go to #33 ☐ NO Go to #33	☐ YES Explain in Remarks and go to #33 ☐ NO Go to #33
33.	(a) Have you received wages since the first moment of the filing date month through the current month? →	☐ YES Go to (b) ☐ NO Go to (d)	☐ YES Go to (b) ☐ NO Go to (d)

(b) Name and Address of Employer *(include telephone number and area code, if known)*

You	Your Spouse

(c) Total wages received (before any deductions) for each month:

You	Month(s)							
	Amounts							
Your Spouse	Month(s)							
	Amounts							

	You	Your Spouse
(d) Do you expect to receive any wages in the next 14 months? →	☐ YES Go to (e) ☐ NO Go to #34	☐ YES Go to (e) ☐ NO Go to #34

(e) Name and address of employer if different from 33(b) *(include telephone number and area code, if known)*

You	Your Spouse

(f) Give the following information:

	RATE OF PAY	AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID *(Month, day, year)*
You	$ per				
Your Spouse	$ per				

	You	Your Spouse
(g) Do you expect any change in wage information provided in 33(f)? →	☐ YES Go to (h) ☐ NO Go to #34	☐ YES Go to (h) ☐ NO Go to #34

(h) Explain change:

You	Your Spouse

		You	Your Spouse
34.	(a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?	☐ YES Go to (b) ☐ NO Go to #35	☐ YES Go to (b) ☐ NO Go to #35

(b) Give the following information:

	TYPE OF BUSINESS	LAST YEAR'S: GROSS INCOME	LAST YEAR'S: NET INCOME	LAST YEAR'S: NET LOSS	THIS YEAR'S: GROSS INCOME	THIS YEAR'S: NET INCOME	THIS YEAR'S: NET LOSS	DATES OF SELF-EMPLOYMENT
You		$	$	$	$	$	$	
		$	$	$	$	$	$	
Your Spouse		$	$	$	$	$	$	
		$	$	$	$	$	$	

SAMPLE

IF YOU OR YOUR SPOUSE ARE DISABLED AND RECEIVE WAGES OR EXPECT TO RECEIVE WAGES OR ARE SELF-EMPLOYED OR EXPECT TO BE SELF-EMPLOYED, ANSWER #35: OTHERWISE, GO TO #36.

35.		You	Your Spouse
	Do you have any special expenses related to your illness or injury that you paid which are necessary for you to work? →	☐ YES Describe in Remarks and go to #36 ☐ NO Go to #36	☐ YES Describe in Remarks and go to #36 ☐ NO Go to #36

IF YOU ARE FILING AS A CHILD, AND YOU ARE EMPLOYED OR AGE 18-22 (WHETHER EMPLOYED OR NOT), GO TO #36; OTHERWISE, GO TO #37.

36.			
	(a) Have you attended school regularly since the filing date month? →	☐ YES Go to (d)	☐ NO Go to (b)
	(b) Have you been out of school for more than 4 calendar months? →	☐ YES Go to (c)	☐ NO Go to (c)
	(c) Do you plan to attend school regularly during the next 4 months? →	☐ YES Explain absence in Remarks and go to (d)	☐ NO Go to #37

(d) Give the following information:

NAME AND ADDRESS OF SCHOOL	NAME OF PERSON AT SCHOOL WE MAY CONTACT	DATES OF ATTENDANCE		COURSE OF STUDY
	NAME	FROM	TO	
	PHONE (include area code) ( ) -	HOURS ATTENDING OR PLANNING TO ATTEND:		

SAMPLE

PART V—POTENTIAL ELIGIBILITY FOR OTHER BENEFITS/FOOD STAMPS/MEDICAL ASSISTANCE

37. (a) Have you or a former spouse (or if you are filing as a child, have you or your parents) ever:	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
Worked for a railroad?				
Been in military service?				
Worked for the Federal government?				
Worked for a State or local government?				
Worked for an employer or belonged to a union with a pension plan?				
Done work that was covered under the Social Security system or pension plan of a country other than the United States?				

(b) Explain and include dates (if appropriate) for any "Yes" answer given in 37(a); otherwise go to #38.

YOU	YOUR SPOUSE

		You		Your Spouse, if filing	
38.	(a) Are you currently receiving food stamps or has a food stamp application been filed for you within the past 60 days on which there has not been a decision? →	☐ YES Go to #39	☐ NO Go to (b)	☐ YES Go to #39	☐ NO Go to (b)
	(b) Do you wish to apply for food stamps? →	☐ YES	☐ NO	☐ YES	☐ NO

39. **Where this application is an application for Title XIX under the Social Security Act, I/we understand that if I/we refuse to assign my/our rights to medical support and payments for medical care from any individual or private, group, or government health insurance, or refuse to cooperate in giving information regarding any health insurance I/we may have, that the Social Security Administration cannot determine whether I am/we are eligible for Medicaid and that I/we must then apply for Medicaid at the Medicaid agency. I/we also understand that as a condition to become eligible for Medicaid, I/we must cooperate with the Medicaid agency in establishing paternity and in obtaining medical support and payments from third party payers.**

IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, GO TO 39(b).

	You		Your Spouse, if filing	
(a) 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? →	☐ YES Go to (b)	☐ NO Go to #40	☐ YES Go to (b)	☐ NO Go to #40
(b) Do you, your spouse, parent or step-parent have any private, group, or government health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid) →	☐ YES	☐ NO	☐ YES	☐ NO
(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month? →	☐ YES	☐ NO	☐ YES	☐ NO

PART VI—MISCELLANEOUS

SAMPLE

ANSWER #40 ONLY IF YOU ARE REQUESTING BENEFITS ON BEHALF OF SOMEONE ELSE; OTHERWISE, GO TO #41.

40. (a) Name of Person Requesting Benefits	Relationship to Claimant	Your Social Security Number
		___ ___ ___/___ ___/___ ___ ___ ___

(b) Do you wish to be selected as the claimant's representative payee? →	☐ YES	If you are applying on behalf of a child go to (c); otherwise go to #41.	☐ NO	Explain in Remarks and go to #41.
(c) Are you the natural or adoptive parent with custody? →	☐ YES	Go to (d)	☐ NO	Go to (d)
(d) Have you ever been convicted of a felony? →	☐ YES	Explain in Remarks and go to (e)	☐ NO	Go to (e)
(e) Are you serving, or have you ever served, as representative payee for anyone receiving a Social Security or Supplemental Security Income benefit? →	☐ YES	Enter SSN's in Remarks and go to (f)	☐ NO	Go to (f)
(f) Does the claimant have a legal representative or a legal guardian appointed by a court? →	☐ YES	If you are NOT the legal rep/guardian, go to (g); otherwise go to (h).	☐ NO	Go to #41

(g) Give the following information about the legal representative or legal guardian:

Name	Address	Telephone Number *(Include area code, if known)*
		(___ ___ ___) -

(h) Explain what led the court to appoint a legal representative or a legal guardian.

PART VII—REMARKS—(You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

SAMPLE

IMPORTANT INFORMATION—PLEASE READ CAREFULLY

- Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
- If you are disabled or blind, you must accept any appropriate vocational rehabilitation services offered to you by the State agency to which we refer you.

PART VIII—SIGNATURES

I/We understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime which can be punished under Federal law, State law, or both. Everything on this application is the truth as best I/we know it.

41. Your Signature *(First name, middle initial, last name) (Write in ink)*

SIGN HERE

Date *(Month, day, year)*

Telephone number(s) at which you may be contacted during the day

(__ __ __) –
AREA CODE

42. Spouse's Signature *(First name, middle initial, last name) (Write in ink)*

(Sign only if applying for payments.)

SIGN HERE

SAMPLE

43. **FOR OFFICIAL USE ONLY**

DIRECT DEPOSIT PAYMENT ADDRESS *(FINANCIAL INSTITUTION)*

Routing Transit Number	S/S	Depositor Account Number	
			☐ No Account ☐ Direct Deposit Refused

44. Applicant's Mailing Address *(Number and Street, Apt. No., P.O. Box or Rural Route)*

City and State | ZIP Code | Enter name of county *(if any)* in which you live

45. Claimant's Residence Address *(If different from applicant's mailing address)*

City and State | ZIP Code | Enter name of county *(if any)* in which the claimant lives

WITNESSES

46. Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, and ZIP Code)	*Address (Number and Street, City, State, and ZIP Code)*

*U.S. Government Printing Office: 1999 — 454-992/00011

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

NAME	SOCIAL SECURITY NUMBER ___ / __ / ____	DATE
NAME	SOCIAL SECURITY NUMBER ___ / __ / ____	

Telephone Number *(include area code)* to call if you have a question or something to report.	Social Security Office you may come in person or mail your request to:
(___) -	

Your application for Supplemental Security Income will be processed as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or a notice of determination within that time, please get in touch with us in person, by mail, or by calling the telephone number shown above.

PAPERWORK/PRIVACY ACT NOTICE

SAMPLE

The Social Security Administration is authorized to collect the information on your application form under Section 1631 (e) of the Social Security Act, as amended (42 U.S.C. 1383(e)). Your response to this request is voluntary; however, as explained below, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

The information on your application is needed to enable Social Security to determine if you are eligible for Supplemental Security Income payments. Failure to provide all or part of the information could prevent an accurate and timely decision on your claim, and could result in the loss of some payments. Although the information you furnish on the application is rarely used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to another governmental agency as follows: (1) to enable a third party or an agency to assist Social Security in establishing rights to Supplemental Security Income payments; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs).

Computer Matching We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

Time It Takes To Complete This Form: We estimate that it will take you about 34 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**

REPORTING RESPONSIBILITIES

The amount of a Supplemental Security Income check is based on the information told to us. You must tell Social Security every time there is a change—while we process your application AND if you start receiving Supplemental Security Income.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible husband/wife or a child who lives with you, or your sponsor or sponsor's spouse if you are an alien. You must also report changes in things of value that these people own.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as $25, $50, or $100 out of future checks.

HOW TO REPORT **You can make your reports by telephone at the telephone number shown above or you may report in person or by mail at the address shown above. See reverse side of this page for "Changes to Report."**

CHANGES TO REPORT

WHERE YOU LIVE — You must report to Social Security if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- You leave the United States for 30 days or more.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.

HOW YOU LIVE — You must report to Social Security if:

- Someone moves into or out of your household.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your marital status changes:
  - You get married, separated, divorced, or your marriage is annulled.
  - You separate from your spouse or start living together again after a separation.
  - You begin living with someone as husband and wife.

INCOME — You must report to Social Security if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

HELP YOU GET FROM OTHERS — You must report to Social Security if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

THINGS OF VALUE THAT YOU OWN — You must report to Social Security if:

- The value of your resources goes over $2,000 when you add them all together ($3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given anything of value.

YOU ARE BLIND OR DISABLED — You must report to Social Security if:

- Your condition improves or your doctor says you can return to work.
- You go to work.
- You stop going to or refuse any vocational rehabilitation services.
- You stop going to or refuse treatment for drug addiction or alcoholism.

YOU ARE UNMARRIED AND UNDER AGE 22 — A report to Social Security must be made if:

- If you are under age 18 and live with your parent(s), ask your parent(s) to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.
- You start or stop school.
- You get married.

YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES—You must report any change to Social Security.

YOU ARE SELECTED AS A REPRESENTATIVE PAYEE — You must report to Social Security if:

- The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as that person's representative payee.

SAMPLE

DISABILITY REPORT - ADULT - Form SSA-3368-BK

PLEASE READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

THIS IS NOT AN APPLICATION

IF YOU NEED HELP

If you need help with this form, do as much of it as you can, and your interviewer will help you finish it. However, if you have access to the Internet, you may access the Disability Report Form Guide at http://www.socialsecurity.gov/disability/3368/index.htm.

HOW TO COMPLETE THIS FORM

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Please fill out as much of this form as you can before your interview appointment.
- Print or type.
- **DO NOT LEAVE ANSWERS BLANK**. If you do not know the answers, or the answer is "none" or "does not apply," please write: "don't know," or "none," or "does not apply."
- **IN SECTION 4, PUT INFORMATION ON ONLY ONE DOCTOR/HOSPITAL/CLINIC IN EACH SPACE.**
- Each address should include a ZIP code. Each telephone number should include an area code.
- **DO NOT ASK A DOCTOR OR HOSPITAL TO COMPLETE THE FORM.** However, you can get help from other people, like a friend or family member.
- If your appointment is for an interview by telephone, have the form ready to discuss with us when we call you.
- If your appointment is for an interview in our office, bring the completed form with you or mail it ahead of time, if you were told to do so.
- When a question refers to "you," "your" or the "Disabled Person," it refers to the person who is applying for disability benefits. If you are filling out the form for someone else, please provide information about him or her.
- Be sure to explain an answer if the question asks for an explanation, or if you want to give additional information.
- If you need more space to answer any questions or want to tell us more about an answer, please use the "REMARKS" section on Pages 9 and 10, and show the number of the question being answered.

ABOUT YOUR MEDICAL RECORDS

If you have any medical records and copies of prescriptions at home for the person who is applying for disability benefits, send them to our office with your completed forms or bring them with you to your interview. Also, bring any prescription bottles with you. If you need the records back, tell us and we will photocopy them and return them to you.

YOU DO NOT NEED TO ASK DOCTORS OR HOSPITALS FOR ANY MEDICAL RECORDS THAT YOU DO NOT ALREADY HAVE. With your permission, we will do that for you. The information we ask for on this form tells us to whom we should send a request for medical and other records. If you cannot remember the names and addresses of any of the doctors or hospitals, or the dates of treatment, perhaps you can get this info
book, or from medical bills, prescriptions and prescription bottles.

WHAT WE MEAN BY "DISABILITY"

"Disability" under Social Security is based on your inability to work. For purposes of this claim, we want you to understand that "disability" means that you are unable to work as defined by the Social Security Act. You will be considered disabled if you are unable to do any kind of work for which you are suited and if your disability is expected to last (or has lasted) for at least a year or to result in death. So when we ask, "when did you become unable to work," we are asking when you became disabled as defined by the Social Security Act.

The Privacy And Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT: 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 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.* ***Send only comments relating to our time estimate to this address, not the completed form.***

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0579

DISABILITY REPORT ADULT

For SSA Use Only
Do not write in this box.

Related SSN _____

Number Holder _____

SECTION 1- INFORMATION ABOUT THE DISABLED PERSON

A. **NAME** *(First, Middle Initial, Last)*

B. **SOCIAL SECURITY NUMBER**

C. **DAYTIME TELEPHONE NUMBER** *(If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)*

_____ *Area Code* _____ *Number* ☐ Your Number ☐ Message Number ☐ None

D. Give the name of a **friend or relative** that we can contact (other than your doctors) **who knows about your illnesses, injuries or conditions** and can help you with your claim.

NAME _____ RELATIONSHIP _____

ADDRESS _____
(Number, Street, Apt. No.(If any), P.O. Box, or Rural Route)

_____ *City* *State* *ZIP* DAYTIME PHONE _____ *Area Code* _____ *Number*

E. What is your **height** without shoes? _____ *feet* _____ *inches*

F. What is your **weight** without shoes? _____ *pounds*

G. Do you have a **medical assistance card**? (For Example, Medicaid or Medi-Cal) If "YES," show the **number** here: _____ ☐ YES ☐ NO

H. Can you **speak and understand English**? ☐ YES ☐ NO If "**NO**," what is your preferred language? _____

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

If you cannot **speak and understand English**, is there someone we may contact who speaks and understands English and will give you messages? ☐ YES ☐ NO *(If "YES," and that person is the same as in "D" above show "SAME" here. If not, complete the following information.)*

NAME _____ **RELATIONSHIP** _____

ADDRESS _____
(Number, Street, Apt. No.(If any), P.O. Box, or Rural Route)

_____ *City* *State* *ZIP* **DAYTIME PHONE** _____ *Area Code* _____ *Number*

I. Can you **read and understand English**? ☐ YES ☐ NO

J. Can you **write more than your name in English**? ☐ YES ☐ NO

Disability Report-Adult-Form SSA-3368-BK

SECTION 2
YOUR ILLNESSES, INJURIES OR CONDITIONS AND HOW THEY AFFECT YOU

A. What are the **illnesses, injuries or conditions** that limit your ability to work? _____

_____

_____

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

_____

_____

C. Do your illnesses, injuries or conditions cause you **pain** or **other symptoms**? ☐ YES ☐ NO

D. When did your illnesses, injuries or conditions **first bother you**?

Month	*Day*	*Year*

E. When did you become **unable to work** because of your illnesses, injuries or conditions?

Month	*Day*	*Year*

F. Have you **ever worked**? ☐ YES ☐ NO *(If "NO," go to Section 4.)*

G. Did you **work at any time** after the date your illnesses, injuries or conditions first bothered you? ☐ YES ☐ NO

H. If "YES," did your illnesses, injuries or conditions cause you to: *(check all that apply)*

☐ **work fewer hours?** *(Explain below)*

☐ **change your job duties?** *(Explain below)*

☐ **make any job-related changes such as your attendance, help needed, or employers?** *(Explain below)*

_____

_____

_____

_____

I. Are you **working now**? ☐ YES ☐ NO

If "NO," when did **you stop working**?

Month	*Day*	*Year*

J. Why did you **stop working**? _____

_____

_____

SECTION 3 - INFORMATION ABOUT YOUR WORK

A. List all the jobs that you had in the 15 years before you became unable to work because of your illnesses, injuries or conditions.

JOB TITLE *(Example, Cook)*	TYPE OF BUSINESS *(Example, Restaurant)*	DATES WORKED *(month & year)*		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY *(Per hour, day, week,month or year)*	
		From	To				
						$	
						$	
						$	
						$	
						$	
						$	
						$	

B. Which job did you do the longest? _____

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

_____

_____

D. In **this job**, did you:

Use machines, tools or equipment? ☐ YES ☐ NO

Use technical knowledge or skills? ☐ YES ☐ NO

Do any writing, complete reports, or perform duties like this? ☐ YES ☐ NO

E. In **this job**, how many total hours each day did you:

Walk? _____ Stoop? *(Bend down & forward at waist.)* _____ Handle, grab or grasp big objects? _____

Stand? _____ Kneel? *(Bend legs to rest on knees.)* _____ Reach? _____

Sit? _____ Crouch? *(Bend legs & back down & forward.)* _____ Write, type or handle small objects? _____

Climb? _____ Crawl? *(Move on hands & knees.)* _____

F. Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

_____

_____

G. Check **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

H. Check weight **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

I. Did you supervise other people in this job? ☐ YES (Complete items below.) ☐ NO (If NO, go to J.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

J. Were you a lead worker? ☐ YES ☐ NO

SECTION 4 - INFORMATION ABOUT YOUR MEDICAL RECORDS

A. Have you been seen by a **doctor/hospital/clinic** or anyone else for the illnesses, injuries or conditions that limit your ability to work? ☐ YES ☐ NO

B. Have you been seen by a **doctor/hospital/clinic** or anyone else for emotional or mental problems that limit your ability to work? ☐ YES ☐ NO

If you answered "NO" to both of these questions, go to Section 5.

C. List **other names** you have used on your medical records. _____

_____

Tell us who may have medical records or other information about your illnesses, injuries or conditions.

D. **List each DOCTOR/HMO/THERAPIST/OTHER.** Include your **next appointment.**

1.

NAME			DATES
STREET ADDRESS			**FIRST** VISIT
CITY	**STATE**	**ZIP**	**LAST** SEEN
PHONE _____ _____ *Area Code* *Phone Number*	**PATIENT ID #** (If known)		NEXT **APPOINTMENT**
REASONS FOR VISITS _____			
WHAT **TREATMENT** WAS RECEIVED? _____			

2.

NAME			DATES
STREET ADDRESS			**FIRST** VISIT
CITY	**STATE**	**ZIP**	**LAST** SEEN
PHONE _____ _____ *Area Code* *Phone Number*	**PATIENT ID #** (If known)		NEXT **APPOINTMENT**
REASONS FOR VISITS _____			
WHAT **TREATMENT** WAS RECEIVED? _____			

SECTION 4 - INFORMATION ABOUT YOUR MEDICAL RECORDS

DOCTOR/HMO/THERAPIST/OTHER

3.

NAME			DATES
STREET ADDRESS			**FIRST** VISIT
CITY	**STATE**	**ZIP**	**LAST** SEEN
PHONE _____ _____ *Area Code* *Phone Number*	**PATIENT ID #** (If known)		NEXT **APPOINTMENT**

REASONS FOR VISITS _____

WHAT **TREATMENT** WAS RECEIVED? _____

If you need more space, use Remarks, Section 9.

E. **List each HOSPITAL/CLINIC.** Include your **next appointment.**

1.

HOSPITAL/CLINIC			TYPE OF VISIT	DATES	
NAME			☐ **INPATIENT** STAYS *(Stayed at least overnight)*	DATE IN	DATE OUT
STREET ADDRESS					
CITY	STATE	ZIP	☐ **OUTPATIENT** VISITS *(Sent home same day)*	DATE FIRST VISIT	DATE LAST VISIT
PHONE _____ _____ *Area Code* *Phone Number*			☐ **EMERGENCY ROOM** VISITS	DATE OF VISITS	

Next **appointment** _____ Your hospital/clinic **number** _____

Reasons for visits _____

_____

What **treatment** did you receive? _____

_____

What **doctors** do you see at this hospital/clinic on a regular basis? _____

_____

SECTION 4-INFORMATION ABOUT YOUR MEDICAL RECORDS

HOSPITAL/CLINIC

2.

HOSPITAL/CLINIC			TYPE OF VISIT	DATES	
NAME			☐ **INPATIENT** STAYS *(Stayed at least overnight)*	DATE IN	DATE OUT
STREET ADDRESS					
CITY	STATE	ZIP	☐ **OUTPATIENT** VISITS *(Sent home same day)*	DATE FIRST VISIT	DATE LAST VISIT
PHONE _____ *Area Code* _____ *Phone Number*			☐ **EMERGENCY ROOM** VISITS	DATE OF VISITS	

Next **appointment** _____ Your hospital/clinic **number** _____

Reasons for visits _____

_____

What **treatment** did you receive? _____

_____

What **doctors** do you see at this hospital/clinic on a regular basis? _____

_____

If you need more space, use Remarks, Section 9.

F. Does **anyone else have medical records or information** about your illnesses, injuries or conditions (Workers' Compensation, insurance companies, prisons, attorneys, welfare), or are you scheduled to see anyone else?

☐ YES *(If "YES," complete information below.)* ☐ NO

NAME			**DATES**
STREET ADDRESS			**FIRST** VISIT
CITY	**STATE**	**ZIP**	**LAST** SEEN
PHONE _____ *Area Code* _____ *Phone Number*			NEXT APPOINTMENT
CLAIM NUMBER (If any) _____			
REASONS FOR VISITS _____			

If you need more space, use Remarks, Section 9.

SECTION 5 - MEDICATIONS

Do you currently take any **medications** for your illnesses, injuries or conditions? ☐ YES ☐ NO

If "YES," please tell us the following: *(Look at your medicine bottles, if necessary.)*

NAME OF MEDICINE	IF PRESCRIBED, GIVE NAME OF DOCTOR	REASON FOR MEDICINE	SIDE EFFECTS YOU HAVE

If you need more space, use Remarks, Section 9.

SECTION 6 - TESTS

Have you had, or will you have, any **medical tests** for illnesses, injuries or conditions?

☐ YES ☐ NO If "YES," please tell us the following: *(Give approximate dates, if necessary.)*

KIND OF TEST	WHEN DONE, OR WHEN WILL IT BE DONE? (Month, day, year)	WHERE DONE? (Name of Facility)	WHO SENT YOU FOR THIS TEST?
EKG (HEART TEST)			
TREADMILL (EXERCISE TEST)			
CARDIAC CATHETERIZATION			
BIOPSY--Name of body part _____			
HEARING TEST			
SPEECH/LANGUAGE TEST			
VISION TEST			
IQ TESTING			
EEG (BRAIN WAVE TEST)			
HIV TEST			
BLOOD TEST (NOT HIV)			
BREATHING TEST			
X-RAY--Name of body part _____			
MRI/CT SCAN Name of body part _____			

If you have had other tests, list them in Remarks, Section 9.

SECTION 7-EDUCATION/TRAINING INFORMATION

A. Check the highest grade of **school** completed.

Grade school: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ GED ☐

College: 1 ☐ 2 ☐ 3 ☐ 4 or more ☐

Approximate **date** completed: _____

B. Did you attend **special education** classes? ☐ YES ☐ NO *(If "NO," go to part C)*

NAME OF SCHOOL _____

ADDRESS _____

(Number, Street, Apt. No.(if any), P.O. Box or Rural Route)

_____

City *State* *Zip*

DATES ATTENDED _____ TO _____

TYPE OF PROGRAM _____

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

☐ YES ☐ NO If "YES," what type?_____

Approximate date completed: _____

SECTION 8 - VOCATIONAL REHABILITATION, EMPLOYMENT, or OTHER SUPPORT SERVICES INFORMATION

Are you participating in the Ticket Program or another program of vocational rehabilitation services, employment services or other support services to help you go to work?

☐ YES (Complete the information below) ☐ NO

NAME OF ORGANIZATION _____

NAME OF COUNSELOR _____

ADDRESS _____

(Number, Street, Apt. No.(if any), P.O. Box or Rural Route)

_____

City *State* *Zip*

DAYTIME PHONE NUMBER _____ _____

Area Code *Number*

DATES SEEN _____ TO _____

TYPE OF SERVICES OR TESTS PERFORMED _____

(IQ, vision, physicals, hearing, workshops, etc.)

SECTION 9 - REMARKS

Use this section for any added information you did not show in earlier parts of the form. When you are done with this section (or if you don't have anything to add), be sure to go to the next page and complete the blocks there.

SECTION 9 - REMARKS

Name of person completing this form (*Please Print)*	**Date Form Completed** *(Month, day, year)*
Address *(Number and street)*	**e-mail address** *(optional)*

City **State** **Zip Code**

WORK HISTORY REPORT-Form SSA-3369-BK

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can. Then call the phone number provided on the letter sent with the form or the phone number of the person who asked you to complete the form for help to finish it.

HOW TO COMPLETE THIS FORM

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Print or type.
- A reference to "you," "your," or "the Disabled Person," or "claimant" means the person who is applying for disability benefits. If you are filling out the form for someone else, provide information about him or her.
- **ANSWER ALL OF THE QUESTIONS FOR EACH JOB YOU DESCRIBE.** If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If more space is needed to answer any questions, use the "REMARKS" section on Page 8, and show the number of the question being answered.

WHY THIS INFORMATION IS IMPORTANT

The information we ask for on this form will help us understand how your illnesses, injuries, or conditions might affect your ability to do work for which you are qualified. The information tells us about the kinds of work you did, including the types of skills you needed and the physical and mental requirements of each job. In Section 2, be sure to give us all of the different jobs you did in the 15 years before you became unable to work because of your illnesses, injuries, or conditions. There is a separate page to describe each different job.

REMEMBER TO GIVE US THE NAME AND ADDRESS OF THE PERSON COMPLETING THIS FORM ON PAGE 8

Privacy Act and Paperwork Reduction Act Statements

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We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices.

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 1 hour to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO THE STATE AGENCY THAT REQUESTED IT. If you have questions about how to complete the form, contact the State Agency that requested it. If you need the address or phone number for your State Agency, you can get it by calling Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to*: *SSA*, *1338 Annex Building, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0578

WORK HISTORY REPORT

For SSA Use Only
Do not write in this box.

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

A. Name (First, Middle Initial, Last)

B. SOCIAL SECURITY NUMBER

– –

C. **DAYTIME TELEPHONE NUMBER** *(If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)*

( ) –
Area Code *Phone Number*

☐ Your Number ☐ Message Number ☐ None

SECTION 2 - INFORMATION ABOUT YOUR WORK

List all the jobs that you have had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

Job Title	Type of Business	Dates Worked *(Month & Year)*	
		From	To
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Work History Report - Form SSA-3369-BK

Give us more information about Job No. 1 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 1

Rate of Pay $ _____	Per *(Check One)* ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year	Hours per day _____	Days per week _____

Describe this job. What did you do all day? *(If you need more space, write in the"Remarks" section.)*

_____

_____

_____

In this job, did you:

Use machines, tools or equipment?	☐ YES	☐ NO
Use technical knowledge or skills?	☐ YES	☐ NO
Do any writing, complete reports, or perform duties like this?	☐ YES	☐ NO

In **this job**, how many total hours each day did you:

Walk? _____
Stand? _____
Sit? _____
Climb? _____
Stoop? *(Bend down and forward at waist)* _____

Kneel? *(Bend legs to rest on knees)* _____
Crouch? *(Bend legs & back down & forward)* _____
Crawl? *(Move on hands & knees)* _____
Handle, grab or grasp big objects? _____
Reach? _____
Write, type or handle small objects? _____

Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

_____

_____

_____

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 2 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 2

Rate of Pay $_____	Per *(Check One)* ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year	Hours per day _____	Days per week _____

Describe this job. What did you do all day? *(If you need more space, write in the"Remarks" section.)*

_____

_____

_____

In this job, did you:

Use machines, tools or equipment?	☐ YES	☐ NO
Use technical knowledge or skills?	☐ YES	☐ NO
Do any writing, complete reports, or perform duties like this?	☐ YES	☐ NO

In **this job**, how many total hours each day did you:

Walk? _____
Stand? _____
Sit? _____
Climb? _____
Stoop? *(Bend down and forward at waist)* _____

Kneel? *(Bend legs to rest on knees)* _____
Crouch? *(Bend legs & back down & forward)* _____
Crawl? *(Move on hands & knees)* _____
Handle, grab or grasp big objects? _____
Reach? _____
Write, type or handle small objects? _____

Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

_____

_____

_____

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 3 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 3

Rate of Pay	Per *(Check One)*	Hours per day	Days per week
$_____	☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year	_____	_____

Describe this job. What did you do all day? *(If you need more space, write in the"Remarks" section.)*

_____

_____

_____

In this job, did you:

Use machines, tools or equipment?	☐ YES	☐ NO
Use technical knowledge or skills?	☐ YES	☐ NO
Do any writing, complete reports, or perform duties like this?	☐ YES	☐ NO

In **this job**, how many total hours each day did you:

Walk? _____
Stand? _____
Sit? _____
Climb? _____
Stoop? *(Bend down and forward at waist)* _____

Kneel? *(Bend legs to rest on knees)* _____
Crouch? *(Bend legs & back down & forward)* _____
Crawl? *(Move on hands & knees)* _____
Handle, grab or grasp big objects? _____
Reach? _____
Write, type or handle small objects? _____

Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

_____

_____

_____

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 4 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 4

Rate of Pay $_____	Per *(Check One)* ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year	Hours per day _____	Days per week _____

Describe this job. What did you do all day? *(If you need more space, write in the"Remarks" section.)*

_____

_____

_____

In this job, did you:

Use machines, tools or equipment?	☐ YES	☐ NO
Use technical knowledge or skills?	☐ YES	☐ NO
Do any writing, complete reports, or perform duties like this?	☐ YES	☐ NO

In **this job**, how many total hours each day did you:

Walk? _____
Stand? _____
Sit? _____
Climb? _____
Stoop? *(Bend down and forward at waist)* _____

Kneel? *(Bend legs to rest on knees)* _____
Crouch? *(Bend legs & back down & forward)* _____
Crawl? *(Move on hands & knees)* _____
Handle, grab or grasp big objects? _____
Reach? _____
Write, type or handle small objects? _____

Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

_____

_____

_____

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 5 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 5

Rate of Pay	Per *(Check One)*	Hours per day	Days per week
$_____	☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year	_____	_____

Describe this job. What did you do all day? *(If you need more space, write in the"Remarks" section.)*

_____

_____

_____

In this job, did you:

Use machines, tools or equipment?	☐ YES	☐ NO
Use technical knowledge or skills?	☐ YES	☐ NO
Do any writing, complete reports, or perform duties like this?	☐ YES	☐ NO

In **this job**, how many total hours each day did you:

Walk? _____
Stand? _____
Sit? _____
Climb? _____
Stoop? *(Bend down and forward at waist)* _____

Kneel? *(Bend legs to rest on knees)* _____
Crouch? *(Bend legs & back down & forward)* _____
Crawl? *(Move on hands & knees)* _____
Handle, grab or grasp big objects? _____
Reach? _____
Write, type or handle small objects? _____

Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

_____

_____

_____

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 6 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 6

Rate of Pay $_____	Per *(Check One)* ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year	Hours per day _____	Days per week _____

Describe this job. What did you do all day? *(If you need more space, write in the"Remarks" section.)*

_____

_____

_____

In this job, did you:

Use machines, tools or equipment?	☐ YES	☐ NO
Use technical knowledge or skills?	☐ YES	☐ NO
Do any writing, complete reports, or perform duties like this?	☐ YES	☐ NO

In **this job**, how many total hours each day did you:

Walk? _____
Stand? _____
Sit? _____
Climb? _____
Stoop? *(Bend down and forward at waist)* _____

Kneel? *(Bend legs to rest on knees)* _____
Crouch? *(Bend legs & back down & forward)* _____
Crawl? *(Move on hands & knees)* _____
Handle, grab or grasp big objects? _____
Reach? _____
Write, type or handle small objects? _____

Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

_____

_____

_____

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

SECTION 3 - REMARKS

Use this section to add any information you did not have space for in other parts of the form. Show the page number of the part you are continuing.

BE SURE TO COMPLETE THE BOTTOM OF THIS PAGE.

Name of person completing this form *(Please print)*	**Date** *(Month, day, year)*	
Address *(Number and Street)*	**Email address** *(optional)*	
City	**State**	**Zip Code** –

Social Security Administration

Form Approved
OMB No. 0960-0527

Please read the back of the last copy before you complete this form.

Name (Claimant) **(Print or Type)**	Social Security Number
Wage Earner (If Different)	Social Security Number

Part I

APPOINTMENT OF REPRESENTATIVE

I appoint this person, _____ ,
(Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

☐ Title II (RSDI) ☐ Title XVI (SSI) ☐ Title XVIII (Medicare Coverage) ☐ Title VIII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

☐ I appoint, or I now have, more than one representative. My main representative is _____ .
(Name of Principal Representative)

Signature (Claimant)	Address	
Telephone Number (with Area Code)	Fax Number (with Area Code)	Date

Part II

ACCEPTANCE OF APPOINTMENT

I, _____ , hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

Check one: ☐ I am an attorney. ☐ I am a non-attorney who is eligible to receive direct fee payment.

☐ I am not an attorney and I am ineligible to receive direct fee payment.

I have been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. ☐ YES ☐ NO

I have been disqualified from participating in or appearing before a Federal program or agency. ☐ YES ☐ NO

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature (Representative)	Address	
Telephone Number (with Area Code)	Fax Number (with Area Code)	Date

Part III (Optional)

WAIVER OF FEE

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)	Date

Part IV (Optional)

WAIVER OF DIRECT PAYMENT

by Attorney or Non-Attorney Eligible to Receive Direct Payment

I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Attorney or Eligible Non-Attorney (for Direct Payment) Representative)	Date

INFORMATION FOR CLAIMANTS

What a Representative May Do

We will work directly with your appointed representative unless he or she asks us to work directly with you. Your representative may:

- o get information from your claim(s) file;
- o give us evidence or information to support your claim;
- o come with you, or for you, to any interview, conference, or hearing you have with us;
- o request a reconsideration, hearing, or Appeals Council review; and
- o help you and your witnesses prepare for a hearing and question any witnesses.

Also, your representative will receive a copy of the decision(s) we make on your claim(s). We will rely on your representative to tell you about the status of your claim(s), but you still may call or visit us for information.

You and your representative(s) are responsible for giving Social Security accurate information. It is wrong to willingly furnish false information. Doing so may result in criminal prosecution.

We usually continue to work with your representative until (1) you tell us that he or she no longer represents you; or (2) your representative tells us that he or she is withdrawing or indicates that his or her services have ended (for example, by filing a fee petition or not pursuing an appeal). We do not continue to work with someone who is suspended or disqualified from representing claimants.

What Your Representative(s) May Charge

Each representative you appoint can ask for a fee. To charge you a fee for services, your representative must get our approval. (Even when someone else will pay the fee for you, for example, an insurance company, your representative usually must get our approval.) One way is to file a fee petition. The other way is to file a fee agreement with us. In either case, your representative cannot charge you more than the fee amount we approve. If he or she does, promptly report this to your Social Security office.

o Filing a Fee Petition

Your representative may ask for approval of a fee by giving us a fee petition when his or her work on your claim(s) is complete. This written request describes in detail the amount of time he or she spent on each service provided you. The request also gives the amount of the fee the representative wants to charge for these services. Your representative must give you a copy of the fee petition and each attachment. If you disagree with the information shown in the fee petition, contact your Social Security office. Please do this within 20 days of receiving your copy of the petition.

We will review the petition and consider the reasonable value of the services provided. Then we will tell you in writing the amount of the fee we approve.

What Your Representative(s) May Charge, continued

o Filing A Fee Agreement

If you and your representative have a written fee agreement, one of you must give it to us before we decide your claim(s). We usually will approve the agreement if you both signed it; the fee you agreed on is no more than 25 percent of past-due benefits, or $5,300 (or a higher amount we set and announced in the Federal Register), whichever is less; we approve your claim(s); and your claim results in past-due benefits. We will tell you in writing the amount of the fee your representative can charge based on the agreement.

If we do not approve the fee agreement, we will tell you and your representative in writing. Then your representative must file a fee petition to charge and collect a fee.

After we tell you the amount of the fee your representative can charge, you or your representative can ask us to look at it again if either or both of you disagree with the amount. (If we approved a fee agreement, the person who decided your claim(s) also may ask us to lower the amount.) Someone who did not decide the amount of the fee the first time will review and finally decide the amount of the fee.

How Much You Pay

You never owe more than the fee we approve, except for:

- o any fee a Federal court allows for your representative's services before it; and
- o out-of-pocket expenses your representative incurs or expects to incur, for example, the cost of getting your doctor's or hospital's records. Our approval is not needed for such expenses.

Your representative may accept money in advance as long as he or she holds it in a trust or escrow account. If an attorney or a non-attorney who is eligible to receive direct fee payment represents you, and if your retirement, survivors, disability insurance, and/or supplemental security income claim(s) results in past-due benefits, we usually withhold 25 percent of your past-due benefits to pay toward the fee for you.

You must pay your representative directly:

- o the rest of the fee you owe
  - if the amount of the fee is more than any amount(s) your representative held for you in a trust or escrow account and we withheld and paid your representative for you.
- o all of the fee you owe
  - if we did not withhold past-due benefits, for example, because your representative waived direct payment, or you discharged the representative, or the representative withdrew from representing you before we issued a favorable decision; or if we withheld, but later paid you the money because your representative did not either ask for our approval until after 60 days of the date of your notice of award or tell us on time that he or she planned to ask for a fee.

SOCIAL SECURITY ADMINISTRATION TOE 710 Form Approved OMB No. 0960-0622

REQUEST FOR RECONSIDERATION

(Do not write in this space)

NAME OF CLAIMANT	NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON *(If different from claimant.)*
SOCIAL SECURITY CLAIM NUMBER	SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER
SPOUSE'S NAME *(Complete ONLY in SSI cases)*	SPOUSE'S SOCIAL SECURITY NUMBER *(Complete ONLY in SSI cases)*

CLAIM FOR *(Specify type, e.g., retirement, disability, hospital insurance, SSI, SVB, etc.)*

I do not agree with the determination made on the above claim and request reconsideration. My reasons are:

SUPPLEMENTAL SECURITY INCOME OR SPECIAL VETERANS BENEFITS RECONSIDERATION ONLY

(See the three ways to appeal in the How To Appeal Your Supplemental Security Income (SSI) Or Special Veterans Benefit (SVB) Decision) instructions.)

"I want to appeal your decision about my claim for Supplemental Security Income (SSI) or Special Veterans Benefits (SVB). I've read about the three ways to appeal. I've checked the box below."

☐ Case Review ☐ Informal Conference ☐ Formal Conference

EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - ENTER ADDRESSES FOR BOTH

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

CLAIMANT SIGNATURE			SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE ☐ NON-ATTORNEY ☐ ATTORNEY		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER *(Include area code)*		DATE	TELEPHONE NUMBER *(Include area code)*		DATE

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

See list of initial determinations

1. HAS INITIAL DETERMINATION BEEN MADE? ☐ YES ☐ NO
2. CLAIMANT INSISTS ON FILING ☐ YES ☐ NO
3. IS THIS REQUEST FILED TIMELY? ☐ YES ☐ NO
   (If "NO", attach claimant's explanation for delay and attach only pertinent letter, material, or information in social security office.)

RETIREMENT AND SURVIVORS RECONSIDERATIONS ONLY (CHECK ONE) REFER TO (GN 03102.125)

☐ NO FURTHER DEVELOPMENT REQUIRED (GN 03102.300)

☐ REQUIRED DEVELOPMENT ATTACHED

☐ REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS

SOCIAL SECURITY OFFICE ADDRESS

ROUTING INSTRUCTIONS (CHECK ONE) →

☐ DISABILITY DETERMINATION SERVICES *(ROUTE WITH DISABILITY FOLDER)*

☐ ODO, BALTIMORE

☐ PROGRAM SERVICE CENTER

☐ OIO, BALTIMORE

☐ OEO, BALTIMORE

☐ DISTRICT OFFICE RECONSIDERATION

☐ CENTRAL PROCESSING SITE (SVB)

NOTE: Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records.

HOW TO APPEAL YOUR SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFIT (SVB) DECISION

There are three different ways to appeal. You can pick the appeal that fits your case. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. CASE REVIEW:

You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

You can pick this kind of appeal in all cases.

2. INFORMAL CONFERENCE:

You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

You can pick this kind of appeal in all SSI cases *except* two. You can't have it if we turned down your SSI application for medical reasons or because you're not blind. Also you can't have it if we're giving you SSI but you disagree with the date we said you became blind or disabled. In SVB cases, you can pick this kind of appeal only if we're stopping or lowering your SVB payment.

3. FORMAL CONFERENCE:

This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can do this even if they don't want to help you. You can question these people at your meeting.

You can pick this kind of appeal only if we're stopping or lowering your SSI or SVB payment. You can't get it in any other case.

Now you know the three kinds of appeals. You can pick the one that fits your case. Then fill out the front of this form. We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you the names of these groups.

NOTE: DON'T FILL OUT THIS FORM IF WE SAID WE'LL STOP YOUR DISABILITY CHECK FOR MEDICAL REASONS OR BECAUSE YOU'RE NO LONGER BLIND. WE'LL GIVE YOU THE RIGHT FORM (SSA-789-U4) FOR YOUR APPEAL.

The information on this form is authorized by regulation (20 CFR 404.907 - 404.921 and 416.1407 - 416.1421) and Public Law 106-169 (section 809(a)(1) of section 251(a)). While your response to these questions is voluntary, the Social Security Administration cannot reconsider the decision on this claim unless the information is furnished.

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 8 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213.** *Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.*

Social Security Forms

Form SSA-561-U2

WHEN TO USE THIS FORM

REQUEST FOR RECONSIDERATION

FIRST APPEAL: This request is made by completing the SSA-561-U2, Request for Reconsideration. If you are uncertain whether this is the appropriate request to file, the letter you received explains our determination and contains a paragraph specifically mentioning your right to file a request for reconsideration.

OVERPAYMENT: If you have been overpaid, and do not agree with the fact or the amount of the overpayment, you should complete the SSA-561-U2, Request for Reconsideration.

If you feel you are overpaid but you should not have to pay back the overpayment you should complete a form SSA-632-BK, Request for Waiver of Recovery of an Overpayment.

If you both disagree with the fact you are overpaid (or the amount) and feel, if it is determined you are overpaid, you should not have to refund the overpayment, you can file both requests, SSA-561-U2 and SSA-632-BK.

EVIDENCE: You should present any evidence you have that shows the original determination was incorrect. In the case of a denied claim for a disability benefit you must complete and sign additional forms. These forms are the SSA-3441-F6 , Reconsideration Disability Report, and SSA-827 , Authorization to Disclose Information to SSA.

If you have further questions about filing for reconsideration call 1-800-772-1213, or contact your local SSA office. If you contact us be sure to have available any letters to which you may be referring.

HOW TO COMPLETE THE SSA-561-U2,
REQUEST FOR RECONSIDERATION

1. NAME OF CLAIMANT: Name of the individual on whose behalf this reconsideration is being filed.

2. NAME OF WAGE EARNER OR SELF EMPLOYED INDIVIDUAL: If you receive social security benefits from another person having worked, enter that person's name.

3. SOCIAL SECURITY CLAIM NUMBER: This is the Social Security number of the wage earner as shown in number 2 above with a suffix after it (ie, HA, B2,

C1, D, etc.) It is placed on all correspondence you receive from SSA.

4. SUPPLEMENTAL SECURITY INCOME (SSI) CLAIM NUMBER: For SSI claimants. This will normally be the claimant's Social Security number.

5. SPOUSES NAME: Complete this only if you are filing a reconsideration on an SSI claim.

6. SPOUSES SOCIAL SECURITY NUMBER: Complete this only if you are filing an SSI claim.

7. CLAIM FOR: State the type of claim/decision on which you wish reconsideration (retirement, SSI disability, Social Security disability, SSI overpayment, etc).

8. "I DO NOT AGREE... MY REASONS ARE:": Briefly state the determination with which you disagree and why you disagree with that determination- you can add to this statement by using the back of the form or a continuation sheet.

9. In SSI cases you can request different ways to handle the appeal. Read the attachments to the SSA-561-U2 regarding these methods and mark your preference.

10A. The legal representative signs on the left side and/or the claimant signs on the right side. Addresses should be annotated accordingly. If you wish to have a legal representative (attorney, etc) you need to contact SSA to request a form SSA-1696. You do not have to delay filing your request for this form, however we cannot discuss your case with your legal representative until this form has been filed.

10B. Make sure to provide your current day-time phone number.

YOU DO NOT NEED TO COMPLETE ANYTHING ELSE ON THIS FORM. OUR REPRESENTATIVE WILL COMPLETE THE REST OF THE FORM WHEN WE RECEIVE IT. YOU WILL BE SENT A PHOTOCOPY FOR YOUR RECORDS.

Social Security Appeals Process

Forms:

- Reconsideration Disability Report, SSA-3441-F6
- Authorization to Disclose Information to the Social Security Administration, SSA-827
- Request for Waiver of Recovery of an Overpayment, SSA-632-BK

HOW TO OBTAIN THE SSA-561-U2

Below you will find the FORM SSA-561-U2 REQUEST FOR RECONSIDERATION in Portable Document Format (PDF). The PDF permits you to print out a duplicate of the original form using ANY graphics printer. The PDF was developed by Adobe Systems, Inc. and allows the reader to print a publication close in appearance to the original printed version, preserving typography, columns, charts, tables and graphics.

To read and print a PDF publication, you must have the Adobe Acrobat Reader software installed on your PC. Adobe Systems, Inc. permits the Social Security Administration and other organizations to offer this software to the public free of charge. You can download the Adobe Acrobat Reader version suitable for your system by clicking on this button .

After you download the Adobe Acrobat Reader, come back to this page and download the PDF version of the SSA-561-U2 below. *Remember to enable the "Load to Disk" capability of your WWW browser prior to downloading the SSA-561-U2 in either PDF format*. PDF files are printer independent and should print easily on any graphics printer (i.e., laser, inkjet, dot-matrix).

HOW TO FORWARD THE SSA-561-U2 TO SSA

Print the PDF SSA-561-U2 form on 8 1/2 x 11 inch paper, complete and sign form, fold in thirds, insert it in a standard size number 10 business envelope (4 1/8 x 9 1/2) and mail to your closest Social Security office. If you are not sure where your local office is located, try our Social Security Office Locator service or call 1-800-772-1213.

SSA-561-U2 in

Form Approved
OMB No. 0960-0623

WHOSE ***Records to be Disclosed***

NAME *(First, Middle, Last)*

SSN – –

Birthday *(mm/dd/yy)*

SSA USE ONLY NUMBER HOLDER (If other than above)

NAME

SSN – –

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT ***All my medical records;*** **also education records and other information related to my ability to perform tasks. This includes specific permission to release:**

1. **All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s)** ***including,*** **and not limited to:**
   - **Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)**
   - **Drug abuse, alcoholism, or other substance abuse**
   - **Sickle cell anemia**
   - **Records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS); and tests for HIV.**
   - **Gene-related impairments (including genetic test results)**
2. **Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.**
3. **Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.**
4. **Information created within 12 months after the date this authorization is signed, as well as past information.**

FROM WHOM

- **All medical sources** (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM **The Social Security Administration and to the State agency authorized to process my case** (usually called "disability determination services"), **including contract copy services, and doctors or other professionals consulted during the process.** [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my **eligibility for benefits**, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am **capable of managing benefits ONLY** (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- **I have read both pages of this form and agree to the disclosures above from the types of sources listed.**

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

SIGN ▶

IF not signed by subject of disclosure, specify basis for authority to sign

☐ **Parent of minor** ☐ **Guardian** ☐ **Other personal representative (explain)**

(Parent/guardian/personal representative sign here if two signatures required by State law) ▶

Date Signed	Street Address		
Phone Number (with area code) ( ) –	City	State	ZIP –

WITNESS *I know the person signing this form or am satisfied of this person's identity:*

SIGN ▶

Phone Number (or Address)

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN ▶

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631 (e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs(VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***

Disability Programs

Authorization to Release Medical and Other Information

How Do I Get the Forms?

If you call us to apply, we will mail you the forms.
OR you may visit your nearest Social Security Office
OR you can print the forms (see Printing Authorization Forms). We need your **dated original signature** on all forms.

IMPORTANT: When you contact us to apply, we will tell you where to send or bring the forms.

I'm Applying for A Child. Are the Forms Different?

No. The form and instructions on this site apply to children and adults

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More About Benefits for Children with Disabilities

If you need help with any Social Security forms, you can call us toll free at 1-800-772-1213 or visit your local Social Security office. We'll be glad to help you.

More information about how to contact us.

Instructions: FORM SSA-827

We need your written authorization to help get the information required to process your claim. The SSA-827 is arranged in several sections that provide the most important items legally required for an authorization.

Important Note:

This form is NOT an application for disability benefits. You must contact SSA to apply. These forms are used in addition to your application to collect information about you so we can decide if you meet Social Security's definition of disability.

What is this Form Used For?

The Authorization to Release Information will be used to request medical records from your health care providers and other people who can provide us with information about your disability. We will need a separate form for each place or person that will provide information.

- This form is used to contact your doctors and other health care providers, and others who will give us information about you to help us decide your application for disability benefits.
- When you apply, we will give you the forms. But for convenience, they are available on the Internet.

The **"OF WHAT"** section has everything needed for the release of what is considered especially sensitive information, about mental impairment(s); substance abuse; sickle cell anemia; HIV/AIDS or tests for HIV or sexually transmitted diseases; and gene-related impairments (including genetic test results). This specific authorization is routinely included on the form to speed processing the claim and does not mean that we think you may have any of these conditions. Item number 3, about educational tests, usually only applies when the subject of the disclosure is a child. In order to avoid delays caused by getting more forms signed in the future, we also ask you to authorize disclosure of information that may result from treatment after you sign the form. If you have questions regarding this section, or any other aspect of the SSA-827 call 1-800-772-1213 or contact your local Social Security office.

The **"FROM WHOM"** section covers all the sources we may need to contact to help get information about your claim. We need an **original signed, dated, and witnessed** (not photocopied) form for **EACH** medical or other source that you listed on your disability report form(s):
(SSA-454, SSA-782, SSA-3368, SSA-3441, SSA-3820, SSA-3881, HA-4486).
Please include at least **2 extra original, signed, dated, and witnessed** forms. These forms may be used to get information from sources that you had forgotten about. (For example, if you have 5 sources, we will need at least 7 SSA-827s). Please do not send us copies of a signed form.

The other sections of the form are fairly self-explanatory.

How to Complete the Form?

1. Read the entire form, front and back. The information on the back explains some more about how the form will be used and explains the possible consequences of not signing the form. Additional instructions are also on the form. If you have any questions, please contact us.
2. Be sure the name of the person whose records must be disclosed (the applicant or beneficiary) is written in the upper right corner of the form, with their own Social Security Number. SSA will fill in the rest of that block if needed.
3. Do not fill in the large empty box in the middle of the form; SSA will use this space to help the source identify the information we need.
4. Do not put a check in the empty block under "PURPOSE" unless SSA specifically asks you to.
5. INDIVIDUAL SIGN" - Sign each form in this block.
   - An adult should sign his/her own form.
   - An individual can sign with an "X" if necessary• If an individual has been declared legally incompetent, his/her legal guardian or other legally recognized representative should sign the form.
   - If the individual whose information is going to be disclosed is not the one signing the form, be sure to check the box to the right that shows

that person's authority to sign (parent, guardian, etc.) and then give proof of that legal relationship to SSA. If the subject of disclosure is a minor, then a custodial parent, guardian or other legally recognized representative should sign the form.
    - If the subject of the disclosure is age 12 or older but still considered to be a minor under State law, he or she should sign the form and the parent, guardian or other legally recognized representative should sign in the "Parent/guardian sign" area to the right.

6. ALWAYS enter the DATE the form is signed.
7. Enter the address and daytime phone number of the individual signing the form.
8. "WITNESS SIGN" - The signature of the individual signing the forms must be witnessed by at least one other individual. Many sources will not honor our request unless it is witnessed.
    - The witness can be any competent adult (spouse, social worker, Social Security employee, etc.).
    - The witness should sign and provide his or her address information in case the source wants to confirm the signature.
    - A second witness is usually only required if the subject of the disclosure signs with an "X."

Printing Authorization Forms?

SSA offers forms in Portable Document Format (PDF). To read and print a PDF publication, you must have the Adobe Acrobat Reader ® software installed on your computer. You can download the Adobe Acrobat Reader for no charge.
Authorization to Release Information Form (SSA-827)

What to do with the Form?

Mail it to the Social Security office that is servicing your claim or bring it with you if you are going into that office. If you have not yet filed a claim, please contact us about filing an application for disability benefits.
CONTACT SOCIAL SECURITY NOW.

Other SSA Forms

Disability Report Form Guide

Learn More About Disability Benefits and How We Decide
If You Are Disabled

PHYSICIAN'S/MEDICAL OFFICER'S STATEMENT OF PATIENT'S CAPABILITY TO MANAGE BENEFITS

PAPERWORK REDUCTION ACT:

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 10 minutes to read the instructions, gather the necessary facts, and answer the questions.

In replying, use this address:
SOCIAL SECURITY ADMINISTRATION

TELEPHONE NUMBER (Include Area Code)
( )

DATE

SSA CONTACT

Privacy Act: This report is authorized by sections 205(a) and 205(j) of the Social Security Act, as amended (42 U.S.C. 405(a) and 405(j). While you are not required to respond, your cooperation will help us decide whether any Social Security benefits that may be due should be paid directly to the patient or to someone else on the patient's behalf. Your cooperation in completing and returning this statement will be appreciated.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

IDENTIFYING INFORMATION (SSA Only)
If different from patient

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

SOCIAL SECURITY NUMBER
___ ___ ___ / ___ ___ / ___ ___ ___ ___

PATIENT'S NAME

PATIENT'S ADDRESS (Number and Street, City, State, and ZIP Code)

PATIENT'S SOCIAL SECURITY NUMBER
___ ___ ___ / ___ ___ / ___ ___ ___ ___

PATIENT'S DATE OF BIRTH

YOUR HELP IS NEEDED

The patient shown above has filed for or is receiving Social Security or Supplemental Security Income payments. We need you to complete the back of this form and return it to us in the enclosed envelope to help us decide if we should pay this person directly or if he or she needs a representative payee to handle the funds. **Please Note:** This determination affects how benefits are paid and has no bearing on disability determinations. Thank you for your help.

WHO IS A REPRESENTATIVE PAYEE

A representative payee is someone who manages the patient's money to make sure the patient's needs are met. The payee has a strong and continuing interest in the patient's well-being and is usually a family member or close friend.

WHO NEEDS A REPRESENTATIVE PAYEE

Some individuals age 18 and older who have mental or physical impairments are not capable of handling their funds or directing others how to handle them to meet their basic needs, so we select a representative payee to receive their payments. Examples of impairments which may cause incapability are senility, severe brain damage or chronic schizophrenia. However, even though a person may need some assistance with such things as bill paying, etc., does not necessarily mean he/she cannot make decisions concerning basic needs and is incapable of managing his/her own money.

PLEASE COMPLETE THE INFORMATION ON THE REVERSE OF THIS FORM

1. Date you last examined the patient _____ .

2. Do you believe the patient is capable of managing or directing the management of benefits in his or her own best interest?

By capable we mean that the patient:

- Is able to understand and act on the ordinary affairs of life, such as providing for own adequate food, housing, clothing, etc., and
- Is able, in spite of physical impairments, to manage funds or direct others how to manage them.

☐ Yes — If "Yes", please omit question 3, but be sure to sign and date the form.

☐ No — If "No", please provide a brief summary of the findings that led to this conclusion. Also, complete question 3.

☐ Unsure — If "unsure", please explain.

3. Do you expect the patient to be able to manage funds in the future (for example, the patient is temporarily unconscious)?

☐ Yes ☐ No

If yes, please explain.

NAME OF PHYSICIAN/MEDICAL OFFICER *(Please print.)*	TITLE
ADDRESS *(Number and street, City, State, and ZIP Code)*	TELEPHONE NUMBER *(Include Area Code)* ( )

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF PHYSICIAN/MEDICAL OFFICER	DATE

SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS

Form Approved
OMB No. 0960-0269

REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

*(Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)*

See Privacy Act Notice

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT	3. SOC. SEC. CLAIM NUMBER	4. SPOUSE's CLAIM NUMBER
		– –	– –

5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination made on my claim because:

An Administrative Law Judge of the Office of Hearings and Appeals will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

6. I have additional evidence to submit. ☐ Yes ☐ No

Name and address of source of additional evidence:

(Please submit it to the hearing office within 10 days. Your servicing Social Security Office will provide the address. Attach an additional sheet if you need more space.)

7. Check one of the blocks:
- ☐ I wish to appear at a hearing.
- ☐ I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)

You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. (If you are represented and have not done so previously, complete and submit form SSA-1696 (Appointment of Representative).)
[You should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 9.]

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

8. (CLAIMANT'S SIGNATURE) (DATE)			9. (REPRESENTATIVE'S SIGNATURE/NAME) (DATE)		
ADDRESS			(ADDRESS) ☐ ATTORNEY; ☐ NON ATTORNEY;		
CITY	STATE	ZIP CODE –	CITY	STATE	ZIP CODE –
TELEPHONE NUMBER ( ) –	FAX NUMBER ( ) –		TELEPHONE NUMBER ( ) –	FAX NUMBER ( ) –	

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION-ACKNOWLEDGMENT OF REQUEST FOR HEARING

10. Request received for the Social Security Administration on _____ (Date) by: _____ (Print Name)

(Title) (Address) (Servicing FO Code) (PC Code)

11. Was the request for hearing received within 65 days of the reconsidered determination? ☐ YES ☐ NO
If no is checked, attach claimant's explanation for delay; and attach copy of appointment notice, letter, or other pertinent material or information in the Social Security office.

12. Claimant is represented ☐ Yes ☐ No
☐ List of legal referral and service organizations provided

13. Interpreter needed ☐ Yes ☐ No
Language (including sign language): _____

14. Check one:
- ☐ Initial Entitlement Case
- ☐ Disability Cessation Case
- ☐ Other Postentitlement Case

16. **HO COPY SENT TO**: _____ HO on _____
- ☐ CF Attached: ☐ Title II; ☐ Title XVI; ☐ Title VIII; or
- ☐ Title II CF held in FO to establish CAPS ORBIT; or
- ☐ CF requested ☐ Title II; ☐ Title XVI ☐ Title VIII

(Copy of teletype or phone report attached)

17. **CF COPY SENT TO:** _____ HO on _____
- ☐ CF Attached: ☐ Title II; ☐ Title XVI
- ☐ Other Attached: _____

15. Check all claim types that apply:

☐ RSI only	(RSI)
☐ Title II Disablility-worker or child only	(DIWC)
☐ Title II Disability-Widow(er) only	(DIWW)
☐ SSI Aged only	(SSIA)
☐ SSI Blind only	(SSIB)
☐ SSI Disability only	(SSID)
☐ SSI Aged/Title II	(SSAC)
☐ SSI Blind/Title II	(SSBC)
☐ SSI Disability/Title II	(SSDC)
☐ HI Entitlement	(HIE)
☐ Title VIII Only	(SVB)
☐ Title VIII/Title XVI	(SVB/SSI)
☐ Other - Specify: _____	

Form **HA-501-U5** (5-2003) ef (05-2003)
Destroy Prior Editions

TAKE OR SEND ORIGINAL TO SSA AND RETAIN A COPY FOR YOUR RECORDS

CLAIMANT

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.* ***Send only comments relating to our time estimate to this address, not the completed form.***

Disability Programs

Form SSA-561-U2

Request for Hearing by Administrative Law Judge

If you do not agree with the reconsideration determination we made on your claim, you may file a request for hearing before an Administrative Law Judge (ALJ). To request a hearing, you may use this form or write a letter.

If you are not sure this is the form you should use, the Notice of Reconsideration (reconsideration determination) will tell you that to appeal our determination you should request a hearing before an ALJ. If the notice does not say this, or if you still are not sure this is the form you should complete, call 1-800-772-1213 or your local Social Security office and they will help you to complete the right appeal form.

If you are requesting a hearing on the denial of a claim for disability benefits, you must complete and sign additional forms. These forms are the HA-4486, Claimant's Statement When Request for Hearing is Filed and the Issue is Disability, and SSA-827, Authorization to Disclose Information to SSA. You should also complete an HA-4631, Claimant's Recent Medical Treatment, and an HA-4632, Claimant's Medications. If you have worked since you filed your application for disability benefits, complete an HA-4633, Claimant's Work Background.

You may also need to complete a form SSA-1696, Appointment of Representative, if you are appointing a representative. Your representative should also sign the SSA-1696 before you send it to us.

You must file your appeal within 60 days from the date you got the reconsideration determination. We assume you got the reconsideration determination within 5 days of the date shown on that notice unless you can show us you did not get it within the 5-day period.

Time to Submit New Evidence: You should submit any new evidence you want the ALJ to consider within 10 days of the date that you file this request. If you will not be able to submit the evidence within 10 days, you must ask the ALJ for an extension of time to submit evidence.

How to Obtain the Form

Below you will find Form in Portable Document Format (PDF). To print the PDF version, you will need the Adobe Acrobat reader software. If you do not already have this special software, see our page on downloading and printing PDF documents.

After you download the Adobe Acrobat Reader, come back to this page and download the PDF version of the HA-501:

Request for Hearing by Administrative Law Judge, Form HA-501

How to Complete the Form

1. NAME OF CLAIMANT: Enter your name or the name of the person on whose behalf you are filing the request for hearing.

2. NAME OF WAGE EARNER: If you receive or are applying for Social Security benefits on someone else's work record, enter that person's name.

3. SOCIAL SECURITY CLAIM NUMBER: The Social Security claim number depends on the type of claim you are appealing. If the appeal is on a claim for:

    - Social Security benefits on your work record, enter your Social Security number (SSN).
    - Social Security benefits on someone else's work record (that is, the wage earner in 2.), enter that person's SSN.
    - Social Security benefits on your work record and on the wage earner's work record, enter both SSNs.
    - Supplemental Security Income (SSI), enter your SSN. ·
    - Social Security benefits on the wage earner's work record and SSI, enter both SSNs.

4. SPOUSE'S CLAIM NUMBER: If you are appealing a reconsideration determination in an SSI or concurrent (SSI and Social Security) claim, enter the your spouse's SSN.

5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE: Tell us why you disagree with the reconsideration determination. If you need additional space, you can attach a separate sheet of paper. Include your name and Social Security claim number on any additional pages, and on all correspondence, you send to us.

6. ADDITIONAL EVIDENCE: If you have additional evidence to submit, check this block and enter the name and address of the source. (For example, if you have additional evidence to submit from your treating doctor, you would enter his or her name and address.)

7. APPEARANCE AT THE HEARING: You must check one of the blocks in this item to tell us if you want to appear at a hearing. If you do not want to appear, you must also complete form HA-4608, Waiver of Your Right to Personal Appearance Before an Administrative Law Judge.

8. Signature: Sign and date the form and fill in your address and telephone number. If you are filing on behalf of a child or an incompetent adult, enter your relationship to the claimant (for example, parent or legal guardian).

9. Representative's Signature: If you have a representative he or she should sign and complete this section. Do not delay filing your request for hearing to get your representative's signature. If you do not have a representative and would like someone to represent you (for example, an attorney), your local Social Security office can provide you with a list of representatives for your area.

Do not complete anything below the line that says "TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION - ACKNOWLEDGEMENT OF REQUEST FOR HEARING." We will complete this part of the form when we receive it.

Send the Form

Where To Send The Form

Print the PDF HA-501 on 8 1/2 x 11 inch paper, complete and sign the form, and mail it to your local Social Security office. If you are not sure where your local office is located, try our Social Security Office Locator service or call1-800-772-1213.

SOCIAL SECURITY ADMINISTRATION/OFFICE OF HEARINGS AND APPEALS

Form Approved
OMB No. 0960-0277

REQUEST FOR REVIEW OF HEARING DECISION/ORDER

(Do not use this form for objecting to a recommended ALJ decision.)

*(Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)*

See Privacy Act Notice

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT
3. SOCIAL SECURITY CLAIM NUMBER – –	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER *(Complete ONLY in Supplemental Security Income Case)*

5. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because:

ADDITIONAL EVIDENCE

If you have additional evidence submit it with this request for review. If you need additional time to submit evidence or legal argument, you must request an extension of time in writing now. If you request an extension of time, you should explain the reason(s) you are unable to submit the evidence or legal argument now. If you neither submit evidence or legal argument now nor within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence of record.

IMPORTANT: Write your Social Security Claim Number on any letter or material you send us.

SIGNATURE BLOCKS: You should complete No. 6 and your representative (if any) should complete No. 7. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 7.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

6. CLAIMANT'S SIGNATURE DATE		7. REPRESENTATIVE'S SIGNATURE ☐ ATTORNEY ☐ NON-ATTORNEY	
PRINT NAME		PRINT NAME	
ADDRESS		ADDRESS	
(CITY, STATE, ZIP CODE)		(CITY, STATE, ZIP CODE)	
TELEPHONE NUMBER ( ) –	FAX NUMBER ( ) –	TELEPHONE NUMBER ( ) –	FAX NUMBER ( ) –

THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART

8. Request received for the Social Security Administration on _____ (Date) by: _____ (Print Name)

(Title) (Address) (Servicing FO Code) (PC Code)

9. Is the request for review received within 65 days of the ALJ's Decision/Dismissal? ☐ Yes ☐ No

10. If "No" checked: (1) attach claimant's explanation for delay; and
(2) attach copy of appointment notice, letter or other pertinent material or information in the Social Security Office.

11. Check one:
☐ Initial Entitlement
☐ Termination or other

APPEALS COUNCIL
OFFICE OF HEARINGS AND APPEALS, SSA
5107 Leesburg Pike
FALLS CHURCH, VA 22041 - 3255

12. Check all claim types that apply:

☐ Retirement or survivors	(RSI)
☐ Disability-Worker	(DIWE)
☐ Disability-Widow(er)	(DIWW)
☐ Disability-Child	(DIWC)
☐ SSI Aged	(SSIA)
☐ SSI Blind	(SSIB)
☐ SSI Disability	(SSID)
☐ Health Insurance-Part A	(HIA)
☐ Health Insurance-Part B	(HIB)
☐ Title VIII Only	(SVB)
☐ Title VIII/Title XVI	(SVB/SSI)
☐ Other - Specify: _____	

TAKE OR SEND ORIGINAL TO SSA AND RETAIN A COPY FOR YOUR RECORDS

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***

Social Security Forms

Form HA-520

Request for Review of Decision/ Order of Administrative Law Judge

If you do not agree with the decision or order an Administrative Law Judge (ALJ) made on your claim, you may ask the Appeals Council to review the ALJ's action. To do this, you may use this form or write a letter.

If you are not sure this is the form you should use, the notice you received will tell you that to appeal the ALJ's decision or order you must request Appeals Council review. If the notice does not say this, or you are still not sure this is the form you should complete, call 1-800-772-1213 or your local Social Security Office and they will help you to complete the right appeal form.

You must file your appeal within 60 days from the date you got the hearing decision or order. We assume that you got the hearing decision or order within 5 days of the date shown on the notice unless you can show us you did not get it within the 5-day period.

Time to Submit New Evidence: You should submit any new evidence you want the Appeals Council to consider with your request for review. If you need additional time to submit evidence, you must request it when you file your request for review.

How to Obtain the Form

Below you will find Form in Portable Document Format (PDF). To print the PDF version, you will need the Adobe Acrobat reader software. If you do not already have this special software, see our page on downloading and printing PDF documents.

After you download the Adobe Acrobat Reader, come back to this page and download the PDF version of the HA-520:

Request for Review of Decision/Order of Administrative Law Judge Form HA-520

How to Complete the Form

1. NAME OF CLAIMANT: Enter your name or the name of the person on whose behalf you are filing the request for review.
2. NAME OF WAGE EARNER: If you receive or are applying for Social Security benefits on someone else's work record, enter that person's name.

3. SOCIAL SECURITY CLAIM NUMBER: The Social Security claim number depends on the type of claim you are appealing. If you are appealing a claim for:
   - Social Security benefits on your work record, enter your Social Security number (SSN).
   - Social Security benefits on someone else's work record (that is, the wage earner in 2.), enter that person's SSN.
   - Social Security benefits on your work record and on the wage earner's work record, enter both SSNs.
   - Supplemental Security Income (SSI), enter your SSN.
   - Social Security benefits on the wage earner's work record and SSI, enter both SSNs.
4. SPOUSE'S CLAIM NUMBER: If you are appealing a hearing decision or order on an SSI or concurrent (SSI and Social Security) claim, enter your husband's or wife's SSN.
5. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because: Tell us why you disagree with the hearing decision or order. If you need additional space, you can attach a separate sheet of paper. Include your name and the Social Security claim number on any additional pages, and on all correspondence, you send to us.
6. Signature: Sign and date the form and fill in your address and telephone number. If you are filing on behalf of a child or an incompetent adult, enter your relationship to the claimant (for example, parent or legal guardian).
7. Representative's Signature: If you have a representative he or she should sign and complete this section. Do not delay filing your request for review to get your representative's signature. If you do not have a representative and would like someone to represent you (for example, an attorney), your local Social Security office can provide you with a list of representatives for your area.

Do not complete anything below the line that says "THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART." We will complete this part of the form when we receive it.

Where To Send The Form

Send the Form

Print the PDF HA-520 on 8 1/2 x 11 inch paper and complete and sign the form. You may file this form (or your letter) with your local Social Security office. If you are not sure where your local office is located, try our Social Security Office Locator service or call 1-800-772-1213. You may also mail your request to the Appeals Council, Office of Hearings and Appeals, 5107 Leesburg Pike, Falls Church, VA 22041-3255.

APPENDIX E

Additional Contributors

In addition to those persons and agencies listed in the Acknowledgements, many people contributed to the production of this manual.

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ABBREVIATIONS AND ACRONYMS

AC— Appeals Council

ALJ— administrative law judge

CE— consultative examination

DDS— Disability Determination Services

DSM IV–TR— Diagnostic and Statistical Manual of Mental Disorders IV–Text Revisions

EITC— earned income tax credit

FBR— Federal Benefit Rate

FICA— Federal Insurance Contributions Act

The Grids— medical vocational guidelines

ICD— International Classification of Diseases

IRS— Internal Revenue Service

IRWE— impairment–related work expenses

ISM— In-kind Support and Maintenance

LAPR— lawfully–admitted permanent residence

ME— medical expert

OHA— Office of Hearings and Appeals

PASS— Plans for Achieving Self–Support

PATH— Projects for Assistance in Transition from Homelessness

PMV— presumed maximum value rule

RFC— residual functional capacity

SAMHSA— Substance Abuse and Mental Health Services Administration

SGA— substantial gainful activity

SSA— Social Security Administration

SSDI— Social Security Disability Insurance

SSI— Supplemental Security Income

TANF— Temporary Assistance to Needy Families

TI— temporary institutionalization benefits

TWP— trial work period

USCIS— U.S. Citizenship and Immigration Services

VA— Department of Veterans Affairs

VE— vocational expert

VTR— value of one–third reduction rule

GLOSSARY

1619(a) and (b)— Programs that allow SSI recipients to retain Medicaid eligibility even though earnings may exceed the SGA level.

Activities of daily living— Behaviors that a claimant engages in on a regular basis.

Administrative Law Judge (ALJ)— A judge responsible for holding hearings and making SSA appellate decisions, after a Request for Reconsideration has been denied.

Alien— A person who is not a citizen or national of the United States.

Appeals Council— The final level of appeal for a SSDI or SSI claim before filing in Federal court.

Consultative examination— A medical examination ordered by and paid for by the DDS that provides evidence regarding an applicant's impairment.

Contact person— Person listed on a disability application who can provide information to SSA about an applicant's functioning.

Countable income— The amount of monthly income that SSA attributes to an applicant for SSI benefits. Calculated by taking total net income and subtracting any income exclusions.

Deeming— When income from another person is applied to the income calculation for a SSI applicant or recipient.

Dictionary of Occupational Titles (DOT)— Department of Labor publication that describes how occupations are performed in the national economy. The DOT is used by SSA to help determine whether or not a SSDI or SSI applicant can perform their former work or any other type of work.

Disability Determination Services (DDS)— State agency under contract with SSA to determine medical eligibility for disability benefits.

Disabled— According to SSA, one is disabled if he or she cannot engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment (or combination thereof) which can be expected to result in death or can be expected to last for a continuous period of not less that 12 months.

Diagnostic and Statistical Manual of Mental Disorders–IV–Text Revisions (DSM–IV–TR)— A manual that lists psychiatric and psychological conditions and their characteristics.

Earned income exclusion— Portion of the work income received by an applicant for

disability benefits, that is not considered in determining "countable income."

Expedited reinstatement— Process whereby a recipient of disability benefits who is terminated for earning too much income can quickly begin to receive benefits again if his or her income dips below SSA's income limits. Expedited reinstatement must be requested within 60 months of the date that benefits are terminated for excess income.

Failure to cooperate— Term SSA uses when they ask an applicant to take an action and the applicant does not respond.

Federal Benefit Rate— Monthly maximum amount of SSI that the Federal government pays either an individual or a couple. Many states supplement this amount.

Fully favorable determination— SSA decision that is completely in favor of an applicant for, or recipient of, disability benefits.

Good cause— Valid reason for not complying with a SSA rule or regulation.

Grids— Medical–Vocational guidelines used by SSA at Step 5 of the sequential evaluation process to determine if a person can engage in SGA.

International Classification of Diseases (ICD)— A diagnostic manual.

Impairment–related work expenses— Costs associated with helping a person with disabilities to work.

In–kind income— In–kind income is not cash, but is actually food or shelter, or something you can use to get one of these.

Legal incompetence— A decision issued by a court, after reviewing evidence, that a person is not able to make decisions on his or her own behalf.

Listings, the— Compilation of physical and mental impairments used by SSA to determine whether a SSDI or SSI applicant is disabled at Step 3 of the sequential evaluation process.

Medicaid— A Federal health insurance program for low-income and disabled people.

Medical evidence— In this context, evidence used to indicate the existence of specific impairments and to demonstrate the severity of those impairments. Medical evidence can include objective information such as medical or laboratory tests; treatment records from a hospital or doctor's office; medical or psychiatric conclusions reached by a physician or psychologist; and medical histories.

Medicare— A Federal health insurance program for aged and disabled people.

Notice— Official communication from SSA.

Partially favorable determination— When an applicant is determined disabled, but not for the entire time during which disability was alleged.

Period of ineligibility— A number of months during which a SSI recipient is not eligible to receive benefits.

Presumed value rule— A reduction in SSI benefits, of up to 1/3 + $20, that SSA makes when a person receives in kind assistance and the one third reduction rule does not apply.

Presumptive disability determination— A procedure, authorized by Social Security rules, under which applicants for SSI who have a high probability of being found disabled once all evidence is received can receive up to six months of payments before a full medical evaluation is completed.

Protective filing date— The date SSA recognizes as the official date when an application was filed, even if the application was physically received on a later date.

Release of information— Legal document signed by an applicant allowing a health care or other service provider to release confidential treatment information to the DDS or to SSA.

Representative— Person who has been formally identified to SSA by an applicant as someone who can act on the applicant's behalf.

Representative payee— Person who is responsible for receiving and managing a recipient's SSI/SSDI benefit.

Request for Reconsideration (SSA–561)— Form used to request an initial appeal in a SSDI or SSI case.

Retroactive benefit— Benefits paid from the date as of which a person is determined to be disabled through the date when the determination of disability is issued.

Sequential evaluation process— Five-step process SSA uses to determine if a person is disabled.

Transfer— When an applicant for or recipient of disability benefits gives cash or other resources to another person.

Trial work period— SSDI work incentive program that allows SSDI recipients to continue receiving benefits for a trial period once they are employed.

Unearned income— Any income that is not earned through paid employment (e.g., alimony, child support, retirement benefits)

Unfavorable determination— SSA decision that finds a person ineligible for disability or other benefits.

Unstated income— The difference between documented monthly living expenses and reported monthly income.

One–third reduction rule— A one–third reduction in SSI benefits that SSA makes when a person lives in the household of another person for a full month and receives both food and shelter from that person.

Waiver of overpayment— Formal agreement with SSA that a person who has been overpaid by SSA does not have to pay back some or all of the money.

Whereabouts unknown— Classification for cases that are closed by SSA when an applicant cannot be reached.

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FOR MORE INFORMATION

IN PRINT

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ONLINE

DisabilityInfo.gov: www.disabilityinfo.gov

GovBenefits.gov: www.govbenefits.gov

National Council on Disability: www.ncd.gov

National Law Center on Homelessness & Poverty: www.nlchp.org

Social Security Administration: www.socialsecurity.gov

Social Security Service to the Homeless: www.socialsecurity.gov/homelessness

Social Security Office Locator: s00dace.ssa.gov/pro/fol/fol-home.html

Social Security Regional Websites: www.socialsecurity.gov/regions/regional.html

BY PHONE

National Council on Disability: (202) 272–2004

National Law Center on Homelessness & Poverty: (202) 638–2535

National Organization of Social Security Claimants' Representatives: (800) 431–2804

Social Security Administration: (800) 772–1213
(see Office Locator & Regional Websites links, above, for listings of local phone numbers)

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