SSDI APPLICATION

Privileged attorney-client communication

APPLICANT IDENTIFICATION	INFOR	MATION						
Please provide information as i	appear	rs on the m	ost rece	nt Social Secu	rity Card:			
Name:								
First	Middle	9		Last				Suffix
Social Security Number:								
Have you ever used any other	social s	ecurity nur	mber oth	er than the o	ne listed a	above?	Yes	No
Have you ever used any other If so, list those names below:				provided abo	ove?		Yes	No
	,							
Gender (circle one): Male	remai	е						
Date of Birth:								
Place of Birth:								
Mailing Address:								
Street			,	City	St	ate	Zip C	Code
Residence Address (if differen	t from n	nailing add	dress):					
Street			-	City	Sta	te	Zip C	ode
Telephone Number:			_ (Please	e circle one)	Home	Work	Ce	II
Alternate Number:			(Please	e circle one)	Home	Work	Ce	II
What is the best time of day to	call? (Please circ	le one)					
9am to noon		Noon to	5		Anytime	betwee	n 9am	and 5pr
CURRENT MARRIAGE INFOR	RMATIC	ON (if app	licable)					
Are you currently married?	Yes	No						
Are you legally separated?	Yes	No						

If you a	nswered yes to either question			wing:		
•	What is your spouse's name? _	First	Middle	Last		
•	What is your spouse's social se	curity number				
•	What is your spouse's date of b	oirth:		-		
•	Date of Marriage:					
•	Place of Marriage:City	State	- 1			
•	Please indicate your spouse's e o Employer: o Wages:	employment in				
PRIOR	MARRIAGE INFORMATION (if applicable)				
Have y	ou had prior marriages that las ou had prior marriages that end	ded due to spo	use's death?	Yes Yes	No No	
If you a	answered yes to either question :	n above, pleas	e answer the follo	wing reg	arding your prio	r
•	Prior spouse's Name:					
•	Prior spouse's Social Security N					
•	Prior spouse's date of birth: Date Married:					
•	Place of Marriage:City	State				
•	Date Marriage Ended:					
•	How did the marriage end? (Pl			Death	Annulment	Other
CHILD	REN FOR APPLICANT (These	questions ap	oly to natural, ac	dopted,	and step-childre	en.)
	it in some cases, grandchildren that live ildren that live with you in this section.		t may qualify for bene	fits as well	. Therefore, include a	any
Do you	ı have any children who becam	e disabled bef	ore the age of 22?	Yes	No	
Do you	ı have any unmarried children ı	under the age	of 18?	Yes	No	
Do you	ı have any unmarried children t	that are 18-19	and still attending	g elemen Yes	tary school full t	ime?

Do you have any unmarried children that are 18-19 and still attending high school full time? Yes No							
If you answere	d yes to any of th	e previous question	s, please l	ist those	childre	n's names b	elow:
First:		Last:		SSN: _			
First:		Last:		SSN: _			
First:		Last:		SSN: _			
PARENTS OF	APPLICANT						
Do you have a	parent who recei	ves one-half suppor	t from you	u?	Yes	No	
EMPLOYMEN	T INFORMATION	V					
	ive member of the please indicate the	e U.S Military? e year you began se	Yes rvice:	No			
	in the year 2012?		Yes	No			
•		er:					
		nt Began:					
•		nt Ended:					
	or will you work, answer the follow	in the year 2013? ing:	Yes	No			
•		er:	****				
•	Address:						
•		nt Began: nt Ended:					
	Duto Employmon						
Da	with warm agent's	's history on your S	acial Secu	rity Stat	oment?	(Dlease sire	e one):
Yes	No	Not Sure/Do				(Flease clici	e onej.
Will you allow one):	Social Security A	dministration to cor	ntact your	employ	er if nec	essary? (Ple	ase circle
Yes	No						

DISABILITY INFORMATION					parties and
lave you been unable to work for the last 14 months (at leas	t) becau	ise of illi	ess or injury?	Yes	No
Vill you be unable to work for the next 12 months (at least)	because	of illnes	s or injury?	Yes	No
Vhat date did you become disabled?					
lave you recently applied for Supplemental Security Income to you intend to apply for Supplemental Security Income?	? Yes Yes	No No			
Please indicate if you have previously applied for any of the	ollowin	g benefi	s (check all th	at app	oly):
Social Security					
Supplemental Security Income					
Please explain the nature of your illness of injury (include mer	ital and	physical)	:		
Oo these illnesses or injuries relate to work in any way?	Yes	No			
f yes, did you apply for worker's Compensation?	Yes	No			
AND VOLUME DISCUSSION OF MEDICAL INTERPRETATION	ION 3	YES	NO		
WILL YOU AUTHORIZE DISCLOSURE OF MEDICAL INFORMATION?			NO		