

SSDI APPLICATION

Privileged attorney-client communication

APPLICANT IDENTIFICATION INFORMATION

Please provide information as it appears on the most recent Social Security Card:

Name: _____
 First Middle Last Suffix

Social Security Number: _____ - _____ - _____

Have you ever used any other social security number other than the one listed above? Yes No

Have you ever used any other names other than the one provided above? Yes No
If so, list those names below:

Gender (circle one): Male Female

Date of Birth: _____ - _____ - _____

Place of Birth: _____

Mailing Address: _____
 Street City State Zip Code

Residence Address (if different from mailing address):

 Street City State Zip Code

Telephone Number: _____ (Please circle one) Home Work Cell

Alternate Number: _____ (Please circle one) Home Work Cell

What is the best time of day to call? (Please circle one)
9am to noon Noon to 5 Anytime between 9am and 5pm

CURRENT MARRIAGE INFORMATION (if applicable)

Are you currently married? Yes No
Are you legally separated? Yes No

Do you have any unmarried children that are 18-19 and still attending high school full time?
Yes No

If you answered yes to any of the previous questions, please list those children's names below:

First: _____ Last: _____ SSN: ____ - ____ - ____

First: _____ Last: _____ SSN: ____ - ____ - ____

First: _____ Last: _____ SSN: ____ - ____ - ____

PARENTS OF APPLICANT

Do you have a parent who receives one-half support from you? Yes No

EMPLOYMENT INFORMATION

Are you an active member of the U.S Military? Yes No
If yes, please indicate the year you began service: _____

Did you work in the year 2012? Yes No
If yes, please answer the following:

- Name of Employer: _____
- Address: _____
- Date Employment Began: _____
- Date Employment Ended: _____

Did you work, or will you work, in the year 2013? Yes No
If yes, please answer the following:

- Name of Employer: _____
- Address: _____
- Date Employment Began: _____
- Date Employment Ended: _____

Do you agree with your earning's history on your Social Security Statement? (Please circle one):
Yes No Not Sure/Do not have a statement

Will you allow Social Security Administration to contact your employer if necessary? (Please circle one):
Yes No

DISABILITY INFORMATION

Have you been unable to work for the last 14 months (at least) because of illness or injury? Yes No

Will you be unable to work for the next 12 months (at least) because of illness or injury? Yes No

What date did you become disabled? _____

Have you recently applied for Supplemental Security Income? Yes No

Do you intend to apply for Supplemental Security Income? Yes No

Please indicate if you have previously applied for any of the following benefits (check all that apply):

- Medicare
- Social Security
- Supplemental Security Income

Please explain the nature of your illness or injury (include mental and physical):

Do these illnesses or injuries relate to work in any way? Yes No

If yes, did you apply for worker's Compensation? Yes No

WILL YOU AUTHORIZE DISCLOSURE OF MEDICAL INFORMATION? YES NO