



Checklist for Online Adult Disability Application

The information below will help you gather the information you may need to create a personal *my* Social Security account and complete the online Disability application. We recommend you print this page to use while gathering your information.

Create a personal *my* Social Security Account

You are required to sign in to your existing personal *my* Social Security account, or create one. All new *my* Social Security customers will now create a credential with our credential service providers Login.gov or ID.me. To create a personal *my* Social Security account, you must be a U.S. citizen, at least 18 years old, and have a valid email address and Social Security number. Go to www.ssa.gov/myaccount and select the "Create an Account" button. If you are unable to create a personal *my* Social Security account, you can still complete your application online. We will contact you when we receive and review your application.

File for Benefits Online – The Information You Need

Date and Place of Birth — If you were born outside the United States or its territories

- Name of your birth country at the time of your birth (it may have a different name now).
- Permanent Resident Card number (if you are not a U.S. citizen).

Marriage and Divorce

- Name of current spouse, name of prior spouse (if the marriage lasted more than 10 years or ended in death).
- Beginning and ending dates of marriage(s), place of marriage(s) (city, state, or country, if married outside the U.S.).
- Spouse(s) date of birth and Social Security number (optional).

Names and Dates of Birth of Children Who:

- Became disabled prior to age 22.
- Are under age 18 and are unmarried.
- Are aged 18 to 19 and still attending secondary school full time.

U.S. Military Service

- Type of duty and branch, service period dates.

Employer Details for Current Year and Prior 5 Years (not self-employment)

- Employer name, employment start and end dates, total earnings (wages, tips, etc.).

Self-Employment Details for Current Year and Prior 5 Years

- Business type and total net income.

Direct Deposit — Domestic bank (USA)

- Account type and number.
- Bank routing number.

Direct Deposit — International bank (non-USA)

- International Direct Deposit (IDD) bank country.
- Bank name, bank code, and currency.
- Account type and number, branch/transit number.

Alternate Contact

- Name, address, and phone number of someone we can contact who knows about your medical condition(s) and can help you with your application.

Information about Your Medical Conditions

Information About Doctors, Healthcare Professionals, Hospitals, and Clinics

- Names, addresses, phone numbers, patient ID numbers, and dates of examinations and treatments.
- Names and dates of medical tests you have had and who sent you for them.
- Names of medications (prescriptions and non-prescriptions), reasons for medications, and who prescribed them.

Information About Other Medical Records

- Vocational rehabilitation services, workers compensation, public welfare, prison/jail, an attorney, or another place.

Job History

- Date your medical condition began to affect your ability to work.
- Jobs you had (up to 5) and types of businesses where you worked in the 5 years before you became unable to work because of your condition.
- Dates, hours, and rate of pay for each job.
- Types of duties for each job.

Education and Training

- Highest grade in school completed (provide date of completion), and any special education (school name, city, and state).
- Name of special job training, trade school, or vocational school (provide date of completion).

Medical and Job Worksheet — Adult

Complete this worksheet to get ready for the appointment or when filing online. Please do **not** mail this worksheet to your local office. Did you know that you can start the application process online? Visit www.socialsecurity.gov/applyfordisability for more information!

This worksheet is not the application for Social Security disability benefits. You should bring this worksheet to your appointment or have it with you if your appointment is by telephone.

A. Medical Conditions

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

Conditions	
1.	
2.	
3.	
4.	
5.	

B. If you are not working, when did you stop working? _____

C. Height without shoes: _____ feet _____ inches Weight without shoes: _____ pounds

D. Medical Sources

Please list any doctors, hospitals, clinics, therapists, or emergency rooms you have visited because of your conditions.

Name	Address	Phone Number (with area code)	Date First Seen or Admission Date	Date Last Seen or Discharge Date

Name	Address	Phone Number (with area code)	Date First Seen or Admission Date	Date Last Seen or Discharge Date

E. Medicines

Please list any medicines you take and why you take them. If prescribed, please provide the doctor's name.

Name of Medicine	Why You Take It	Prescribed By

F. Medical Tests

Please list any medical tests you had or are going to have in the future.

Name of Test	Provider Who Sent You	Date(s)

Name of Test	Provider Who Sent You	Date(s)

G. Job History

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

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

Bring this worksheet to your appointment or have it with you if your appointment is by telephone. Do not delay filing your application, even if you do not have all of the information. We will help you get any missing information.



Securing today
and tomorrow

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