### Tips For Preparing To Complete You Application

- You can bring the information with you to your appointment in paper or in digital.
- Be sure to keep this information in a safe place.
- Remember to only use legal names and legal relationships when answering questions.
  - Ex: Legally adopted children and legal marriages
- Keep track of this information. You may need it to fill out other forms the SSA may send you later.
- Bring a friend or family member to help you complete your application and for moral support.



## Resources

#### **Social Security Administration**

1-800-772-1213 1-800-325-0778 (TTY) www.socialsecuirty.gov/disabilty

#### Catalyst, Miami CATALYST

(305) 576-5001

www.catalystmiami.org

#### **Disability Independence Group**



(305) 669-2822 www.justdigit.org

#### New Florida Majority



(305) 754-0118

www.newfloridamajority.org

## What Should I Bring To My SSDI Application Appointment?



## A Checklist for SSDI Application

#### **Personal Information**

- Current legal name and any previous names, including maiden names
- Address, Phone Number, Birthdate
- Birth certificate or religious certificate
- □ Social Security Number (current and any prior)
- Military service, including dates, type of duty, and branch of military
- □ Height (inches) and weight (lbs)
- Name of birth country at time of your birth and any citizenship information
- Information about previous SSA benefits received and the SSN that the benefits were drawn from

#### **Education and Skills Information**

- Highest grade completed and date completed
- Information about any degrees or certificates earned, school information, and dates completed

# Bank Information for Direct Deposit

- □ Routing number
- □ Bank account number and type

#### **Marriage Information**

- Name(s) of any spouse current or prior if the marriage lasted more than 10 years or ended in death
- Spouse(s) date of birth and Social Security Number
- Dates of marriage and divorce or date of spouse's death
- □ Place where married

#### **Work History**

- Names and addresses of places you worked in the 15 years before becoming unable to work
- □ Job titles, general job schedule, and rate of pay for prior jobs
- □ Start and end dates for all employment
- □ Total earnings for jobs (wages, tips, etc.)
- Earnings and business information for any selfemployment
- $\hfill\square$  Reasons for leaving
- The names of any other countries where the applicant has lived and worked

#### **Medical Information**

- Any medical conditions you have
- Medications you take, what they are for, and dosage
- Names, addresses, phone numbers, and specialties for doctors
- □ Dates last treated by doctors
- Names, addresses, and phone numbers of any place that has your medical records – agencies, hospitals, clinics, jail, vocational rehabilitation
  - services, etc.
- Patient ID numbers from treating facilities
- Name and dates of any surgeries, diagnostic tests or treatments and information for the referring physician
- □ Date you stopped working
- Worker's compensation information or information about any other disability services or benefits you receive

#### Information about Children

- Names and Social Security Numbers
- □ Disabilities of Children