



Checklist for Completing Your Disability Report

You can apply for Social Security disability benefits in person at a Social Security office; over the phone; or online. Regardless of which method you choose, you will need to complete several forms, the most important of which is the Disability Report.

The Disability Report asks for information about your past work and medical history. To make sure the form is filled out completely and accurately, you will want to gather this information before you apply. Here is a list of what you should have ready:

- (1) **About you**
 - Your Social Security number.
 - A phone number where you can be reached.
 - The name, address, and phone number of a friend or relative who knows about your condition and can help with your claim.
 - Your height and weight.
- (2) **Your medical conditions and how they affect you**
 - A list of your illnesses, injuries, or conditions that limit your ability to work.
 - A description of how they limit your ability to work. **NOTE:** This is the most important question on the Disability Report. Keep your answer simple and be truthful, but if you are under 50 your answer should explain (a) why you cannot do any job you had in the past 15 years and (b) why you cannot do an easy sit-down job now.
 - The date when your illnesses, injuries, or conditions first began to bother you.
 - The date when you became unable to work.
 - If you worked after you first became ill or injured, how your illnesses or injuries affected you.
 - If you are not working, why you stopped.
- (3) **Your job history**
 - A list of all jobs you had in the 15 years before you became unable to work, including your job title; type of business; dates worked; hours per day; days per week; and rate of pay.
 - A description of the job you did for the longest time.
- (4) **Your health care providers and medical records**
 - A list of all of your doctors, therapists, and health care providers including: name and address; dates of visits; your patient number; date of next appointment; reason for visits; and treatment received.
 - A list of every hospital or clinic at which you were treated; the dates of treatment; the date of your next appointment; your patient number; what treatment you received; and what doctors at the hospital or clinic you see regularly.
 - The identity and contact information of anyone else who has your medical records or information about your conditions, such as Workers' Compensation; insurance companies; attorneys; the welfare department; and prisons.
- (5) **Your medications and medical tests**
 - A list of your medications, including for each medication: the name of the prescribing doctor (if prescribed); the reason for the medication; and any side effects you experience from it.
 - A list of your medical tests, including for each test: the date the test was done; where it was done; and who sent you for it.
- (6) **Your education and training**
 - The highest grade of school that you completed.
 - If you attended special education classes, the dates; school name and address; and type of program.
 - A description of any type of job training, trade or vocational school program that you completed and the date you completed it.
 - If you are participating in a vocational rehabilitation program or receiving other services to help you go to work, the name, address, and phone number of the program; the name of your counselor; and the dates and types of services that you have received.