|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  |  |  |
| **Person Referring:** |  | Phone#: |
| Organization: | Relationship to Person With Disability: |
| Please email or fax back to the DLC: jsmith@dlcak.orgFAX: 907-586-1066Phone: 907-586-1634 |
| \*If the referral is not the person with the disability (PWD), why are they making this request instead of the person with the disability?  |
| **PWD Name:** | City/Zip: | Phone#: |
| Email: | DOB: |
| Disability: |

Do you receive: SSI SSDI Both Yes, but doesn’t know which

 Medicare Medicaid Both Yes, but doesn’t know which

Ethnicity:  Hispanic/Latino  Not Hispanic/Not Latino Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Have you called our office for help before? YES NO |

|  |
| --- |
| PWD Objective: |
| What self-advocacy steps have you taken with this issue? |
| Have you been denied SSI or SSDI?  |

**This is for the person being referred to gather before the initial SSI and SSDI application.**

**This list below is from the Social Security Administration @ WWW.SSA.GOV**

**Checklist For Online Adult Disability Application SSI and SSDI**

This checklist will help you gather the information you may need to complete the online adult Disability application process.

1. **Birth and Citizenship Information**

 If you were born outside the United States or its territories:

1. Name of your birth country at the time of your birth (it may have a different name now)
2. Permanent Resident Card number (if you are not a U.S. Citizen)
3. **Marriage and Divorce**
4. Name of current spouse and prior spouse (if the marriage lasted more than 10 years or ended in death)
5. Spouse(s) date of birth and SSN (optional)
6. Beginning and ending dates of marriage(s)
7. Place of marriage(s) (city, state or country, if married outside the U.S.)
8. **Names and Birth Dates of Children Who**
9. Became disabled prior to age 22, or
10. Are under age 18 and are unmarried, or
11. Are aged 18 to 19 and still attending secondary school full time
12. **U.S. Military Service**
13. Type of duty and branch
14. Service period dates
15. **Employer Details for Current Year and Prior 2 Years (not self-employment)**
16. View your Social Security Statement online at: www.ssa.gov/myaccount
17. Employer name
18. Employment start and end dates
19. Total earnings (wages, tips, etc.)
20. **Self-Employment Details for Current Year and Prior 2 Years**
21. View your Social Security Statement online at: www.ssa.gov/myaccount
22. Business type and total net income
23. **Direct Deposit: Domestic bank (USA)**
24. Account type and number
25. Bank routing number
26. **International Bank (Non-USA)**
27. International Direct Deposit (IDD) bank country
28. Bank name, bank code, and currency
29. Account type and number
30. Branch/transit number
31. **Medical History: Physical and Mental Health Treatment:**

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

**List of your medical conditions**

**Information about Doctors, Healthcare Professionals, Hospitals and Clinics**

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

**Information about other medical records that may be available from vocational rehabilitation services, workers compensation, public welfare, prison or jail, an attorney or lawyer, or another place**

**10: Job History or basic Resume:**

1. Date your medical condition began to affect your ability to work
2. Type of jobs (up to 5) that you had in the 15 years before you became unable to work because of your medical condition
3. Dates you worked at those jobs, if available
4. Type of duties you did on the longest job you had

**11: Education and Training**

1. Highest grade in school completed and date you completed it
2. Name of special job training, trade school or vocational school and date completed
3. Special education school name, city and state, and date completed

Contact at Disability Law Center, Jay Smith or Email: jsmith@dlcak.org

FAX: 907-586-1066 Phone: 907-586-1634