

# Applying for Social Security Benefits

Social Security manages two different programs for people with disabilities: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). You do not need to know which program you qualify for in order to apply. Social Security will make that determination. They will look for SSDI eligibility first. If you do not qualify for SSDI or your SSDI payment will be too small to meet a basic standard of living, Social Security will then look for SSI eligibility.

By law, Social Security has the following definition of disability:

- 1) You must have a disabling medical condition or conditions; and
- 2) You must be unable to do any substantial work because of your medical condition(s). For example, in 2019, substantial work means monthly earnings of more than \$1,220 gross (\$2,040 if blind); and
- 3) Your medical condition(s) must have lasted, or be expected to last, at least 1 year, or result in your death.

You cannot get disability benefits just because your doctor says you are disabled. If you are currently earning more than \$1,220 (\$2,040 if blind) gross a month, you may not be eligible for disability benefits regardless of your medical condition, age, education, or work experience.

## How do I apply for benefits?

You can apply by calling Social Security's toll-free number, 1-800-772-1213. People who are deaf or hard of hearing may call the Social Security's toll-free "TTY" number, 1-800-325-0778, between 7 a.m. and 7 p.m. Monday through Friday. The Social Security operator can make an interview appointment for your application to be taken over the telephone or at a local Social Security office. You can also apply on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov).

After you make an appointment, Social Security will send you release forms and an application. The release forms are necessary in order for your doctor(s) to give Social Security the information needed to determine that you are disabled. The application will help you prepare for your appointment with Social Security.

## What does Social Security want to know about my medical condition?

- 1) Tell Social Security about **all** your health concerns. Sometimes one condition is enough to qualify for disability benefits, but sometimes it is the combination of several health concerns.
- 2) Find the names, addresses, phone numbers and fax number for all the doctors, clinics and hospitals from which you have had treatment and the dates that you received services. If you have any medical records, lab and test results, include them with your application.
- 3) List all the medications you are taking.
- 4) Be very honest about how much you are able to do and what kind of help you require to go through your day. Even if the help is unpaid or is provided by a family member, it is helpful to include that information on your application.

## Who makes the decision about my disability?

In Minnesota, the State Disability Determination Services makes the disability decisions for Social Security. This state agency has doctors, medical professionals and vocational experts. They will contact your doctors and places you received treatment to get information about your medical condition(s). After Disability Determination Services receives your medical information, they may ask you to have an examination or medical test. If they ask you to have an examination

or test, you will not have to pay for it. Responding immediately and keeping appointments will help speed up a decision on your claim.

It takes about 3 to 5 months to get a decision. This depends on how much time it takes to get your medical records and any other evidence needed to make a decision. **The more information you can provide, the better your chance for a faster decision.**

### **What if I am turned down?**

About half of all disability benefit applications are turned down initially. If you are turned down, read the letter from Social Security carefully. The letter will tell you why you were turned down, the information on which they based this decision, and how to appeal the decision. Appealing the decision asks Social Security to look again at your situation and gives you the opportunity to give more information as to why you believe you meet Social Security's definition of disability or other eligibility rules. In the appeal you need to respond to the reasons why Social Security said you were not eligible. For an appeal:

- You should check that all your doctors, clinics and hospitals responded to the request for information. If one of your primary doctors isn't listed on the letter, it could be that the doctor didn't respond to the request for information and the Disability Determination Services needed to make a decision without that information.
- Make sure that all your medical condition(s) were considered.
- Check that the information on which Social Security made its decision was accurate and complete. For example, losing a job while Social Security was making a decision could change Social Security's decision depending upon the circumstances of your job loss.

You may choose to hire an attorney, or work with a social service professional or family member to appeal

the decision. The Work Incentives Connection cannot help you with your application or appeal.

### **WHAT YOU NEED FOR YOUR DISABILITY INTERVIEW WITH SOCIAL SECURITY:**

You should have as much of the following information as possible for your interview. Use this checklist provided by Social Security's website to keep track of the information you gather.

Be sure to keep your appointment. Do not delay filing even if you do not have all of this information. Social Security can help you get any missing information.

- An original or certified copy of your **birth certificate**. If you were born in another country, **proof of U.S. Citizenship** or legal residency.
- If you were in the military service, the original or a certified copy of your **military discharge papers** (Form DD214) for all periods of active duty.
- W-2 forms** from last year or your federal tax return if you were self-employed (IRS 1040 and Schedules C and SE).
- Workers Compensation information**, including: date of injury, claim number and payment amount.
- Social Security Numbers** of your spouse and children.
- Checking or savings account** number, if you have one.
- Name, address and phone number of a person** who can get in touch with you if necessary.
- Medical and job information:**
  - Names, addresses and phone numbers of all doctors, clinics, hospitals and other treatment professionals.

**Medical and job information (continued)**

- Your patient ID number at each of those providers.
- Dates seen by each provider
- Names of medicines you are taking
- Medical records, lab and test results that you have in your possession
- Kinds of jobs and the dates you worked for the 15 years before becoming disabled

**If you might be eligible for Supplemental Security Income, you will also need:**

- Information about the home where you live, such as your mortgage or your lease and landlord's name;
- Payroll slips
- Bank statements
- Insurance policies
- Car registration
- Burial fund records
- Other information about your income and the things you own.

The above checklist information came from the Social Security's website ([SocialSecurity.gov](http://SocialSecurity.gov))

See attached "Medical and Job Worksheet-Adult", also from the Social Security's website ([SocialSecurity.gov](http://SocialSecurity.gov))

**WORK INCENTIVES  
CONNECTION**

a program of **GOODWILL-EASTER SEALS®**  
MINNESOTA

**Remember . . . you can ALWAYS call the Work Incentives Connection with questions about work and your government benefits at:  
651-632-5113 or 800-976-6728 or  
(MN Relay – 711)  
[www.mnworkincentives.com](http://www.mnworkincentives.com)**

This document is funded through a Social Security cooperative agreement. Although Social Security reviewed this document for accuracy, it does not constitute an official Social Security communication.

MEDICAL AND JOB WORKSHEET – ADULT

This worksheet can help you to prepare for your interview or to complete the Disability Report on the Internet. It lists some of the information we will ask you. You may want to write down some of this information in the space provided so you will have it at the interview. We will not collect this worksheet.

A. When did you become unable to work? (Month/Day/Year) \_\_\_\_\_

B. What **medical condition(s), illness(es) or injury(ies)** limit your ability to work? \_\_\_\_\_  
\_\_\_\_\_

C. We will ask you about your medical treatment. What **doctor/HMO/therapist or other person treated your condition(s), illness(es) or injury(ies)** or whom do you expect to treat you in the future? What **month and year** were you there, or do you expect to go there next?

Name, Address, Phone and Patient ID Number(s)

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D. What **hospitals, clinics, or emergency rooms** have you been to, or expect to go to? What **Month and year** were you there, or expect to go there next?

Name, Address, Phone and Hospital/Clinic Number(s)

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____

Continued...

E. What **medications** do you take and **why** do you take them? **If they are prescribed**, we will ask the **doctor's name who prescribed them**. You can bring your prescription bottles with you...

Name of Medication and Why You Take It

Doctor's Name

_____	_____
_____	_____
_____	_____

F. What **medical tests** have you had or are you going to have? We will ask the **name of the place** where you were tested, the **date of the test**, and the **name of the person who sent you** for the test(s).

Name of the Test

Place Where Tested

Person Who Sent You

Date(s)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. What is your **medical assistance number**? \_\_\_\_\_

H. What **kind of work** have you done in the 15 years before you became disabled? We will ask you for the information below.

<b>Job Title</b> (e.g., Cook)	<b>Type of Business</b> (e.g., Restaurant)	<b>Dates worked</b> (month & year) <b>From: To:</b>	<b>Hours Per Day</b>	<b>Days Per Week</b>	<b>Rate of Pay</b> (Per hour, week, year)
_____	_____	____-____-____	_____	_____	\$ _____
_____	_____	____-____-____	_____	_____	\$ _____
_____	_____	____-____-____	_____	_____	\$ _____
_____	_____	____-____-____	_____	_____	\$ _____
_____	_____	____-____-____	_____	_____	\$ _____

**Keep your appointment. Do not delay filing even if you do not have all of the information. We will help you get any missing information.**