Jonathan Ginsberg’s
Disability Answer Guide

Your step by step guide to completing Social Security’s adult disability forms and winning Social Security Disability benefits

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About the author - Jonathan Ginsberg

Overview of Title II disability cases

**Form SSA-16-F6 - Application for Disability Insurance Benefits**

- Form SSA-3368-BK - Disability Report - Adult
- Form SSA-3369-BK - Work History Report
- Form DAS 12-03 02/99 - Daily Living Questionnaire
- Form SSA-795 - Statement of Claimant or Other Person
- Form SSA-7004 - Request for Social Security Statement
- Form SSA-7008 Request for Correction of Earnings Record
- Form SSA-7050-F4 - Request for Social Security Earnings Information
- Form SSA-561-U2 - Request for Reconsideration

**Form SSA-3441-F6 - Reconsideration Disability Report**

- Form SSA-501-U5 - Request for Hearing by Administrative Law Judge
- Form HA-4486 - Claimant’s Statement When Request for Hearing is filed
- Form SSA-821-BK - Work Activity Report
- Form HA-4631 - Claimant’s Recent Medical Treatment
- Form HA-4632 - Medications List
- Form HA-4633 - Work Background
- Form SSA-827 - Authorization for Release of Information to Soc Sec. Administration

Functional Capacity form - physical condition

- Cover letter to doctor
- Sample completed form
- Blank form

Functional Capacity form - mental health condition

- Cover letter to doctor
- Sample completed form
- Blank form
Form SSA-16-F6 - Application for Disability Insurance Benefits
APPLICATION FOR DISABILITY INSURANCE BENEFITS

I apply for a period of disability and/or all insurance benefits for which I am eligible under title II and part A of title XVIII of the Social Security Act, as presently amended.

PART I - INFORMATION ABOUT THE DISABLED WORKER

1. (a) PRINT your name

First Name, Middle Initial, Last Name

Joseph K. Parker

(b) Enter your name at birth if different from item (a)

(c) Check (X) whether you are

☑ Male ☐ Female

2. Enter your Social Security Number

555-55-5555

3. (a) Enter your date of birth

Month, Day, Year

06-08-1950

(b) Enter name of State or foreign country where you were born.

Georgia

If you have already presented, or if you are now presenting, a public or religious record of your birth established before you were age 5, go on to item 4.

(c) Was a public record of your birth made before you were age 5?

☑ Yes ☐ No ☐ Unknown

(d) Was a religious record of your birth made before you were age 5?

☑ Yes ☐ No ☐ Unknown

4. (a) What are the illnesses, injuries, or conditions that limit your ability to work? (Give a brief description.)

See Sample responses

(b) Are your illnesses, injuries, or conditions related to your work in any way?

☐ Yes ☑ No

5. (a) When did you become unable to work because of your illnesses, injuries, or conditions?

Month, Day, Year

10-1-00

(b) Are you still unable to work?

☑ Yes ☐ No

(c) If you are no longer unable to work because of your illnesses, injuries, or conditions, enter the date you became able to work.

Month, Day, Year

N/A

6. (a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, supplemental security income, or hospital or medical insurance under Medicare?

☑ Yes ☐ No ☐ Unknown

If "Yes," answer (b) and (c).

(b) Enter name of person on whose Social Security record you filed other application.

Joseph K. Parker

(c) Enter Social Security Number of person named in (b).

555-55-5555

7. (a) Were you in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968?

☐ Yes ☑ No

If "Yes," answer (b) and (c).

(b) Enter dates of service

FROM: (Month, year)

TO: (Month, year)

(c) Have you ever been (or will you be) eligible for a monthly benefit from a military or civilian Federal agency? (Include Veterans Administration benefits only if you waived military retirement pay)

☐ Yes ☑ No
Overview: This is the first for you fill out to start your disability application. Social Security uses this form as a roadmap for the evaluation of your claim. It is important to provide Social Security with as much information and as much detail as you can.

Part I – Information About the Disabled Worker

1.(a) Print your name exactly as it appears on your Social Security card. If there is a misspelling of your name on your card, use the misspelling and attach a note to your application with the correct spelling. Social Security has a different form to correct a misspelled name.

3.(c) Question about “public record.” This question is referring to a birth certificate or equivalent document. You will likely have to produce a copy of your birth certificate. If you don’t have a copy, you can usually get one from the county office of vital records in the county where you were born.

3.(d) This question is referring to a baptismal or equivalent document issued by your church or synagogue. You will usually not have to produce this document except in situations where you do not have a birth certificate as requested in 3.(c) above.

4.(a) Your response to this question should be very specific, not a vague description of your medical condition and should include each and every medical condition that you suffer from. The office form does not leave you enough space to answer this question properly. I usually recommend that my client write or type out a description on a separate piece of paper, clearly labeled “Answer to Question 4(a) – Form SSA-16-F6.” Make sure to include your name and Social Security number in case the attachment gets separated from the rest of the form.

Your answer should address medical or mental health conditions that impact your ability to work. Remember, Social Security is concerned about your capacity and ability to work. I recommend that you give specific limitations – such as “I cannot stand for more than 10 minutes,” or “I sleep no more than 30 minutes at a time and I have to get up to use the restroom 12 to 15 times a night.”

I also usually recommend that my clients allege depression, anxiety and stress in their applications. First, I think that anyone who makes the very difficult decision to declare themselves “disabled” no doubt feels anxious and sad about this decision. Secondly, an allegation of depression should trigger Social Security to send you out to a consultative examination with a psychologist. Frequently, the psychologist will find some mental
health limitation that can be used later to eliminate one or more categories of jobs. In my view, there is an element of depression in just about every disability claim.

I sometimes find that claimants object to using this “depression angle.” After all, its bad enough to have to ask for government money because you are disabled, now you are claiming that you are crazy too! In my view, this is the wrong way to look at a depression claim. As noted above, it has been my experience that the financial, lifestyle and personal changes claimants go through during the months where they are waiting for disability decision inevitably lead to depression. Is it surprising that a hardworking man or woman who has always supported self and family would object to claiming depression? What I have discovered is that the person going through the transition from worker to disabled former worker does not often realize that he or she is depressed, more short tempered, and more moody. Frequently, family members notice this type of change very readily.

You should also realize that your mental status may very well change during the coming months. And if you do not allege depression at an early stage, you may not be able to raise this issue in 12 months or even longer, when your case goes before a Judge.

Thus, my recommendation is to allege an element of depression in every application for disability benefits.

Another question that frequently arises has to do with medical conditions that result in “good days” and “bad days.” How should you answer Question 4(a)? My belief is that you should answer the question based on how you feel on a bad day. Assuming that you are not working and still you experience good and bad days, imagine how you would feel if you had the added stress of meeting time deadlines, travel and normal job stress where you have little control over your environment.

Remember, this is just the first step in what may end up being a long road before you get your benefits. If you recover your health and return to work, you can always drop your claim for benefits. Statistics, however, suggest that your condition may stay the same or get worse over the next one to two years. Again, think about a “bad day” when answering Question 4(a).

For a back injury an appropriate response might state:
I am unable to work because I have back pain limits my ability to sit or stand for more than 30 minutes or walk more than 50 yards without experiencing pain. I cannot bend, stoop, kneel, crawl or squat. As a result of this condition I have to take pain medications which cause dizziness and drowsiness. I also suffer from depression and anxiety which affects my ability to interact with co-workers, friends and family. In addition, I suffer from high blood pressure and am an insulin dependent diabetic.
For a fibromyalgia claim an appropriate response might state:
I am unable to work because I suffer from fibromyalgia syndrome. Due to this condition I have pain throughout my body, muscle weakness, frequent severe headaches, digestive problems, irritable bowel syndrome, slurred speech, vision problems, swelling, memory loss, cognitive loss and fatigue. The symptoms prevent me from sleeping at night and I cannot sit, stand or walk for more than 30-60 minutes without becoming completely exhausted. As a result of my condition I am severely depressed and become very anxious when I am expected to perform normal daily activities as would be expected of a normal, healthy person.

For diabetes related problems, an appropriate response might state:
I was diagnosed with diabetes 8 years ago, and my doctor put me on insulin two years ago (in March of 2000). At least 4 days a week, I wake up with very low blood sugar, a severe headache, blurred vision and generalized fatigue. Approximately 4 months ago, I noticed that my blurred vision would persist throughout the day and I have developed tingling and numbness in my hands and feet. I have also had a great deal of difficulty controlling my blood sugar throughout the day, even with the insulin. As a result of my diabetic condition, I must avoid extremes of heat and cold. I find that I tire easily and that I can walk no more than 50 yards before I have to rest for 10 to 15 minutes. I also find that when I stand for more than 10 minutes, my feet grow so numb that I cannot feel them. I can sit for around 30 minutes, but I have to stand up and move around every 10 to 12 minutes to keep my circulation going.

At least 4 times a day, when my blood sugar is low, I find that I become disoriented and have difficulty speaking. My social activities are greatly curtailed. I find that I am growing more and more depressed and anxious over this worsening of my diabetes and I frequently experience outbursts of anger and crying spells.

For a psychological claim an appropriate response might state:
I am severely depressed which causes paranoia, decreased energy, poor memory, an inability to sleep, difficulty concentrating or thinking and suicidal ideations. My depression prevents me from making simple decisions, maintaining appropriate social behaviors, care for myself appropriately and present myself in unfamiliar places. In addition, my medications cause my dizziness and extreme nausea, but without my medications I cannot even get out of bed.

4.b Do your injuries stem from an on the job injury? Is a claim for workers’ compensation benefits involved? You and your family’s Social Security disability benefits may be reduced if you have received workers’ compensation benefits. This is called the “workers’ compensation offset.”

Social Security calculates the offset differently in each State, depending on how that State regulates workers’ compensation. If workers’ compensation is involved in your case, you may want to consult with a lawyer to determine the best strategy to maximize your recovery.
At the very least, you should keep a file containing all of your workers’ compensation paperwork and you should not sign any settlement paperwork unless you clearly understand the impact of settlement – if any – on your Social Security benefit claim.

5. (a)(b)(c)

This important group of questions refer to what is known as your “onset date.” This is the date the disability began, the date the disability prevented you from working, or both. I recommend that you choose the earliest date that your ability to perform work was affected by your medical condition.

Do not be afraid to push back the starting date for your benefit payments if you were getting special considerations during your last few weeks or months of work. Here is an example: A former client of mine had been working at a textile factory for over ten years. During this time, her diabetes became more and more troublesome and by March of 1995, she was not able to lift heavy spools of thread, nor was she able to see well enough to operate her sewing machine. Her supervisor was her aunt and her co-workers were her friends. For the next six months, they covered for my client and she continued to work as much as she could. Despite her best efforts, however, she frequently missed one or more days of work each month and she frequently had to lie down or leave early.

My client’s last “official” day of work was October 15, 1995. However, at the hearing, we amended her onset to February 28, 1995. I successfully argued that the time from March 1 through October 15 was not in the nature of “competitive work” because my client was receiving special considerations that no regular employee could expect to receive.

Here is another tip: when choosing an onset date, it is better to use the last day of the previous month rather than the 1st of the next month (example: March 31 is better than April 1). Why? In Disability cases, Social Security will not pay you for the first five full months of your disability. Thus, if you allege disability beginning July 2, you will not be paid benefits for five full months. If the disability begins on July 2, July is not considered a “full” month. The 5 month waiting period will start in August, and conclude in December. The first payment you would receive will be for the following January.

By contrast, if you allege that your disability began on June 30, the month of July will count towards the five month waiting period. Your first payment will be in December. If your payment amount is $1000 per month, this tip will put an extra $1000 in your pocket.

Note that you can always change your onset date. In fact, I sometimes get a call from a Judge or a Judge’s assistant offering to grant a case if my client will agree to a change in the onset date.

I have even seen cases where a claimant is still working, but claimed an onset date back to the time when he no longer had the capacity to perform “competitive” work. Think back to the last few weeks or months of your employment. Were you getting special considerations? Did you miss a lot of time? If so, use the last date in which you performed the job as it was meant to be performed as your onset date.
Here's another reason to use the earliest possible onset date. At present, you can recover past due benefits for 1 year prior to your application date. Thus, if you file your application on February 12, 2000, you can recover benefits back to February 12, 1999.

Don't forget, however, the 5 month waiting period -- which runs the first five full months of your disability. In this example, you would maximize your benefits by claiming an onset in July, 1999. The five month waiting period would start in August, run through September, October, November, December, 1998 and January 1999. Benefits would commence in February 1999.

**Summary:** you may not always be able to claim an onset as far back as it takes to maximize your benefit. However, it is definitely to your advantage to use the earliest possible onset, and, if possible, use the last day of the month prior to your actual onset.

*Question 5(c)* asks when your condition improved to the point where you could return to work. Note that it does not ask if you have returned to work -- but if you are able to work.

As you may know, “disability” is defined by Social Security as the inability to engage in substantial gainful activity (i.e. competitive work, school or work like activities) resulting from a medical or mental health condition that has lasted or is expected to last for 12 months.

Thus, it is possible to receive benefits for a “closed period” of time – starting on one date and ending on another. This closed period must be 12 months or longer. Thus, if you are trying for a closed period of disability, you want to make sure that your claimed onset date is at least 12 months from the date you acknowledge that you could return to work.

Again, there is no harm in evaluating this aggressively. If you had difficulty returning to work, identify the return to work date as the first date in which you were able to engage in competitive work - five days a week, 8 hours a day with regular breaks.

What about part time work? Social Security defines “substantial gainful activity” (SGA) as “work that involves doing significant and productive physical or mental duties and is done or intended for pay or profit.” Thus, part time work that is not “significant and productive” may or may not constitute SGA. You are not expected to make this decision at the application stage. Use the dates that are most beneficial to you – you can always back off later.

6. This question asks about prior disability applications. In some instances, you can “reopen” prior applications and recover months or years of past due benefits. Again, if you previously applied for benefits, received a denial, then tried unsuccessfully to return to work, you may be eligible for months or years of past due benefits.

The rule used for reopening: you can reopen for any reason if your current application was filed within 1 year of the initial denial of your prior application.

**Example:** Tom filed an application for benefits on November 15, 1997, and received a denial notice on March 3, 1998. He filed a reconsideration appeal on April 15, 1998, and received a recon denial on July 22, 1998. Tom failed to file for a hearing within 60 days and his case was dismissed. Tom then refilled a new application on February 5, 1999.
In this example, Tom has the right to reopen his November 15, 1997 application since his current application was filed within 1 year of the initial denial of Application 1. However, had Tom waited until March 5 to file his new application, he would have been out of luck.

Believe it or not, a prior application need not be a formal application using a Social Security form. There are cases where a simple phone call asking about benefits is considered an “application.” Think back – was there ever a time when you or a loved one acting on your behalf contacted Social Security for any reason whatsoever? That contact may constitute an application, which, if reopened, may put thousands of dollars in your pocket.

7. Question 7 asks if you have been in the military and if you are not or may be eligible for another federal benefit. In some cases, a finding of disability by another federal agency can speed up the approval process of your Social Security claim.
8. (a) Have you filed (or do you intend to file) for any other public disability benefits? (Include workers' compensation and Black Lung benefits) □ Yes (If "Yes," answer (b.) )  ✗ No (If "No," go on to item 9.)

(b) The other public disability benefit(s) you have filed (or intend to file) for is (Check as many as apply):
- Veterans Administration Benefits
- Supplemental Security Income
- Welfare
- Other (If "Other," complete a Workers' Compensation/Public Disability Benefit Questionnaire)

9. (a) Do you have social security credits (for example, based on work or residence) under another country's Social Security System? (If "Yes," answer (b.) ) (If "No," go on to item 10.)

     □ Yes  ✗ No

(b) List the country(ies): ____________________________

10. (a) Are you entitled to, or do you expect to become entitled to, a pension or annuity based on your work after 1956 not covered by Social Security?

     □ Yes (If "Yes," answer (b) and (c).)  ✗ No (If "No," go on to item 11.)

(b)  □ I became entitled, or expect to become entitled, beginning MONTH  YEAR

(c)  □ I became eligible, or expect to become eligible, beginning MONTH  YEAR

I agree to notify the Social Security Administration if I become entitled to a pension or annuity based on my employment after 1956 not covered by Social Security, or if such pension of annuity stops.

11. (a) Did you have wages or self-employment income covered under Social Security in all years from 1978 through last year?  □ Yes  ✗ No

     (If "Yes," skip to item 12.) (If "No," answer (b.).)

(b) List the years from 1978 through last year in which you did not have wages or self-employment income covered under Social Security.

12. Enter below the names and addresses of all the persons, companies, or Government agencies for whom you have worked this year and last year. IF NONE, WRITE "NONE" BELOW AND GO ON TO ITEM 14.

   NAME AND ADDRESS OF EMPLOYER
   (If you had more than one employer, please list them in order beginning with your last (most recent) employer)

   Work Began  Work Ended
   (If still working show "Not Ended")

   MONTH  YEAR  MONTH  YEAR

   (If you need more space, use "Remarks" space on page 4.)

13. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim?  □ Yes  ✗ No

14. THIS ITEM MUST BE COMPLETED, EVEN IF YOU WERE AN EMPLOYEE.

   (a) Were you self-employed this year and last year? (If "Yes," answer (b.) ) (If "No," go on to item 15.)  □ Yes  ✗ No

   (b) Check the year or years in which you were self-employed:  
   In what kind of trade or business were you self-employed? (For example, storekeeper, farmer, physician) 
   Were your net earnings from your trade or business $400 or more? (Check "Yes" or "No")
   ☐ This year  ☐ Last year  ☐ Year before last

   ☐ Yes  ☐ No  ☐ Yes  ☐ No

15. (a) How much were your total earnings last year? (Count both wages and self-employment income. If none, write "None.") Amount $ ______

   (b) How much have you earned so far this year? (If none, write "None.") Amount $ ______

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8. Certain types of public disability payments can affect the amount you receive in Social Security disability benefits. Public disability payments that may affect your Social Security benefit are those paid under a federal, state, or local government law or plan that pays for conditions that are not job-related. Examples are civil service disability benefits, military disability benefits, state temporary disability benefits, and state or local government retirement benefits which are based on disability.

If these other benefits were awarded following a disability evaluation procedure (such as VA benefits), Social Security may give the favorable disability determination weight, thereby helping your case.

9. Do you have Social Security credits from another country – complete if applicable.

10. In 1977, Congress began treating government pensions, such as those earned by educators, as Social Security benefits. There is a two-thirds offset for anyone also earning a public pension. Since disability looks at the last 10 years, the issue of how to treat Social Security equivalent programs rarely applies. It might apply for retirement Social Security, however. If you are not certain, you should request a transcript of your Social Security earnings (Form SSA-7050-F4).

11. You will be eligible for Disability if you are now disabled, but worked in the past and paid Social Security taxes. Your work history must be fairly recent and longstanding. The general rule (there are many exceptions) is that you must have worked and paid Social Security taxes for five out of the last ten years. You can request an earnings and benefit statement - Form SSA-7004 - from the Social Security Administration which will tell you if you have paid enough Social Security taxes to be "insured" for Disability and the amount you can expect to receive.

12. Here, Social Security asks you for a work history for the current year and previous year. They are not asking for a complete work history -- only the current calendar year and the last calendar year. They ask this question here because your Social Security record may not be updated -- especially if you extended your tax returns or did not have to pay taxes because of low income. Again, there is not enough space and you should answer this question by attaching a separate paper (identified with your name, social security number and reference to question 12) giving your work history.

13. May Social Security contact your employers? - Yes

14. Self employed workers who become disabled can be eligible for Disability if they have paid the government enough self-employment tax and/or FICA tax to qualify for SSDI coverage. However, if you did not pay the appropriate taxes you will not qualify. There are two books available from the Social Security Administration - "Social Security: How You Earn Credits" and "If You're Self-Employed."

15. (a) and (b) – Total earnings last year only, and this year. Social Security asks this question here because your earnings and Social Security credits for this year and last year may not yet be posted. If you are just short of coverage, this year and/or last year’s earnings
could be critical. Social Security will use your response to this question in these close cases to decide whether or not to continue development of your file. (Get a copy of your earnings record using form SSA-7004).
(c) Did you receive any money from an employer(s) on or after the date in item 5(a) when you became unable to work because of your illnesses, injuries, or conditions? (If "Yes", give the amounts and explain in "Remarks" on page 4.)

☐ Yes ☒ No

Amount $________

(d) Do you expect to receive any additional money from an employer such as sick pay, vacation pay, other special pay? (If "Yes", please give amounts and explain in "Remarks" on page 4.)

☐ Yes ☒ No

Amount $________

PART II — INFORMATION ABOUT THE DISABLED WORKER AND SPOUSE

16. Have you ever been married? (If "Yes," answer item 17.) (If "No," go on to item 18.)

☒ Yes ☐ No

17. (a) Give the following information about your current marriage. If not currently married, show your last marriage below.

To whom married: Lisa Parker

When (Month, day, year): 04-16-1970

Where (Name of City and State): Atlanta, Georgia

Your current or last marriage

Marriage performed by:
☒ Clergyman or public official
☐ Other (Explain in Remarks)

Spouse’s Social Security Number (if none or unknown, so indicate): 333-33-3333

(b) Give the following information about each of your previous marriages. (If none, write "NONE." )

To whom married: None

When (Month, day, year): 

Where (Name of City and State): 

Your previous marriage

How marriage ended:
☐ UNDER AGE 18
☐ AGE 18 TO 19 AND ATTENDING SECONDARY SCHOOL
☐ DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)

Spouse’s Social Security Number (if none or unknown, so indicate): 

(Use a separate statement for information about any other marriages.)

18. Have you or your spouse worked in the railroad industry for 7 years or more?

☑ Yes ☒ No

PART III — INFORMATION ABOUT THE DEPENDENTS OF THE DISABLED WORKER

19. If your claim for disability benefits is approved, your children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on your earnings record.

List below: FULL NAME OF ALL such children who are now or were in the past 12 months UNMARRIED and:

- UNDER AGE 18
- AGE 18 TO 19 AND ATTENDING SECONDARY SCHOOL
- DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)

(IF THERE ARE NO SUCH CHILDREN, WRITE "NONE" BELOW AND GO ON TO ITEM 20.)

Robert Parker

Marie Parker

20. Do you have a dependent parent who was receiving at least one-half support from you when you became unable to work because of your disability? (If "Yes," enter name and address in "Remarks" on page 4.)

☐ Yes ☐ No
(c) — total amount of funds received from employer after your alleged onset date claimed at question 5(a) — this is asking for salary received while you were working at less than full capacity, accrued vacation, or sick leave. This also includes workers’ compensation, long term and short term disability. I recommend attaching a separate sheet explaining what you earned — such as:

**Question 15 (C) — Funds received from employer after onset date of July 3, 1999**

- **Salary from July 4, 1999 — September 3, 1999** (my work was at less than full capacity, I missed man days, and I was on modified light duty) — $1,819.23
- **Short term disability — September 4, 1999 — November 5, 1999** — $3,000
- **Long term disability — December 1, 1999 — present** — $12,583

Total received from onset date to present: $17,402.23

(d) If you expect to receive additional money:

Sample answer: *Yes, I am receiving on-going Long Term Disability benefits of $1,235 per month.*

Sample answer: *Yes, I am receiving on-going workers’ compensation benefits of $225 per week.*

16. Asks if you have ever been married. If you are currently married, fill in the section entitled “your current or last marriage”

17. If you are divorced or widowed, identify your most recent spouse.

Question 17(b) also has a space for information about a previous marriage. If you have more than one previous marriage, identify each, giving the information requested at 16(b).

Question 17 is referring to legally recognized marriages. Remember, you can only be married to one person at a time. If you have been separated from your legal spouse for years, and have been living with another person ever since, your spouse is the person from whom you have been separated. Since spouse’s and children’s benefits come into play, not to mention issues of inheritance, the filing of a Social Security application may be a good time to deal with any marriage, divorce or other domestic issues.

18. Railroad retirement benefits are payable to individuals and family members of individuals who worked in the railroad industry. This program is similar to, but separate, from Social Security benefits and benefits are not payable to one individual from both sources.
19. Other members of your family may start getting a check if you win your case and are found disabled. For example, if your benefit check is $1,000 per month, your dependent child may get $450. Thus, it is most definitely to your advantage to list the names of our dependents. My advice is to list all of your children that may possibly meet the criteria for dependent benefits. Remember, this process takes a while and what your 18 year old who is not eligible today because he is not in school, may be eligible next month if he goes back.

My advice is to list the name of your child and his/her date of birth. Ex. “Josie Marie Paper – d/o/b: 9/15/90”

20. If you have dependent parents age 62 or older, they may be eligible for payments when you die. The form does not give you space to list their names – I suggest putting their names, dates of birth and ages on a paper you attach to your application.
IMPORTANT INFORMATION ABOUT DISABILITY INSURANCE BENEFITS – PLEASE READ CAREFULLY

I. SUBMITTING MEDICAL EVIDENCE: I understand that as a claimant for disability benefits, I am responsible for providing medical evidence showing the nature and extent of my disability. I may be asked either to submit the evidence myself or to assist the Social Security Administration in obtaining the evidence. If such evidence is not sufficient to arrive at a determination, I may be requested by the State Disability Determination Service to have an independent examination at the expense of the Social Security Administration.

II. RELEASE OF INFORMATION: I authorize any physician, hospital, agency or other organization to disclose to the Social Security Administration, or to the State Agency that may review my claim or continuing disability, any medical record or other information about my disability.

I also authorize the Social Security Administration to release medical information from my records, only as necessary to process my claim, as follows:

• Copies of medical information may be provided to a physician or medical institution prior to my appearance for an independent medical examination if an examination is necessary.
• Results of any such independent examination may be provided to my personal physician.
• Information may be furnished to any contractor for transcription, typing, record copying, or other related clerical or administrative service performed for the State Disability Determination Service.
• The State Vocational Rehabilitation Agency may review any evidence necessary for determining my eligibility for rehabilitative services.

THIS MUST BE ANSWERED

21. DO YOU UNDERSTAND AND AGREE WITH THE AUTHORIZATIONS GIVEN ABOVE?
   [ ] Yes [ ] No
   (If "No," explain why in "Remarks.")

22. Check if applicable:

[ ] I am not submitting evidence of [ ] my [ ] the deceased's earnings that are not yet on [ ] my [ ] his/her earnings record. I understand that these earnings will be included automatically within 24 months, and any increase in benefits will be paid with full retroactivity.

REMARKS (You may use this space for any explanation. If you need more space, attach a separate sheet.)

III. REPORTING RESPONSIBILITIES: I agree to promptly notify Social Security if:

• My MEDICAL CONDITION IMPROVES so that I would be able to work, even though I have not yet returned to work.
• I GO TO WORK whether as an employee or a self-employed person.
• I apply for or begin to receive a workers' compensation (including black lung benefits) or another public disability benefit, or the amount that I am receiving changes or stops, or I receive a lump-sum settlement.
• I am confined to jail, prison, a penal institution or correctional facility for conviction of a crime or I am confined to a public institution by court order in connection with a crime.

The above events may affect my eligibility or disability benefits as provided in the Social Security Act, as amended.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT
Signature (First name, middle initial, last name) (Write in ink)

Joseph K. Parker

Date (Month, day, year) 11-6-02

Telephone Number(s) at which you may be contacted during the day, include the area code
(313) 811-9111

FOR OFFICIAL USE ONLY
Routing Transit Number
C/S Depositor Account Number

No Account

Direct Deposit Refused

Applicant's Mailing Address (Number and street, Apt No., P.O. Box, or Rural Route) (Enter Residence Address in "Remarks," if different.)

City and State ZIP Code County (if any) in which you now live

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in Signature block.

1. Signature of Witness

Address (Number and street, City, State and ZIP Code)

2. Signature of Witness

Address (Number and street, City, State and ZIP Code)

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21. Question 21 is not easy to find. It is to the right of a notice that says “THIS MUST BE ANSWERED” and it asks you to check a box in which you agree that the Social Security Administration may request and your medical providers may release all information about your medical history for the purpose of deciding your case. I have never heard of a case where someone refuses to agree to this authorization, but if you do refuse, you need to set out your reasons in writing.

22. Question 22 asks you to check a box about whether you are submitting evidence of your or your deceased spouse’s earnings not yet on your earnings record. Since you probably don’t yet have a copy of your earnings record, you will probably just check that you are not submitting any new evidence. You can and should get a copy of your earnings record by filling out Form SSA-7004, which can be found in this book.
FOR YOUR INFORMATION

An agency in your State that works with us in administering the Social Security disability program is responsible for making the disability decision on your claim. In some cases, it is necessary for them to get additional information about your condition or to arrange for you to have a medical examination at Government expense.

Collection and Use of Information From Your Application — Privacy Act Notice/Paperwork Act Notice

The Social Security Administration is authorized to collect the information on this form under sections 202(b), 202(c), 205(e), and 1872 of the Social Security Act, as amended (42 U.S.C. 402(b), 402(c), 405(a), and 1395(ii)). While it is VOLUNTARY, except in the circumstances explained below, for you to furnish the information on this form to Social Security, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure benefits not authorized by the Social Security Act. The information on this form is needed to enable Social Security to determine if you and your dependents are entitled to insurance coverage and/or monthly benefits. Failure to provide all or part of this information could prevent an accurate and timely decision on your claim or your dependent’s claim, and could result in the loss of some benefits or insurance coverage.

Although the information you furnish on this form is almost never used for any other purpose than stated in the foregoing, there is a possibility that for the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another governmental agency as follows: 1. to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. to comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Veterans Administration); and 3. to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT NOTICE AND TIME IT TAKES STATEMENT:

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.
**RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS**

<table>
<thead>
<tr>
<th>PERSON TO CONTACT ABOUT YOUR CLAIM</th>
<th>SSA OFFICE</th>
<th>DATE CLAIM RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**TELEPHONE NUMBER (INCLUDE AREA CODE)**

Your application for Social Security disability benefits has been received and will be processed as quickly as possible.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you change your address, or if there is some other change that may affect your claim, you — or someone for you — should report the change. The changes to be reported are listed below.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

<table>
<thead>
<tr>
<th>CLAIMANT</th>
<th>SOCIAL SECURITY CLAIM NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**CHANGES TO BE REPORTED AND HOW TO REPORT**

**FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID**

- You change your mailing address for checks or residence. To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.

- You go outside the U.S.A. for 30 consecutive days or longer.

- Any beneficiary dies or becomes unable to handle benefits.

- Custody Change—Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.

- You are confined to jail, prison, penal institution or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime.

- You become entitled to a pension or annuity based on your employment after 1958 not covered by Social Security, or if such pension or annuity stops.

- Your stepchild is entitled to benefits on your record and you and the stepchild’s parent divorce. Stepchild benefits are not payable beginning with the month after the month the divorce becomes final.

- Change of Marital Status—Marriage, divorce, annulment of marriage.

- You return to work (as an employee or self-employed) regardless of amount of earnings.

- Your condition improves.

- If you apply for or begin to receive workers’ compensation (including black lung benefits) or another public disability benefit, or the amount of your present workers’ compensation or public disability benefit changes or stops, or you receive a lump-sum settlement.

**HOW TO REPORT**

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above changes occur, the changes should be reported by calling:

(Telephone Number—Include Area Code)
Form SSA-3441-F6
Reconsideration Disability Report
RECONSIDERATION DISABILITY REPORT

PLEASE PRINT, TYPE OR WRITE CLEARLY AND ANSWER ALL ITEMS TO THE BEST OF YOUR ABILITY. If you are filing on behalf of someone else, answer all questions. COMPLETE ANSWERS WILL AID IN PROCESSING THE CLAIM.

PRIVACY ACT: The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1633(a) of the Social Security Act. The information on this form is needed by Social Security to make a decision on your claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on your claim and could result in the loss of benefits. Although the information you furnish on this form is almost never used for any purpose other than making a determination on your disability claim, such information may be disclosed by the Social Security Administration as follows: (1) To enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., the General Accounting Office and the Veterans Administration); (3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security program (e.g., to the Bureau of the Census and private concerns under contract to Social Security). These and other reasons why information about you may be used or given out are explained in the Federal Register. If you would like more information about this, any Social Security office can assist you.

Date Claim Filed

PART I - INFORMATION ABOUT YOUR CONDITION

1. Has there been any change (for better or worse) in your illness or injury since you filed your claim? □ Yes □ No

If "Yes," describe any changes in your symptoms.

I continue to experience severe back pain. I have difficulty standing and walking. I remain depressed and have problems concentrating.

2. Describe any physical or mental limitations you have as a result of your condition since you filed your claim.

I have been diagnosed with irritable bowel syndrome. I experience severe abdominal pain and frequent nausea. I use the restroom constantly throughout the day. I have blurred vision.

3. Have any restrictions been placed on you by a physician since you filed your claim? □ Yes □ No

If "Yes," give name, address, and telephone number of the physician and show what kinds of restrictions have been imposed.

DR. Brain Berman: 473 Oldtree Lane, Atlanta, GA - (422) 233-3333

No lifting over 5 lbs, no driving, no climbing ladders

4. Do you have any additional illness or injury that you feel we should know about? □ Yes □ No

If "Yes," describe the kind of illness or injury and the date that it occurred.

I have breathing problems and I am frequently out of breath.
PART II - INFORMATION ABOUT YOUR MEDICAL RECORDS

5. Have you seen any physician since you filed your claim? .................................................. ☑ Yes ☐ No
   If "Yes," provide the following about the physician you last visited:

   NAME
   Dr. Steven R. Goldberg
   ADDRESS (Include ZIP Code)
   1627 Noble Dr.
   Atlanta, Ga. 30301
   AREA CODE AND TELEPHONE NUMBER (404) 873-4567
   HOW OFTEN DO YOU SEE THIS PHYSICIAN? Every 2 Months
   DATE YOU SAW THIS PHYSICIAN June 2002
   REASONS FOR VISITS
   Dr. Goldberg is my urologist

   TYPE OF TREATMENT RECEIVED (include drugs, surgery, tests)
   tests and medicine

6. Have you seen any other physician since you filed your claim? ...................................... ☐ Yes ☑ No
   If "Yes," show the following:

   NAME
   ADDRESS (Include ZIP Code)
   AREA CODE AND TELEPHONE NUMBER
   HOW OFTEN DO YOU SEE THIS PHYSICIAN?
   DATE YOU SAW THIS PHYSICIAN
   REASONS FOR VISITS

   TYPE OF TREATMENT RECEIVED (include drugs, surgery, tests)

   If you have seen other physicians since you filed your claim, list their names, addresses, dates and reasons for visits in Part V.

7. Have you been hospitalized, or treated at a clinic or confined in a nursing home or extended care facility for your illness or injury since you filed your claim? ............................................. ☑ Yes ☐ No
   If "Yes," show the following:

   NAME OF FACILITY Northside Hospital
   PATIENT OR CLINIC NUMBER 767
   WERE YOU AN INPATIENT? (Stayed at least overnight) ☑ Yes ☐ No
   IF "YES," SHOW DATES OF ADMISSIONS AND DISCHARGES
   WERE YOU AN OUTPATIENT? ☑ Yes ☐ No
   IF "YES," SHOW DATES OF VISITS 6-18-01
   REASON FOR HOSPITALIZATION, CLINIC VISITS, OR CONFINEMENT
   ER visit for severe back pain

   TYPE OF TREATMENT RECEIVED (include drugs, surgery, tests)
   tests, drugs

   If you have been in other hospitals, clinics, nursing homes, or extended care facilities for your illness or injury, list the names, addresses, patient or clinic number, dates and reasons for hospitalization, clinic visits, or confinement in Part V.

8. Have you been seen by other agencies for your injury or illness? ...................................... ☐ Yes ☑ No
   (VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, Special Schools, Unions, etc.)
   If "Yes," show the following:

   NAME OF AGENCY
   ADDRESS OF AGENCY (Include ZIP Code)
   YOUR CLAIM NUMBER
   DATES OF VISITS
   NAME OF COUNSELOR, SOCIAL WORKER, ETC.

   TYPE OF TREATMENT OR EXAMINATION RECEIVED (include drugs, surgery, tests)

   If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received in Part V.

Form SSA-3441-F6 (2-88) EF (3-99) 2
**PART III - INFORMATION ABOUT WORK**

9. Have you worked since you filed your claim? □ Yes □ No

If "Yes," you will be asked to give details on a separate form.

**PART IV - INFORMATION ABOUT YOUR ACTIVITIES**

10. How does your illness or injury affect your ability to care for your personal needs?

   I need help getting dressed and getting my shoes on.
   I need help getting in and out of the shower.

11. What changes have occurred in your daily activities since you filed your claim?

   (If none, show, "None")

   None

**PART V - REMARKS AND AUTHORIZATIONS**

12.(a) READ CAREFULLY: I authorize the Social Security Administration to release information from my records, as necessary to process my claim, as follows:

   Copies of my medical records may be furnished to a physician or a medical institution for background information if it is necessary for me to have a medical examination by that physician or medical institution. The results of any such examination may be given to my personal physician.

   Information from my records may also be furnished, if necessary, to any company providing clerical and administrative services for the purposes of transcribing, typing, copying or otherwise clerically servicing such information. The State Vocational Rehabilitation Agency may also have access to information in my records to determine my eligibility for rehabilitative services.

   I understand and concur with the statement and authorizations given above, except as follows (if there are no exceptions, write "None" in the space below. If you do not concur with any part of the above statement, state your objections clearly):

12.(b) Telephone number where you can be reached:  

Best time to reach you:
12.(b) Use this section to continue information required by prior sections. Identify the section for which the information is provided. Note: This section may also be used for any special or additional information which you wish to be recorded.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paper Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON THE CLAIMANT'S BEHALF)

SIGN HERE  

Thomas Smith  

DATE  

2-6-03

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness  

Address (Number and street, city, state, and ZIP code)  

2. Signature of Witness  

Address (Number and street, city, state, and ZIP code)
13. Check each item to indicate whether or not any difficulty was observed:
(Explain all items checked “Yes,” in Item 14 below)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td></td>
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<tr>
<td>Writing</td>
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<td>Answering</td>
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<td>Hearing</td>
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<td>Speaking</td>
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<tr>
<td>Understanding</td>
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<td>Using Hands</td>
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<td>Breathing</td>
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<td>Seeing</td>
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<td>Walking</td>
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<tr>
<td>Sitting</td>
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<tr>
<td>Assistive Devices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Specify):

14. If any of the above items were checked “Yes,” describe the observed difficulty:

15. Describe fully: General appearance, behavior, any unusual observed difficulties not noted elsewhere, any unusual circumstances surrounding the interviews.
16. Claimant requires assistance ................................................................. □ Yes □ No
   If "Yes," show name, address, phone number, and relationship of interested person.
   Also show why claimant requires assistance (foreign-speaking, unable to ambulate, etc.)

17. Capability development appears needed .................................................. □ Yes □ No
   If "Yes," indicate whether DO will undertake development because it is also developing
   medical evidence from a special arrangement source. (Show name and address of source.)

18. Is development of work activity necessary? ............................................... □ Yes □ No
   If "Yes," is an SSA-821 or SSA-820-F4 □ Pending □ In File

19. SSA-3441 Taken By:
   □ Personal Interview
   □ DO/BO □ Home □ Other  
   □ Telephone
   □ Mail

Signature of Interviewer or Reviewer          Title          DO, BO, or TSC  Date

Form SSA-3441-F6 (2-88) EF (3-99)  6
Form SSA-3441-F6
Reconsideration Disability Report

Overview: this form should be submitted along with the Request for Reconsideration (Form SSA-561-U2).

When you file your reconsideration appeal, your case is again reviewed by the Disability Adjudication Section (the same office that denied your claim initially). Statistically, very few cases are granted at the reconsideration appeal level and there has been talk about eliminating it entirely.

The main purpose of this report is to update Social Security as to any new physicians or medical treatment you have received. Also, if you previously forgot to mention a medical condition that contributes to your disability, now is the time. If you don’t raise a new condition until the hearing stage, it is likely that the Judge will not consider a newly raised impairment at the hearing.

Filling out the form

At the top of the form, there is space for your name and Social Security number. Even though it says “For SSA Use Only,” you should write in your name and Social Security number if this section is blank.

If you are filing under your own name and Social Security number, you are both the Wage Earner and the Claimant. If you are filing a disabled widow’s benefit claim using a deceased spouse’s social security number, your deceased spouse is the Wage Earner and you are the claimant.

Question 1 – change in condition: I recommend putting something in this box – you may even want to use the same paragraph that you used at Form SSA-561-U2 in the “I do not agree with the determination” box.

Question 2 – describe any limitations…: This is where you would identify new limitations that you have not previously mentioned. Question 3 – doctor limitations: if your doctor has advised you not to work, identify that doctor.

Question 4 - If you have a condition that is bothering you, but for which you have never received treatment, list it here to preserve your rights. If you don’t list a medical or mental health problem on the reconsideration form, you may have trouble raising it later at the hearing stage.

Question 5, 6 and 7: If you have seen any new physicians or been hospitalized at a new place since you originally filed, list that provider here. If you did not make a copy of your original application and don’t remember if you listed a particular doctor, it is okay to list it here anyway.
Question 8 – have you been seen by other agencies: If you have a VA claim, list the VA claims office. If you have a worker’s compensation claim, reference your lawyer for the “address of agency:”

Example: Name of agency: worker’s compensation claim
claim number: 123456
Address of agency: Tom Smith vs. Acme Supply
c/o Jonathan Ginsberg, Esq.
1854-A Independence Square
Atlanta, GA 30338

Question 9 – work attempts: If you have tried to work, check “yes” and write in “unsuccessful” underneath. If you have not tried to work, check “no.”

Question 10 – personal needs: if you need help (even occasionally) getting dressed or bathing, mention it here.

Question 11 – changes in daily activities: this question is unclear to me. If your daily activities remain the same since filing, write “none.”

Question 12: don’t forget to write down a valid phone number and the best time to reach you.

Page 4 of form – don’t forget to sign and date the form.