



A CHECKLIST FOR APPLYING FOR SOCIAL SECURITY DISABILITY

| ✓ | Information you will need to bring to your Spector and Lenz appointment |
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| | Date of Birth and Place of Birth. - Note if you were born outside the US - bring your Permanent Resident Card if you are not a US citizen. |
| | Medications - bring a list of your current medications, including dose and frequency - list an major side effects of each medication |
| | Doctors - list of your doctors name, phone number, hospital - who else have you seen for medical care: physical therapy, psychologist, chiropractor, etc. |
| | Conditions - draw up a <u>complete</u> list of conditions including stroke, heart attack, allergies. |
| | Work - the exact date you last worked (not fired, not quit, not after FMLA) - last date of work |
| | Medicaid Number: if applicable. Start and End dates. |
| | Workers compensation - list for each claim - - what claim was filed for - when filed - when settled - amount of settlement |
| | Current Health Insurance: - plan name and your plan ID number (bring card) - start and end dates with current employer - start and end dates for your group health insurance plan |
| | Marriage and Divorce status - name of current spouse, date of birth, and Social Security number - name of prior spouse - Beginning and ending dates of marriage(s) - Place of marriage (city, state) |
| | Names and DOB of Chidden who... - under age 18 and unmarried - aged 18-19 and attending high school full time - became disabled before age 22 |
| | Military Service - type of duty and branch - service period dates |

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| | Employer details - for current year and prior two years (not self-employment) - Employer name - start and end dates - Social Security statement (online at www.socialsecurity.gov/myaccount) |
| | Self-employment details - for current year and prior two years - business type - total net income |
| | Direct deposit - account type and number - bank routing number |

