



Checklist for Online Adult Disability Application

The information below will help you gather the information you may need to create a **my Social Security** account and complete the online Disability application. We recommend you print this page to use while gathering your information.

Create a **my Social Security Account**

You are required to login to your existing **my Social Security** account, or attempt to create one. To create an account, we will ask you a series of identity questions for verification. You may want to have certain items on hand to be prepared for additional security questions, such as, but not limited to: **mobile phone (for the purpose of receiving texts and emails), credit card, W-2, and tax forms.**

File for Benefits Online – The Information You Need

Date and Place of Birth - If you were born outside the United States or its territories:

- Name of your birth country at the time of your birth (it may have a different name now)
- Permanent Resident Card number (if you are not a U.S citizen)

Marriage and Divorce

- Name of current spouse, name of prior spouse (if the marriage lasted more than 10 years or ended in death)
- Spouse(s) date of birth and SSN (optional)
- Beginning and ending dates of marriage(s), place of marriage(s) (city, state or country, if married outside the U.S.)

Names and Dates of Birth of Children Who:

- Became disabled prior to age 22, or
- Are under age 18 and are unmarried, or
- Are aged 18 to 19 and still attending secondary school full time

U.S. Military Service

- Type of duty and branch, service period dates

Employer Details for Current Year and Prior 2 Years (not self-employment)

- View your Social Security Statement online at www.socialsecurity.gov/myaccount
- Employer name, employment start and end dates, total earnings (wages, tips, etc.)

Self-Employment Details for Current Year and Prior 2 Years

- View your Social Security Statement online at www.socialsecurity.gov/myaccount
- Business type and total net income

Direct Deposit - Domestic bank (USA)

- Account type and number
- Bank routing number

Direct Deposit - International bank (non-USA)

- International Direct Deposit (IDD) bank country
- Bank name, bank code, and currency
- Account type and number, branch/transit number

Alternate Contact

- 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

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

Information About Other Medical Records

- Vocational rehabilitation services, workers compensation, public welfare, prison/ jail, an attorney, or another place

Job History

- Date your medical condition began to affect your ability to work
- Type of jobs (up to 5) that you had in the 15 years before you became unable to work because of your condition
- Type of duties you did on the longest job you had

Education and Training

- Highest grade in school completed (date), and any special education (school name, city and state)
- Name of special job training, trade school or vocational school and date completed