



# 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](http://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](http://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