

Disability Benefits Checklist for Adults Applying on the Internet

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This checklist will help you gather the information you may need to complete the *Internet Disability Benefits Application* and the *Disability Report*. Please print this page to use while you gather your materials.

| DISABILITY APPLICATION | |
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| | Military Service discharge information (Form DD 214) for all periods of active duty. |
| | W-2 Form (or your IRS 1040 and Schedules C and SE if self-employed) from last year. |
| | Social Security Number(s) for your spouse and minor children. |
| | Checking or savings account number and bank routing number, if you want Direct Deposit for your benefit checks. |
| DISABILITY REPORT | |
| | Name, address and phone number of someone we can contact who knows about your medical conditions and can help with your claim. |
| | Names, addresses, phone numbers, patient ID numbers, and dates of treatment for all doctors, hospitals, and clinics. NOTE: You may want to refer to any Medical Records you have. |
| | Names of medicines you are taking and who prescribed them. NOTE: You may want to have your medicine bottles available. |
| | Names and dates of medical tests you have had and who sent you for them. |
| | Types of jobs and dates you worked for your last 5 jobs. |
| | Information about any insurance or workers' compensation claims you filed, such as claim number and name, address and phone number of insurance company. |

We may contact you for additional information after you submit your application and report.