Applying for Social Security Disability Benefits

A Guidebook for People with MS and their Healthcare Providers

For more information, visit **nationalMSsociety.org/SSDGuide.**

CARLOS
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National Multiple Sclerosis Society

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Introduction

The Social Security Administration (SSA) recognizes MS as a chronic illness or "**impairment**" that could cause disability severe enough to prevent a person from working. Any of the following (or other) MS symptoms may become severe enough to interfere with a person's ability to continue in the workforce:

- Difficulty walking, maintaining balance or engaging in other physical activities
- Difficulty using your arms, hands and fingers to carry out tasks
- Difficulty seeing
- Difficulty with cognitive tasks such as information processing, memory, attention, multi-tasking, problem-solving, planning and prioritizing
- Inability to function physically or cognitively for sustained periods of time because of severe fatigue
- Problems with breathing, swallowing or speaking
- Severe and persistent depression or other mood changes
- Severe and persistent pain

A person with multiple sclerosis (MS) who is unable to work eight hours a day, five days a week due to MS-related impairments and/or other conditions may qualify as disabled. The same medical criteria (See Appendix B) apply whether a person is applying for **Social Security Disability Insurance — SSDI** (for individuals who have worked for a sufficiently long time and paid enough Social Security taxes — FICA) or for **Supplemental Security Income — SSI** (for individuals who have not worked or paid Social Security taxes and are elderly, blind and/or disabled with very limited means).

Applying for Social Security Disability is a complex process that requires a close collaboration between the person with MS and her or his healthcare providers. As part of the application process, the Social Security Administration considers input from the healthcare providers and the person with MS — as well as from family members, friends and colleagues who may be able to supply valuable information — to help them determine whether the person qualifies as disabled under the law. The challenge for both people with MS and their healthcare providers lies in understanding the specific criteria established by law for a person with MS, and making sure that the information and evidence provided in the application directly address those criteria. Too many applications are denied simply because the applicant and healthcare providers have not provided the right information in the right way.

This Guidebook is designed to help people with MS and their healthcare providers work collaboratively to submit a successful disability application. Ideally, the conversation about applying for disability should begin well before a decision is made to do so. If either the person with MS or the healthcare provider anticipates that MS symptoms are likely to make it impossible for the person to stay in the workforce, it is time to start the conversation. This will help to ensure that the person with MS is tracking and reporting worsening symptoms or increasing work-related challenges, and that the healthcare provider is documenting these changes in the person's medical record. It will also help to ensure that the healthcare provider is recommending any additional testing or evaluations — for example, neuropsychological testing to assess changes in cognition that may be interfering with work performance. All of this documentation provides the consistent evidence required to support a successful disability application.

To facilitate this kind of patient-provider collaboration, the guidebook provides:

- Information on the essential roles played by both the person with MS and the healthcare provider in the application process
- A glossary
- A timeline of the steps involved in the application process
- A description of the disability criteria for MS, including reference numbers for, and links to, the relevant sections of the law
- A series of worksheets to help people with MS put together their medical and work histories, track their symptoms and the impact of those symptoms on work-related activities, and gather pertinent input from family and friends
- A Disability Evaluation Checklist to help healthcare providers gather and record the required medical information and write an effective **Medical Source Statement (MSS)** in support of the person's application.
- Sample descriptions used in Medical Source Statements (MSS) from a physician (and/or advanced practice registered nurse, physician assistant, licensed optometrist) and a psychologist that accompany the medical record to support the person's application
- Resources for assistance with the completing the application
- Information about steps to take if the application is denied
- Additional resources

Introducing the New Social Security Listing of Impairments for Multiple Sclerosis

The Social Security Administration (SSA) has significantly revised the criteria for evaluating neurological disorders, including multiple sclerosis (MS). The revisions — the first since 1985 — were done in order to update the medical criteria (**Listings**), provide more information on how SSA evaluates neurological disorders and make other changes that reflect experiences and feedback over the past few decades.

The key to a successful disability application is linking a person's condition, symptoms and associated challenges with the specific Listings in the numbered sections of the law, making sure to include the relevant number for each problem as well as wording that is similar to the descriptive terms used in the Listing. The SSA decision-makers are not medical professionals. Therefore, the easier the applicant and her or his healthcare provider(s) make it for the reviewer to connect a particular symptom or impairment with a specific section of the law, the easier it is for the reviewer to approve the application.

Quick Tip

The same medical criteria apply whether a person with an employment history is applying for **SSDI — Social Security Disability Insurance** (for individuals who have worked for a sufficiently long time and paid enough Social Security taxes — FICA) or for **SSI — Supplemental Security Income** (for individuals who have not worked or paid Social Security taxes and are very poor, elderly, blind and/or disabled with very limited means).

The common physical, cognitive and emotional symptoms of MS that can interfere with an adult's ability to function at work or in school are covered in three separate sections of the Listing:

- **11.09 – Neurological–Adult — Multiple Sclerosis**
- **2.00 – Special Senses and Speech**, which includes the abnormalities of the eye, optic nerve or optic tracts that can occur in MS
- **12.00 – Mental Disorders**, which includes mood and cognitive disorders that can occur in MS as well as in other medical or psychiatric conditions

Each of these major sections of the law has numerous sub-sections with very specific criteria. If a person with MS does not meet the criteria for disability due to physical impairments under 11.09 and/or 2.0, it is still possible to qualify for disability due to cognitive or mood problems under 12.00.

Refer to Appendix B for a detailed summary of the multiple sclerosis Listing.

Getting Started — First Steps for You and Your Healthcare Provider(s)

Determining if SSDI is Right for You

SSDI is a cash benefit for people who:

- Have an adequate work history and have paid enough Social Security taxes to have "insured status"
- Have a disability caused by disease or injury that is severe enough to prevent them from working a full eight-hour day, five days per week
- Have a severe disability that has lasted or is expected to last for a continuous period of at least 12 months, or that is expected to result in death

Quick Tip

The amount of cash benefits SSDI will pay you is roughly based on the amount of wages you had in your lifetime before you stopped working. You can use these quick SSA tools to find out the amount of your benefit:

- **Social Security Statement**. Once a year, SSA mails you a copy of your Social Security Statement with information on the types of SSA benefits you are entitled to receive based on your work history. To request your estimated monthly benefit amount and/or a copy of your Statement, call SSA or go to socialsecurity.gov/mystatement.
- **SSA Benefits Calculator**. Estimate your potential benefit payment using a web-based benefit calculator at socialsecurity.gov/planners/calculators.htm. Select the option for the adult disability benefits calculator.

If you are no longer able to work, you and your healthcare provider(s) need to be able to prove that your MS-related symptoms are severe enough to prevent you from being able to perform the physical and/or mental demands of your past job(s) or of other jobs in the U.S. economy.

The SSA provides two quick assessment tools to help you determine whether you qualify to receive SSDI:

- **The SSA Disability Planner** (ssa.gov/planners/disability). This tool explains the benefits that are available and how you can qualify. It also explains how to apply for the benefits and what happens when your application is either approved or denied.
- **The SSA Benefit Eligibility Screening Tool — BEST** (ssabest.benefits.gov). This tool can help you determine which programs you might qualify for based on the answers you provide to some questions.

Substantial Gainful Activity (SGA) is one of the first criteria that SSA considers. Your application for benefits will be denied if you are still working and engaging in SGA. In 2017, for a person who is not blind, SGA wages are $1,170 per month ($1,950 for someone who is statutorily blind). This means that if you earn more than $1,170 per month, you will be considered capable of engaging in substantial gainful activity and will not be considered disabled by SSA. In evaluating your substantial gainful activity, SSA will deduct the costs of impairment-related work expenses before calculating your income. For example, SSA will deduct the costs of assistance traveling to and from work, assistance at work with personal functions, or assistance with work-related functions. If, with these deductions, you are still engaging in substantial gainful employment, you will want to delay applying for SSDI until you are no longer able to earn that much money. When calculating your substantial gainful activity, SSA does not consider income from non-employment sources, such as interest or investments or private disability/pensions.

Note: If, after completing these assessment tools, you do not think you and your healthcare provider(s) can prove that your MS symptoms prevent you from working, see: **nationalMSsociety.org/Employment**. You might be able to make changes in your current job, job duties, or accommodations that will allow you to continue working despite your symptoms. Call the National MS Society at 1-800-344-4867 for more information.

Talking with Your Healthcare Provider(s)

As soon as you or your healthcare provider(s) become concerned that MS-related symptoms (physical, cognitive and/or emotional) are making it impossible for you to continue working, it is important to begin the conversation about applying for disability. The more thoroughly you and your provider(s) understand the process and requirements and the more carefully you present the personal, employment and medical evidence, the more likely you are to be successful with your application. You may need to schedule one or more appointments with your provider(s) just to plan for your SSA application.

Note: SSA requires medical information from a healthcare provider who is treating you (referred to as a "**treating source**"), and will accept that information from any Acceptable Medical Source (AMS). SSA's AMS list includes: licensed physicians, licensed or certified psychologists, licensed optometrists, licensed, qualified speech-language pathologists, physician assistants, and advance practice registered nurses. Information from any other provider you are seeing — for example, a registered nurse, chiropractor, licensed clinical social worker, would not be considered sufficient by itself. The evidence provided by all of these AMS is given equal weight in recognition of the fact that in today's healthcare environment, many people receive their care from a wide range of providers. SSA is looking for consistent, substantial evidence from your healthcare providers that you are unable to continue working

eight hours a day, five days a week. Therefore, the healthcare providers who have known you the longest (e.g., your primary care provider and your neurologist), and maintained the most detailed records of your symptoms and disability progression, will be in the best position to support your disability application.

Your role will be to gather information into one, organized file containing:

- All work and medical records, including all of the worksheets in Appendix D. Keep the originals of everything you receive and make copies of them as needed.
- Letters or testimonials (see Worksheet 4) that support your claim, from family members, colleagues, friends. The SSA is well aware that your healthcare providers see you for only limited periods of time and may not be knowledgeable about all of the ways that your MS symptoms impact your ability to function.
- A completed SSA Adult Disability Application Starter Kit (available from your local SSA field office or online at **socialsecurity.gov/disability/disability_starter_kits.htm**).
- Contact information for your healthcare providers, SSA, National MS Society and others you may need.
- A personal calendar (or journal) to track the application process.
- This guidebook and any other information related to your claim. If your healthcare providers do not have a copy of this guidebook, make copies for them or ask their offices to do it for you.
- Information about the disability policy at your place of employment.

Your healthcare providers' role will be to become familiar with the disability criteria for a person with multiple sclerosis (Appendix B), answer your questions about how those criteria relate to the MS-related impairments you have, ensure that all relevant tests and evaluations are being done, and document in your medical record the results, along with complete descriptions of your impairments and their impact on your ability to perform on the job. The support of your healthcare providers is essential in the application process.

Finding Assistance If You Need It

You don't have to do all of this on your own. You can ask a friend, family member, or caregiver to help gather your work and medical information or go with you on visits with your doctor(s) and SSA. You can ask SSA (1-800-772-1213; TTY 1-800-325-0778) or the National MS Society (1-800-344-4867) for guidance. You also have the option of getting a lawyer or other representative to assist you.

Quick Tip

Consider forming a support team of friends, family members, professionals, and others to help with your preparations, application process, and follow up. That way you can avoid being overwhelmed and can submit your application more quickly.

Anyone can help with any part of your disability benefits application process. For more information about how a family member, friend or other representative can assist you, see Appendix E.

Preparing Your Application — Next Steps for You and Your Healthcare Provider(s)

When you and your healthcare provider(s) have decided that the time is right to file an application, schedule appointments with those providers to discuss the application itself.

Your role

Your role will be to gather all of the documents you need for your application and share copies of your worksheets with the healthcare providers who will be assisting you.:

- Bring this guidebook, your folder of important documents and your journal of symptoms. You can also print an extra copy of the guidebook for your healthcare provider(s) or provide the URL (nationalMSsociety.org/SSDGuide) for them to download it.
- Complete **Worksheet 1: Applicant Medical history** and give a copy of it to your healthcare provider(s) so that they can provide any missing information.
- Complete **Worksheet 2: How MS Impacts Your Functioning and Ability to Work** and give a copy to your healthcare provider(s). With this information, each of the providers assisting you with your application will be able to determine whether your medical records and the **Medical Source Statement** he or she provides to SSA adequately document your impairments and inability to work.
- Give each provider who is assisting you a copy of **Appendix B: SSA Listing of Impairments for Multiple Sclerosis**
- Give each provider who is assisting you with your application a copy of **Appendix C: Disability Evaluation Checklist** to fill out and use as the basis for the Medical Source Statement or letter that he or she will submit along with your medical records. You

will also be able to use this checklist to help you prepare for your interview with SSA.

- Complete **Worksheet 3: Your Work History**
- Use **Worksheet 4: Supporting Information from Family, Friends and Colleagues** to begin gathering information from other people in your life who can describe the impact of your MS symptoms on your ability to function in the workplace and at home.

Quick Tip

Do not delay your application if you are unable to complete your general information or work history. Your local SSA **field office** can help you collect this information, so focus your time on organizing evidence to prove your medical case instead.

Your healthcare providers' role

Your healthcare providers' role will be to provide sufficient medical evidence to SSA to support your application. It is not enough for a provider to say that you are disabled or that you meet the criteria in the **Listing**. A provider must:

- Provide copies of records or a detailed report (or both) with clinical and/or laboratory findings supporting your diagnosis and the impact of your MS symptoms. Your medical records and supporting information must show that your limitations have already lasted or are expected to last for continuous period of at least 12 months or are expected to result in death. This doesn't mean that your symptoms can't be better some days than others or that your ability to function at work can't vary somewhat from day to day — but the provider must demonstrate that your limitations are long-lasting and prevent you from working.

- Provide a **Medical Source Statement (MSS)** or letter that outlines his or her medical opinion of any limitations your symptoms impose on your ability to work or perform major life activities. The statement should refer to specific criteria in the **Listing** and describe limitations in your daily activities and your ability to do work on a sustained basis — that is, eight hours a day, five days a week. If SSA cannot get enough information from your healthcare provider(s), it might ask you to have an additional physical or mental exam, called a **consultative examination (CE)**.
- Describe your medical history, including MS and any other health conditions you may have, as well as all of your symptoms (including depression, anxiety, cognitive difficulties, side effects of medications) that prevent you from working.

Quick Tip

To ensure that your healthcare provider is able to describe and document your functional limitations adequately to SSA, be sure to share your completed worksheets (Medical History; How MS Affects Your Functioning and Ability to Work, Work History, Information from Others Who Know You) from this guidebook.

Submitting Your Application

Once you have met with your healthcare provider(s), completed the SSA Adult Disability Starter Kit and completed all the worksheets in this guidebook, you are ready to submit your application. You can apply for Social Security Disability in one of three ways: online, by phone or in person:

1. **Online.** Applying online has several advantages: First, it ensures that you are controlling the information that is entered in the application rather than leaving it up to an SSA claims

representative to interpret what you say in an interview and enter it for you. Second, it allows you to take your time and save the information as you go. Third, if your MS symptoms are primarily invisible, you do not risk looking "too healthy" or "not disabled enough" in an SSA interview. If you would like to apply online but do not have internet access, check at the library or with family and friends.

2. **By phone.** You can apply by phone and an SSA claims representative will enter the information you provide into your application. However, SSA claim representatives vary in their attention to detail and their commitment to conveying the full impact of your symptoms — which means that you don't have as much control over your application.

3. **In person.** You can apply in person at your local SSA **field office**. One possible advantage to an in-person interview is that it could help you get to know the person who will submit your application. However, depending on the SSA claims representative you are assigned, an in-person conversation might allow you to share more detail on your circumstances, or it may make it difficult for you to provide all the details you think are important. Keep in mind that any invisible symptoms you may have will not be apparent to an SSA claims representative during an in-person meeting, so you will need to describe them fully.

   If your provider(s) have prescribed any assistive devices, be sure to use them at the meeting.

Quick Tip

If you choose to apply in-person or on the phone, call SSA to schedule an appointment. This can help expedite your application process and reduce the wait at your local SSA **field office**. It can take a considerable amount of time to get an appointment, so proceed with your information gathering in the meantime.

Tips for a Successful Interview

How to prepare for the interview:

Review all of your completed worksheets from this guidebook, including your medical history and work history. Review **Summary of the SSA Listing of Impairments for MS** (Appendix B). Use SSA language and information to help describe your MS symptoms in your own words in the interview.

- Make copies of everything you will submit to SSA. Keep them in your folder. And remember to keep your originals.
- In your journal, write down what you'd like to say at the beginning of your interview. Main points could include:
  - I have a (or several) severe disability(ies) due to MS.
  - Due to this/these disability(ies), I cannot work at all.
  - MS is an impairment that is on the Social Security Listing of Impairments.
  - I have a severe disability covered in Sections X, Y and/or Z… of the Listing (referring to the specific section numbers listed in the Summary of the **SSA Listing of Impairments in MS** in Appendix B).
- If a friend or relative is willing, ask that person to accompany you or listen in on your phone conversation. He or she might be able to confirm, clarify, or correct details.

What to bring with you to the interview:

Make sure you bring everything with you that you'll need, organized so that you can find each item easily.

- Your journal to take notes on what the interviewer says.
- One form of identification, such as a certified birth certificate, driver's license, state-issued identification card, or passport.
- Your folder with all necessary materials. Check this list as you gather everything you need:
  - Disability Starter Kit materials
  - All completed worksheets in this guidebook
  - Supporting documents for your work history:
    - Employers, dates, and salaries
    - Most recent W-2 forms
    - Military discharge papers
    - Any testimonials from colleagues or supervisors
  - Supporting documents for your medical history:
    - Copies of medical records (if you have them)
    - Dates of treatments, tests, and prescriptions
    - Contact information for all healthcare providers
    - Any testimonials from family, friends, colleagues on your condition

What to discuss at the interview:

- Use your journal, worksheets, work history, and medical records to fully explain your personal circumstances.
- Use details to describe how your physical and/or mental MS symptoms and/or other conditions prevent you from working an eight-hour day, five days a week. Refer to **Worksheet 2** for examples.
- Ask for your SSA interviewer's contact information so you can follow up later. The general phone number for SSA is often busy. It is important to get the SSA interviewer's extension or direct number, or you might have difficulty reaching him or her.
- Ask for a copy of the application and a detailed history of your work wages. The report is free at the interview, but you might have to pay for it if requested at a later date.
- If you are too tired to continue at any point, ask to pick up the conversation later the same day, the next day, or by phone.
- After meeting with SSA, call the healthcare providers who are assisting you and make sure they have written a **Medical Source Statement** or letter. Keep copies for your file.

Quick Tip

Carefully describe your physical and/or mental abilities to SSA in your application and during your interview. Talk about any problems you have with mobility, balance, fine motor skills, fatigue, vision, bladder function, speech, hearing, mood, thinking and memory. It's helpful to use words like occasional, frequent, always, intermittent, nightly, daily, mild, severe to convey the extent of your problems.

Quick Tip

Let SSA know your current work status:

1. If you have worked until medical conditions caused frequent absences or poor performance, it is important for SSA to know that.
2. If you were fired, needed extra help at work, were asked to leave or were encouraged by your employer to apply for disability benefits, let SSA know that as well.
3. If you've had poor job evaluations because of problems with thinking or memory or any other issue related to your MS symptoms, enclose copies of those evaluations with your application

Understanding How Your Application is Processed

Your application will go through a three-step process. Keep track of the dates so that you can remember when you need to contact SSA to check on your application.

Step 1: The Local SSA Office or "Field Office":

SSA has **field offices** in every state and territory. The field offices accept applications, interview applicants, and make administrative decisions. They determine whether you have worked a sufficient length of time to be entitled to SSDI benefits and do other initial evaluations. If those administrative requirements are met, the application is sent to **Disability Determination Services (DDS)**. On average, this takes about **seven days**.

Step 2: Disability Determination Services (DDS):

DDS is a state agency in charge of making the SSA medical decision as to whether you are entitled to SSDI benefits. **Disability Examiners** and Medical Consultants who work at DDS determine whether you are "disabled" under SSA's rules. DDS uses the contact information for your healthcare provider(s) and other sources that you provided when you applied to gather copies of your

Quick Tip

The Disability Determination Services (DDS) office in your state will request and pay for all medical records they need and any copies that your healthcare provider(s) mails to them. You are not required to provide copies of medical records with your application, but you can if you already have them from your healthcare provider(s). Some healthcare providers will charge for making copies for you.

medical records, reports, and other evidence they need to make a disability determination. Once SSA has assigned your case to DDS, SSA will be able to give you the phone number for the DDS office so that you can call DDS to find out the name of the person who will be reviewing your application.

It is a good idea to call DDS to see whether the person assigned to review your application has received all of your records or if he or she is still waiting for some. You can speed your claim by helping DDS to obtain the requested medical information from your healthcare provider(s).

If you submitted medical and other records at the time of your application, they will consider that information as well. If DDS decides that there still is not enough information to make a decision, they might ask you to have an additional physical or mental exam, called a **consultative examination (CE)**, to help verify your claim. DDS then submits their decision to SSA. On average, this takes **90–120 days.**

Step 3: The Determination:

SSA will send their disability determination to you to tell you whether you are entitled to SSDI and what happens next. If you are approved, it will tell you when you can expect to begin receiving benefits, any back benefits SSA owes you, and other important information. If you are denied or are not satisfied with the determination, it will tell you how to appeal their decision. The following table shows you the route, timeframe and next steps for your application:

	Application Route	Time Frame and Next Steps
1 ↓	Local SSA Field Office	On average, this takes about **seven days**. **Next Step:** Make sure SSA has all the information it needs to make a quick determination and to send your application to DDS without delay.
2 ↓	DDS Disability Examiner and Medical Consultant	On average, this takes **90–120 days**. **Next Step:** If you do not hear from DDS by this time, you should contact your assigned Disability Examiner.
3	Determination	If DDS decides you are eligible for benefits, you will be notified. The letter will tell you when you can expect to begin receiving benefits, about any back benefits SSA owes you, and other important information. If you are denied disability benefits or are not satisfied with the determination, you have only **60 days** from the date of the letter to appeal. It is important to meet this deadline. The reconsideration claim will go to a different Disability Examiner and a different Medical Consultant. If you miss it, you'll have to file a new claim.

Managing Your Application throughout the Review Process

Following Up on Your Application

Approximately 45–60 days after you submit your application, you can begin your follow-up process — so mark this date in your calendar or journal.

Making calls. If, after 45–60 days, you have not heard from DDS, call your local SSA field office representative to inquire about the status of your application:

- Ask your SSA representative if you can provide any additional information or assistance.
- If you don't already have it, ask for the telephone number of the Disability Examiner who is reviewing your application.
- If you have moved or gotten a new phone number, provide your updated contact information.
- Call the Disability Examiner to ask if he or she needs more information for the application.
- Consider checking back every 15 days or so while DDS is reviewing your application.
- For each call, make notes in your journal:
  - Date and time of conversation
  - Name and contact information for the person you spoke to
  - Detailed notes on the person's responses to your questions

Communicating Effectively with SSA about Delays

Keep good records: Continue to keep copies in an organized file of all materials related to your application. If SSA requests any additional information, you will need to respond very quickly. Consider sending any follow-up materials by certified mail so you will know when the document is received.

Be patient, persistent and punctual: It is important for you to remain calm and friendly during this process (even when it tries your patience!). Don't give up even when things take longer than you think they should (your persistence is essential to the outcome). Go to all meetings prepared and on time (your punctuality will help the process go smoothly). Keep in mind:

- The person who reviews your application is reviewing hundreds of other application as well.
- You might have to explain many times why your MS symptoms or conditions prevent you from working. Be sure that you know your history and personal information very thoroughly so that you can repeat it consistently whenever you are asked.
- If SSA requests an additional physical or mental exam — called a **consultative examination (CE)** — or any other information, follow through as quickly as you can. The faster you can respond to SSA requests, the faster your disability claim can be processed.

Having a Consultative Examination (CE)

Your medical records or the **Medical Source Statement(s) (MSS)** provided by your healthcare provider(s) may not be sufficient for SSA to determine whether you are disabled. Before you receive a final notice of SSA's decision, you might receive a notice asking for at least one additional **consultative examination (CE)**.

- Call your **Disability Examiner** to find out why more medical information or another physical examination is needed. If it is because your provider's office hasn't sent your medical records, call the provider's office. Get the fax number for Disability **Determination Services (DDS)** and ask your provider to fax your records. Call your Disability Examiner to follow up.
- Your own physician, advanced practice registered nurse or physician assistant might be able to perform the CE, but SSA could ask you to visit another doctor for the exam. SSA pays for the CE. If you are seen by another doctor, be sure to ask the doctor's specialty (for example, neurologist, primary care physician, or some other specialty) and make a note of the length of the examination. This doctor's opinion will be given equal weight with the opinion of your own healthcare providers. If the result of the CE is not in your favor, you will need to respond with relevant findings and statements of your limitations from your healthcare providers.
- If you cannot go to the CE on the day it's scheduled, be sure to follow the instructions on the letter DDS will send you in order to reschedule your examination.

Handling Significant Delays:

If you are unable to get in touch with your local SSA field office or Disability Examiner, if they are unable to explain the delays, or if your application review period exceeds the average time, you might need professional assistance to navigate the issues. Professionals (paid or unpaid) are called SSDI claimant representatives. Representatives are usually attorneys but they don't have to be. You can find a representative by:

- **Contacting the National MS Society** for SSDI resources as well as referrals to attorneys who specialize in SSDI. Call 1-800-344-4867.
- **Contacting the National Organization for Social Security Claimants Representatives** at: **nosscr.org** or call 1-800-431-2804.
- **Securing paid professional assistance from an individual attorney**: SSA must approve the fee and there are limits on the fees that representatives can charge. Attorneys are paid on a contingency basis, which means that they cannot and will not collect a fee unless and until you win your claim. Contact the National MS Society for professionals or your local SSA field office for a complete list of representatives. Be sure to ask for a complete written explanation of fees and rates before agreeing to any meetings or signing any documents.

For more information about representatives and fees, visit: **ssa.gov/pubs/EN-05-10075.pdf** or **ssa.gov/planners/thirdparty.html**.

If Your Application is Approved — What Next?

If your application is approved, you will receive a letter notifying you. It will tell you when you can expect to begin receiving benefits, about any back benefits SSA owes you, and other important information. Keep all notices mailed to you by SSA and DDS.

Entitlement to Medicare Coverage

If your application for SSDI is accepted, you will also become entitled to Medicare. However, your Medicare coverage will not begin until **two years** after your SSDI benefits begin (a full 29 months after you stop working). To learn more about Medicare coverage for people living with disabilities, go to **socialsecurity.gov/pubs/10043.html**. If you will lose insurance coverage and cannot wait for Medicare coverage to begin, talk to an SSA representative about other types of publicly-financed healthcare coverage (1-800-772-1213 or visit **socialsecurity.gov/disability**). In many but not all states, **Supplemental Security Income (SSI)** provides healthcare coverage through Medicaid. If your application for SSI is accepted, you could begin receiving Medicaid coverage right away.

Benefits for Family:

When you start receiving disability benefits, certain members of your family also might qualify for benefits, including:

- Your spouse
- Your divorced spouse
- Your children
- Your disabled children

Each family member might be eligible for a monthly benefit of up to 50 percent of your disability rate. However, there is a limit to the total amount of money that can be paid to a family on your disability benefits. The limit varies, but it is between 50 and 80 percent of your disability benefits.

If the sum of the benefits payable to your account is greater than the family limit, the benefits to the family members will be reduced proportionately. Your benefit will not be impacted.

If any of your qualified family members apply for benefits with you, SSA will ask you for their Social Security numbers and their birth certificates. If your spouse is applying for benefits, SSA also might ask for proof of marriage, and dates of prior marriages, if applicable.

If Your Application is Denied — What Next?

You have the right to appeal if your application is denied or you are not satisfied with the determination SSA makes on whether you are entitled to Social Security disability benefits. Keep all notices mailed to you by SSA and **Disability Determination Services (DDS)**. Generally, you only have 60 days after you receive the notice of SSA's decision to ask for any type of appeal, so mark that date on your calendar.

If you do not file an appeal within 60 days, you'll have to file a new claim. SSA also might dismiss your appeal. That means you might not be eligible for the next step in the appeal process and you might also lose your right to any further review.

If you file an appeal after the deadline, you must explain the reason you are late and request that SSA extend the time limit. SSA can explain further and help you file a written request for an extension.

Initiating the Appeals Process

The first step in the appeals process in some states is called a "reconsideration determination". A reconsideration is a complete review of your claim by someone who did not take part in the first decision. SSA and DDS will look at all the evidence submitted when the original decision was made, plus any new evidence. Most reconsiderations involve a review of your files without the need for you to be present. At this time, many states are eliminating the reconsideration step and moving directly to a hearing.

Requesting a hearing

If you disagree with the reconsideration decision, you can ask for a hearing. The hearing will be conducted by an **Administrative Law Judge (ALJ)** who had no part in the first decision or the reconsideration of your case. The hearing is usually held within 75 miles of your home. The judge will notify you of the time and place of the hearing. Because of the complexity of a hearing and the speed with which a hearing is generally conducted, you are strongly advised to have an attorney present with you — particularly one who is familiar with this process and knows the judges in the area.

Understanding the hearing process

Before the hearing, you and your authorized representative, if you have one, can look at the evidence in your case file and submit new evidence. It is essential that you submit any additional evidence to the judge as soon as possible.

At the hearing, you, your representative (if you have one), any witnesses you choose to bring, and the judge, all play a critical role:

- The judge explains the issues in your case and might question you and any witnesses you bring to the hearing.
- The judge might ask other witnesses, such as a doctor or vocational expert, to come to the hearing.
- You and the witnesses answer questions under oath. The hearing is informal, but is recorded.
- You and your representative, if you have one, may question any witnesses and submit evidence.
- After the hearing, the judge issues a written decision upon studying all the evidence, then sends you a copy of the decision or dismissal order.

It is very important that you attend the hearing scheduled by the judge. If for any reason you cannot attend, contact the judge as soon as possible before the hearing and state the reason. The judge will reschedule the hearing if you have provided a good reason. If you do not go to a scheduled hearing and the judge decides that you do not have a good reason for not going, your request for a hearing might be dismissed.

What you can do to process your hearing as quickly as possible

There are a number of things you can do to speed up the processing of your request for a hearing. You should be aware that the hearing process is a rather lengthy one, so it is best to help any way you can to speed it up.

- **If you wish to appoint a representative, do so as early as possible.** Your representative will want time to review your file and prepare for the hearing. If you wait until the date of the hearing or shortly before, your hearing might have to be postponed to provide the representative with the necessary preparation time.
- **Make sure that any new or updated medical evidence you want considered has been submitted before the date of the hearing** by either you or your representative (the earlier the better). It could result in an early favorable decision for you, eliminating the need for a hearing. If a hearing is necessary, it will eliminate the delays caused by additional evidence that has not yet been received.
- **Don't cancel a hearing unless absolutely necessary.** Again, rescheduling your hearing will delay the judge making a decision in your case.
- **Notify SSA of any changes to your address immediately.**

When you might want to request a review by the Appeals Council

If you disagree with the hearing decision, you can ask for a review by Social Security's Appeals Council. The Appeals Council looks at all requests for review, but it might deny a request if it believes the hearing decision was correct. If the Appeals Council decides to review your case, it will either decide your case itself or return it to a judge for further review.

If the Appeals Council denies your request for review, SSA will send you a letter explaining the denial. If the Appeals Council reviews your case and makes a decision itself, SSA will send you a copy of the decision. If the Appeals Council returns your case to a judge, SSA will send you a letter and a copy of the order.

When you might file a lawsuit in federal district court

If you disagree with the Appeals Council's decision or if the Appeals Council decides not to review your case, you can file a lawsuit in a federal district court. If you have new evidence or new symptoms, you may also consider filing a new claim. For more information on the appeals process, call SSA or visit: **socialsecurity.gov/appeals**.

When you might want to file a new claim

If your initial application was denied, you are permitted to file a new disability claim if you have worked a sufficient amount of time and your healthcare provider can document that your condition has progressed since your last application.

APPENDIX A: Glossary

Activities of Daily Living (ADL): Normal day-to-day household activities such as walking, transferring, bathing, going to the bathroom, eating, dressing, etc.

Administrative Law Judge (ALJ): A federal judge who makes administrative legal decisions. This is the person who hears the case at the second level of appeal for initial claims.

Appeal: A process by which a claimant who is dissatisfied with his or her disability determination can contest it. All decision notices clearly state the rights of appeal available to the claimant. It is, therefore, very important to read any notices or mail received, and if not understood, to get help. The notices include telephone numbers to call for information.

Claimant: Applicants who apply for disability are referred to as claimants by the Social Security Administration (SSA) and the Disability Determination Service (DDS).

Claims Representative: The federal employee at the local Social Security Administration field office who takes the disability application and determines whether all administrative requirements have been met.

Consultative Examination (CE): A medical or psychological examination ordered by the Disability Determination Service (DDS) or another adjudicator due to insufficient or conflicting evidence in the claimant's medical records. CEs might include specialty exams or laboratory tests.

Disability: The inability to engage in any substantial gainful activity (SGA) due to any medically determinable physical or mental impairment. The impairment must be expected to result in death or have lasted or be expected to last for a continuous

period of at least 12 months. A person must not only be unable to do his or her previous work, but also be unable to engage in any other kind of work that exists in the national economy considering his or her medical condition, age, education, and work experience. However, the worker's medical impairment(s) must be the primary reason for his or her inability to engage in SGA.

Disability Determination Services (DDS): The state agency authorized by the Social Security Administration (SSA) to make the medical determination regarding whether or not a claimant is disabled according to SSA regulations and standards.

Disability Examiner: The state employee who is a member of a team (with a medical doctor, licensed psychologist, or other medical professional) that makes the medical determination as to whether a claimant meets the Social Security Administration (SSA) standard for disability.

Disorganization of Motor Function: The neurological condition interferes with the movement in at least two extremities — both legs, both arms (including fingers, wrists, hands, shoulders), or one arm and one leg.

Extreme limitation: Refers to the inability — without assistance from another person or the use of an assistive device — to stand up from a seated position, maintain balance in a standing position and while walking, or use the arms or hands to start, maintain and complete work-related activities involving fine motor movements (pinching, manipulating, using fingers) and gross motor movements (handling, gripping, grasping, holding turning, reaching, lifting, carrying, pushing, pulling).

Field Office: The local Social Security Administration office. The Claims Representative works at this office.

Impairment: A physical or mental condition that can be proven by medically acceptable evidence — medical signs, symptoms, and laboratory findings. Impairment can never be proven only by symptoms.

Initial Claim: A claim that is based on a new application, regardless of the level of appeal. This is contrasted with a "continuing disability review" (CDRs). CDRs are reviews that the Social Security Administration (SSA) conducts from time to time to determine whether individuals who have already qualified for disability benefits remain disabled.

Listings: A list of impairments with specific severity criteria maintained by SSA, which are so severe that SSA disability status is assumed. The Listings describe, for each major body system, impairments that are considered severe enough to prevent a person from doing any substantial gainful activity. If an individual has an impairment in this Listing that meets the criteria shown, or several symptoms that equal in severity to an impairment on this list, then the individual is considered disabled. MS is a chronic illness — or impairment — that is in the Listings. However, simply having a diagnosis of MS is not sufficient to meet the requirements of the Listing. Individuals with MS also must meet the specific criteria in the MS Listing.

Marked limitation: To satisfy the requirements of the functional criteria, the person's MS must result in a marked limitation in physical functioning as well as a marked limitation in one of the four areas of mental functioning.

Medical Source Statement (MSS): The opinion of a licensed medical practitioner (see Treating Source) that describes what, if any, limitations the claimant's impairments impose on his or her ability to perform work or major life activities; or, stated positively, what the claimant is able to do despite his or her

impairments. For example, "My patient is able to stand and walk a total of three hours out of an eight-hour day, sit a total of three hours out of an eight-hour day, and carry five pounds occasionally."

Mental functioning: Due to the signs and symptoms of MS, the person is seriously limited in the ability to function independently, appropriately, effectively and on an ongoing basis in work settings. SSA considers a person's ability to understand, remember and apply information, concentrate and maintain pace, interact with others. A person can be impaired in several of these functions or only one. The person does not have to be totally unable to perform a function or activity as long as the degree of limitation seriously limits her or his ability to function independently, appropriately, effectively, and to complete work-related mental activities.

Physical functioning: Due to persistent or intermittent signs and symptoms of MS, the person is seriously limited in the ability to independently initiate, sustain and complete work-related activities. The persistent and intermittent symptoms must seriously limit the person's ability to do a task or activity on a sustained basis. The person does not have to be totally unable to perform a function or activity as long as the degree of limitation seriously limits her or his ability to start, maintain or complete work independently.

Residual Functional Capacity (RFC): What an individual can still do physically and mentally in a work setting despite his or her medical impairments. When a person has a severe medical impairment(s) that does not meet or equal the requirements of a Listing, SSA must go on to consider whether the person meets the complete definition of disability.

First, SSA considers whether the person has the RFC to do work that he or she has done in the past 15 years. If the person does, he or she is not disabled. If the person does not, SSA considers whether he or she can do other work, considering the person's RFC and his or her age, education, and work experience. At this last step, it is harder for younger people to qualify than for older people. Likewise, it is harder for people with useful skills and advanced education to qualify than for people with no useful skills and less education.

Social Security Disability Insurance (SSDI): A federal insurance program that provides cash assistance for individuals who have worked under Social Security long enough to have "insured status" and who are disabled. SSDI also includes disability benefits and other kinds of benefits for some family members of individuals who are insured and who have died, retired, or become disabled. Most individuals who qualify for SSDI also qualify for Medicare after they have been entitled to benefits for two years. For more information, visit: **socialsecurity.gov/disability**.

Substantial Gainful Activity (SGA): A measurement of work and wages. If you are working and engaging in SGA when you apply for benefits you cannot be found disabled. (If you already qualify for benefits, you might be able to return to work without losing benefits, at least for a time. See: **socialsecurity.gov/work**.)

In 2017, for an individual who is not blind, the SGA wages amount to $1,170 per month. If an individual has wages of $1,170/month or more, he or she is deemed capable of performing SGA and SSA will deny the application (by law, this amount is $1,950 for someone who is statutorily blind). SSA does not always count all of a person's wages when they determine whether wages are above the SGA level. For example, SSA will deduct the cost of impairment-related work expenses before determining whether a person is earning at least $1,170 in a month. (Examples of impairment-related work expenses that people with MS might have include

assistance traveling to and from work, assistance at work with personal functions, or assistance with work-related functions.)

Supplemental Security Income (SSI): Supplemental Security Income (SSI) is a cash benefit for people who are elderly, blind, and/or disabled and who have very limited income and assets. Unlike Social Security Disability Insurance (SSDI), individuals do not need to have any work history to qualify for SSI assistance. SSI payments do not come from Social Security taxes, and there is no insured status requirement as in SSDI.

While SSI and SSDI provide different benefits, SSA uses the same definition of disability for adults and the same medical requirements in their disability determination process for both SSI and SSDI. You can even qualify for both at the same time. In many (but not all) states, individuals who qualify for SSI also qualify for Medicaid.

If you think you might be eligible for SSI benefits, you should contact SSA right away. The earliest you can receive cash benefits is the month after the filing date of your application, or the month after you first meet all the eligibility requirements, whichever is later. If you do not have all of the documents that SSA needs, you can get them later. For more information or to start the application process call SSA or visit: **ssa.gov/disabilityssi/ssi.html**

Treating Source: A treating source is a healthcare provider who has or had an ongoing treatment relationship with you. SSA requires medical information from your healthcare providers, and will accept that information from any Acceptable Medical Source (AMS) who is treating you. SSA's list of AMS includes: licensed physicians, licensed or certified psychologists, licensed optometrists, licensed, qualified speech-language pathologists, physician assistants, and advance practice registered nurses. Information from any other provider you are seeing — for

example, a registered nurse, chiropractor, licensed clinical social worker — would not be considered sufficient by itself. The evidence provided by all of these AMS is given equal weight in recognition of the fact that in today's healthcare environment, many people receive their care from a wide range of providers.

Appendix B: Summary of the SSA Listing of Impairments for Multiple Sclerosis

11.09 Multiple Sclerosis

To be considered disabled under **11.09**, a person with MS must have:

A. **Disorganization of motor function** in two extremities (arms/legs) (**11.00D1**) resulting in an **extreme limitation** (**11.00D2**) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities **OR**

B. **Marked limitation** in physical function (**11.00G2**) AND in one of the following: understanding, remembering or applying information (**11.00G3b(i)**); interacting with others (**11.00G3b(ii)**); concentrating, persisting or maintaining pace (**11.00G3b(iii)**); adapting or managing him- or herself (**11.00G3b(iv)**)

This means that a person with MS can qualify based solely on physical limitations (A) or based on a combination of physical, cognitive and/or social/emotional limitations (B). Here is how SSA looks at each of these:

A) When determining a person's ability to stand up, balance, walk or perform fine and gross motor movements (**11.00D**), SSA evaluates signs and symptoms such as flaccidity, spasticity, spasms, incoordination, imbalance, tremor, physical fatigue, muscle weakness, dizziness, tingling and numbness.

B) When determining whether a person with MS has limitations of physical and mental functioning (**11.00G**), SSA evaluates impairments or signs and symptoms that develop as a result of MS, such as fatigue, visual loss (which may be evaluated under **2.0**), pain, trouble sleeping, impaired attention, concentration, memory or judgment, mood swings and depression. Physical functioning may also include functions of the body that support motor abilities, such as the abilities to breathe and swallow.

Note regarding Fatigue: SSA recognizes that fatigue is "one of the most common and limiting symptoms of neurological disorders, such as multiple sclerosis…." This fatigue can be physical (lack of muscle strength) or mental (decreased awareness or attention). When SSA evaluates a person's fatigue, they consider the intensity, persistence and effects of fatigue on her or his functioning. Specifically, SSA wants a description of fatigue that is characteristic of MS as well as a detailed description of how fatigue impacts the person's physical and/or mental functioning.

Note regarding Visual Impairment: if a person has a visual impairment that is caused by MS, the visual impairment may be evaluated under **Special Senses and Speech - Adult (2.0)**. The visual disorders covered in this section of the law include the abnormalities of the eye, optic nerve or optic tracts that can occur in MS, resulting in loss of visual acuity (**2.02**), reduction of the visual field (**2.03**) or loss of visual efficiency (**2.04**).

It is clear from these **Listings** in the law that SSA is taking into account virtually all of the symptoms a person with MS might experience. In fact, MS is cited as an example of a disease that can cause many (often invisible) symptoms that might interfere with a person's ability to function in the workplace.

SSA also takes into account that a person may be able to perform a function some times and not others. The limitation in a person's functioning must last or be expected to last at least 12 months.

12.00 Mental Disorders

If a person with MS does not satisfy the requirements outlined in **11.09**, she or he can also be considered for **cognitive impairment** under **12.02** (neurocognitive impairments that result from neurological disorders) or **depressive, bipolar and related disorders (12.04)**, or **anxiety and obsessive-compulsive disorders (12.06)** resulting from her or his MS. Therefore, a person who has significant cognitive impairment and/or mood disturbance but mild or no physical impairments may qualify for SSD under **12.00**.

12.02 Neurocognitive Disorders — includes disorders characterized by a clinically significant decline in cognitive functioning. Symptoms and signs may include but are not limited to: disturbances in memory, executive functioning (e.g., regulating attention, planning, inhibiting responses, decision-making), visual-spatial functioning, language and speech, perception, insight, judgment and insensitivity to social standards.

12.04 Depressive, bipolar and related disorders — characterized by an irritable, depressed, elevated or expansive mood, or by a loss of interest or pleasure in all or almost all activities, causing a significant decline in functioning. Depressive disorder due to a medical condition is considered in this category, along with major depressive disorder.

12.06 Anxiety and obsessive-compulsive disorder — characterized by excessive anxiety, worry, and fear. Symptoms and signs may include but are not limited to restlessness, difficulty concentrating, hyper-vigilance, muscle tension, sleep disturbance, fatigue, panic attacks, obsessions and compulsions.

To be considered disabled under **12.02**, **12.04**, or **12.06**, a person must satisfy the requirements under (a) Medical Criteria. In addition, a person must satisfy the requirements under either (b) Functional Criteria or (c) Seriousness and Persistence of the mental disorder(s):

a. **Medical criteria** that must be present in the medical evidence — all relevant medical evidence from the person's physician, psychologist and other medical sources such as physician assistant, psychiatric nurse practitioners, licensed clinical social workers and clinical mental health counselors. Evidence may include: reported symptoms; medical, psychiatric and psychological history; results of physical or mental status exams, structured clinical interviews, psychiatric or psychological rating scales, measures of adaptive functioning, or other clinical findings; psychological testing, imaging results or other laboratory findings; the diagnosis; the type, dosage and beneficial effects of medications that are being taken; the type, frequency, duration and beneficial effects of therapy that is being received; side effects of treatment that may impact function; observations of the person' functioning during examinations or therapy; information about sensory, motor or speech abnormalities or about cultural background that may affect evaluation of the mental disorder; the expected duration of the symptoms and signs of the disorder

(1). For 12.02 Neurocognitive Disorder, the medical documentation must show a significant decline from a prior level of function in one or more the following areas: complex attention, executive function, learning and memory, language, perceptual-motor skills or social cognition **AND**

Extreme limitation of one OR marked limitation of two of the following areas of functioning: understanding, remembering or applying information, interacting with others, concentrating, persisting or maintaining pace **OR**

Medically-documented history of a serious and persistent disorder over a period of at least two years, which is being treated with at least some benefit, but still leaves the person with minimal capacity to function in the work setting

(2). For 12.04 Depressive, bipolar and related disorders, the medical documentation must show a depressive disorder characterized by five or more of the following: depressed mood, diminished interest in almost all activities, appetite disturbance with changes in weight, sleep disturbance, observable psychomotor agitation or retardation, decreased energy, feelings of guilt or worthlessness, difficulty concentrating or thinking, thoughts of death or suicide; or bipolar disorder characterized by three or more or the following: pressured speech, flight of ideas, inflated self-esteem, decreased need for sleep, distractibility, involvement in activities that have a high probability of negative consequences or increase in goal-directed activity or psychomotor agitation **AND**

Extreme limitation of one OR marked limitation of two of the following areas of functioning: understanding, remembering or applying information, interacting with others, concentrating, persisting or maintaining pace, adapting or managing oneself **OR**

Medically-documented history of a serious and persistent disorder over a period of at least two years, which is being treated with at least some benefit, but still leaves the person with minimal capacity to function in the work setting

(3). For 12.06 Anxiety [and obsessive-compulsive disorder — not described here] the medical documentation must show an anxiety disorder characterized by three or more of the following: restlessness, easily fatigability, difficulty concentrating, irritability, muscle tension or sleep disturbance **AND**

Extreme limitation of one OR marked limitation of two of the following areas of functioning: understanding, remembering or applying information, interacting with others,

concentrating, persisting or maintaining pace, adapting or managing oneself **OR**

Medically-documented history of a serious and persistent disorder over a period of at least two years, which is being treated with at least some benefit, but still leaves the person with minimal capacity to function in the work setting

b. Functional criteria — refers to functioning in four areas:

(1). Ability to understand, remember or apply information (understand and learn terms, instruction, procedures, follow one- or two-step oral instructions, describe work activity to someone else, ask and answer questions and provide explanations, recognize a mistake and correct it, identify and solve problems, sequence multi-step activities)

(2). Ability to interact with others (relate to and work with supervisors, co-workers and the public, handle conflict, state a point of view, initiate and sustain a conversation, understand and respond to social cues, respond to requests, suggestions, criticism, maintain social interactions that are free of excessive irritability, sensitivity, argumentativeness)

(3). Ability to concentrate, persist or maintain pace (focus attention and stay on task at a sustained rate during work activities, compete work in a timely manner, avoid distractions, sustain a routine, work a full day without needing more than the allotted number or length of rest periods)

(4). Ability to adapt and manage oneself (regulate emotions, control behavior and maintain well-being in the workplace, respond to demands, adapt to changes, distinguish between acceptable and unacceptable work performance, set realistic goals)

Each of these four functional criteria is evaluated by SSA on a five-point rating scale. To satisfy the functional criteria

in B, the person's mental disorder must result in extreme limitation of one or marked limitation of two areas.

1. No limitation: the person is able to function independently

2. Mild limitation: the person's ability to function independently and appropriately on a sustained basis is slightly limited

3. Moderate limitation: the person's ability to function independently and appropriately on a sustained basis is fair

4. Marked limitation: the person's ability to function independently and appropriately on a sustained basis is seriously limited

5. Extreme limitation: the person is not able to function in this area independently, appropriately and effectively and on a sustained basis [SSA IDENTIFIES POINT 5 ON THE SCALE AS INDICATING THAT THE PERSON IS NOT ABLE TO ENGAGE IN ANY GAINFUL ACTIVITY]

When SSA evaluates the effects of a person's mental disorder, they consider how often she or he has exacerbations and remissions of the disorder, how long they last and what causes the mental disorder to worsen or improve. Therefore, documentation of cognitive exacerbations or episodes of mood changes is very important.

SSA also considers the kinds of help or support a person receives. The fact that a person has done or currently does some routine activities without help or support does not mean that the person is not disabled; a person may be able to engage successfully in some activities and not others. Or, a person may be able to successfully carry out some activities at home and around familiar people, but not be able to function successfully in a work setting on an ongoing basis.

c. **Seriousness and Persistence — meaning that there must be a medically documented history of the disorder over a period of at least two years AND:**

(1). Evidence of medical treatment, mental health therapy, psychosocial support(s) or a highly structured setting that is ongoing and that diminishes the signs and symptoms AND

(2). Marginal adjustment — meaning that although the person is under treatment that is partially effectively, the disorder is still limiting the person's ability to function in a significant way

(3). The requirements listed under C indicate that the SSA wants to make sure that a person is being treated for whatever her or his mental disorder might be, but that in spite of the treatment, the person is still unable to function adequately in the workplace.

SSA uses medical and non-medical evidence to evaluate a person's physical and mental disorders.

Medical evidence: medical history, examination findings, relevant laboratory tests, MRI results, descriptions of prescribed treatments and the person's response to that treatment.

Non-medical evidence: evidence from the person with MS as well as from others who know the person — family members, caregivers, friends, neighbors, clergy, case manager, social workers, community support and outreach workers. This is vitally important since the person's neurologist may not be fully aware of or witness to the problems she or he encounters in daily life.

Residual Functional Capacity (RFC)

A person with MS-related impairments that do not meet the criteria listed in the regulations may or may not have the **residual functional capacity** to perform her or his past job or to take on other types of work that are available in the national economy. SSA will evaluate the person to determine her or his level of RFC. If the person has enough residual functional capacity in spite of existing impairments to perform her or his previous work or to learn a different kind of work, that person will not be considered disabled. Younger people, as well as those with more skills and education are more likely to have RFC and thereby less likely to quality as disabled.

Following are three examples of people living with MS who might meet the revised criteria in the new MS Listings. The numbers in parentheses indicate the specific sections of the law that relate to the person's impairments.

- **Disorganization of motor function in 2 extremities (11.09A):**

  Phyllis is a 52-year-old woman who was diagnosed with relapsing-remitting MS 18 years ago and transitioned over the past couple of years to secondary progressive MS. She is married with two grown children, and works as a librarian. Phyllis' early episodes of optic neuritis left her with significantly reduced visual acuity (2.02) and field of vision (2.04), both of which she manages with low-vision aids. Phyllis has begun to experience severe weakness in her lower extremities that has resulted in disorganization in her motor functioning (11.00D1), Phyllis is unable to stand unassisted from a seated position or maintain her balance without support (11.00D2). Extreme weakness in her upper extremities, including her hands and wrists, makes it difficult for Phyllis to lift or hold objects without assistance for more than a few minutes or to manage any tasks involving manual strength or dexterity. In addition to her primary MS

fatigue, which comes on suddenly and is unrelated to amount of sleep, Phyllis now experiences extreme fatigue related to the amount of effort and energy required for her move around or complete even the simplest tasks. Due to these physical limitations, Phyllis is currently using an indwelling catheter to manage her bladder symptoms. Because of these changes in her functioning, Phyllis is no longer able to carry out her work functions even though the library has provided her with a variety of accommodations.

- **Depressive disorder (12.04) in combination with disorganization of motor function (11.00G2):**

  Jerry is a 48-year-old man who was diagnosed with primary progressive MS at age 42. Since the onset of his MS, Jerry has been experiencing severe depressive episodes, including low mood, extreme irritability, loss of interest in activities at home and at work and suicidal thoughts. He has been under the care of a psychiatrist for several years, but to date, Jerry and his doctor have not been able to find a medication or combination of medications, at a dose he can tolerate, that alleviates the depression adequately or enables him to interact comfortably with others. In addition to his depression, Jerry has moderate weakness in both lower extremities which he manages with a motorized scooter in the workplace, bladder symptoms that he manages with intermittent self-catheterization, and bouts of MS fatigue that limit his ability to engage in physical activity for longer than a couple of hours at a time (11.00G2). Because of his severe mood and fatigue issues, Jerry is currently unable to function in the work setting even though his physical impairments are moderate.

- **Neurocognitive Disorder (12.02) in combination with disorganization of motor function (11.00G2):**

  Sarah is a 32-year-old woman who was diagnosed with relapsing-remitting MS in her early 20s. After graduating from college, she worked for a state representative for three years. When her MS symptoms began to interfere with her work, Sarah took a more sedentary job as a fundraiser for a local charity. She now has moderate gait impairment resulting from spasticity and weakness, which she manages primarily with medication, as well as balance problems that require a cane outside her home (11.00G2). Sarah also has reduced dexterity in her hands, and bladder symptoms that are managed adequately with medication — but no other physical symptoms that interfere with her functioning at work. However, Sarah's cognitive functioning has declined significantly over the past few years. Her information processing speed is slowed to the point that she can no long keep up with conversations or manage her work in a timely way. Her memory for recent events is poor, causing her to forget assignments and appointments and her attention and concentration are impaired, making it impossible for her to focus adequately on a task. Most importantly, Sarah has lost her ability to plan and prioritize her work and her judgment is increasingly impaired. Repeated neuropsychological testing has demonstrated a significant drop in her performance in many areas of functioning and the compensation strategies she has been using under the guidance of a cognitive remediation specialist to deal with her cognitive challenges are no longer working for her.

Appendix C: Multiple Sclerosis Disability Evaluation Checklist for Providers

This checklist will assist you to: 1) plan an effective disability application with your patient; and 2) outline the key points to be covered in the **Medical Source Statement (MSS)** that SSA requires you to submit along with the medical/psychological evidence supporting the person's. The numbers in parentheses refer to specific sections in the SSA criteria for evaluating disability.

Comprehensive evidence from you will increase your patient's chances of receiving benefits, so use this checklist to ensure complete documentation of all medical/psychological evidence pertaining to your patient's condition(s), and reference the relevant sections of the **Listing**.

As described in Appendix B of the Guidebook, the common physical, cognitive and emotional symptoms of MS that can interfere with an adult's ability to function at work or in school are covered in three separate sections of the Listing:

- **11.09 — Neurological–Adult — Multiple Sclerosis**
- **2.00 — Special Senses and Speech**, which includes the abnormalities of the eye, optic nerve or optic tracts that can occur in MS.
- **12.00 — Mental Disorders**, which includes mood and cognitive disorders that can occur in MS as well as in other medical or psychiatric conditions

If a person with MS does not meet the criteria for disability due to physical impairments under 11.09 and/or 2.0, it is still possible to qualify for disability due to cognitive or mood problems under 12.00. Even if you believe that your patient meets the criteria for disability under 11.09 based solely on impairments in physical functioning, it is recommended that you include information in this

checklist and in the MSS about existing mental disorders (cognitive impairments and/or mood problems) as well.

For example:

- My patient, Ms. X, has disorganization of motor function in both legs (11.00D1) which has resulted in an extreme limitation (11.00D2) in her ability to stand up from a seated position without assistance, and balance safely while standing, requiring her to use a wheeled walker for mobility. Her lower limbs are weak and spastic [scores], with significant foot drop on the right side, for which she wears an orthotic to reduce the risk of falls. As a result, Ms. X is unable to navigate safely to and from her place of work and is unable to carry out her work activities for more than 1 hour before becoming too fatigued to continue. As is common in MS, Ms. X's fatigue, which is both physical and mental, comes on suddenly and is all-consuming, requiring a one-to-two hour period of rest or sleep before she can resume any physical or mental activity.

Quick Tip

When describing symptoms/impairments and related medical findings in the MSS, it is essential to establish a clear connection between a person's documented symptoms, their impact on work-related tasks, and the specific sections of the law that cover those symptoms. The easiest and most effective way to do this is by pairing your medical, neurocognitive or mental health findings from this checklist with your patient's description of the impact of these symptoms or impairments on work activities (Appendix C).

- My patient, Mr. Y, has disorganization of motor function (11.00D1) resulting in a marked limitation (11.00G2) in physical functioning caused by incoordination, impaired balance, and significant intention tremor in his right hand/arm. He has significantly decreased visual acuity (2.02) due to optic neuritis and a reduction in the visual field (2.03) [scores]. Because of these impairments, Mr. Y is unable to travel safely to and from work, maneuver safely within the work place, carry out the manual functions of the job on a sustained basis or see adequately to complete tasks. Mr. Y has also experienced a marked decline in cognitive functioning (12.02) [test scores showing decline], principally in the areas of information processing speed, memory and perceptual motor skills. Because of these deficits, Mr. Y has extreme difficulty remembering and applying the information he has heard, keeping up with conversations in the workplace, and completing his tasks in a timely way.
- My patient, Ms. Z, has a moderate gait impairment resulting from spasticity and weakness (11.00G2) [scores], as well as bladder symptoms of urgency and frequency that she manages with partial success with anticholinergic medication. However, these symptoms make it difficult for her to navigate to and from the bathroom quickly and safely. Ms. Z's cognitive function (12.02) has decreased markedly over the past two years [scores]. She has lost essential executive functions and is no longer able to organize her work activities, plan and prioritize her tasks, make sound decisions or use good judgment in her work activities and interpersonal interactions.

11.09 Multiple Sclerosis

A. Disorganization of motor function in two extremities (11.00D1) resulting in an **extreme limitation (11.00D2)** in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities.

Disorganization of function: The neurologic condition interferes with the movement in at least two extremities

Extreme limitation: Inability, without assistance from another person or an assistive device, to stand from a seated position, maintain and complete work-related activities involving fine motor movements and gross motor movements.

Marked limitation: To satisfy the requirements, the person's MS must results in a significant limitation in physical functioning as well as a significant limitation in one of the 4 areas of mental functioning.

Physical functioning: The person is seriously limited in the ability to independently initiate, sustain and complete work-related activities because of persistent and intermittent physical symptoms.

Mental functioning: the person is seriously limited in the ability to function independently, appropriately, effectively and on an ongoing basis in work settings because of mood and or cognitive symptoms.

CHECK ALL SYMPTOMS THAT INTERFERE WITH YOUR PATIENT'S PHYSICAL FUNCTIONING:

- ☐ Flaccidity
- ☐ Spasticity
- ☐ Spasms
- ☐ Incoordination
- ☐ Imbalance
- ☐ Tremor
- ☐ Physical fatigue
- ☐ Weakness
- ☐ Dizziness
- ☐ Numbness/tingling
- ☐ Respiratory function
- ☐ Swallowing
- ☐ Vision [may also be evaluated under 2.0 of the Listing]

Neurologic exam:

Date(s): _____

Relevant findings: _____

_____

_____

Tests conducted, if any:

Date(s): _____

Relevant findings: _____

_____

_____

OR

B. Marked limitation (**11.00G2**) in physical functioning **AND** in at least one area of mental functioning:

CHECK ALL SYMPTOMS THAT APPLY:

- ☐ Flaccidity
- ☐ Spasticity
- ☐ Spasms
- ☐ Incoordination
- ☐ Imbalance
- ☐ Tremor
- ☐ Physical fatigue
- ☐ Weakness
- ☐ Dizziness
- ☐ Numbness/tingling
- ☐ Respiratory function
- ☐ Swallowing
- ☐ Vision [may also be evaluated under 2.0 of the Listing]

Neurologic exam:

Date(s): _____

Relevant findings: _____

_____

_____

Additional tests, if any:

Date(s): _____

Relevant findings: _____

_____

_____

AND

CHECK AT LEAST ONE OF THE FOLLOWING FOUR AREAS OF MENTAL FUNCTIONING THAT SERIOUSLY LIMITS YOUR PATIENT'S ABILITY TO PERFORM INDEPENDENTLY, APPROPRIATELY, EFFECTIVELY AND ON A SUSTAINED BASIS IN WORK SETTINGS.

A person may have a marked limitation when several activities or functions are impaired or when only one is impaired. The person does not have to be totally unable to perform an activity as long as the degree of limitation seriously limits her or his ability to function.

☐ **1. Understanding, remembering, or applying information (11.00G3b(1))**

Evaluation(s)

Date(s): _____

Relevant findings: _____

_____

_____

Specific tests done, if any:

Date(s): _____

Relevant findings: _____

_____

_____

OR

☐ **2. Interacting [appropriately, effectively and comfortably] with others** (**11.00G3b(ii)**)

Evaluation(s)

Date(s): _____

Relevant findings: _____

_____

_____

Specific tests done, if any:

Date(s): _____

Relevant findings: _____

_____

OR

☐ **3. Concentrating, persisting, or maintaining pace** (see **11.00G3b(iii)**)

Evaluation(s)

Date(s): _____

Relevant findings: _____

_____

_____

Specific tests done, if any:

Date(s): _____

Relevant findings: _____

_____

_____

OR

☐ **4. Adapting or managing oneself [appropriately, effectively, comfortably] (11.00G3b(iv))**

Evaluation(s)

Date(s): _____

Relevant findings: _____

_____

_____

Additional tests, if any:

Date(s): _____

Relevant findings: _____

_____

_____

Visual Impairment [included under Special Senses and Speech — Adult] (2.0)

The visual disorders covered here include the abnormalities of the eye, optic nerve or optic tracts that can occur in MS. Section 2.00 of the regulations also offers detailed information about how each of these visual functions is measured. SSA usually requires a report of an eye examination that includes measurements of a person's best-corrected central visual acuity or the extent of the person's visual fields, as well as evidence that MS is the cause of the loss. If the standard eye examination does not indicate the cause of the vision loss, SSA will request the information that has been used to establish the presence of the visual difficulties. If the person's visual disorder does not satisfy SSA's criteria in 2.02, 2.03 or 2.04, they will request a description of how her or his visual disorder affects daily functioning.

☐ **Loss of central visual acuity (2.02)**

Neurologic/ophthalmologic exam:

Date(s): _____

Relevant findings: _____

_____

_____

Tests conducted, if any:

Date(s): _____

Relevant findings:_____

_____

_____

☐ **Contraction of the visual field in the better eye (2.03)**

Evidence from the physician or other medical provider must demonstrate one of the following:

- ☐ The widest diameter subtending an angle around the point of fixation no greater than 20 degrees
- ☐ An MD of 22 decibels or greater, determined by automated static threshold perimetry that measures the central 30 degrees of the visual field
- ☐ A visual field efficiency of 20 percent or less, determined by kinetic perimetry

Neurologic/ophthalmic exam:

Date(s): _____

Relevant findings: _____

_____

_____

Tests conducted, if any:

Date(s): _____

Relevant findings: _____

_____

_____

☐ **Loss of visual efficiency, or visual impairment, in the better eye:**

Evidence from the physician or other medical provider must demonstrate one of the following:

A. A visual efficiency percentage of 20 or less after best correction **OR**

B. A visual impairment value of 1.00 or greater after best correction

_____

_____

_____

_____

Neurologic/ophthalmic exam:

Date(s): _____

Relevant findings: _____

_____

_____

Tests conducted, if any:

Date(s): _____

Relevant findings: _____

_____

_____

12.00 Mental Disorders

A person who does not satisfy the requirements for disability under section 11.09 can still be considered for cognitive impairment (12.02), depressive, bipolar and related disorders (12.04) or anxiety and obsessive-compulsive disorders (12.06) resulting from her or his MS.

To be considered disabled under 12.02, 12.03, 12.04, a person MUST satisfy the medical criteria AS WELL AS either the functional criteria OR the seriousness and persistence criteria.

☐ **Neurocognitive Disorders (12.02)**

- ☐ Medical evidence: (relevant evidence from the physician, psychologist or other medical sources showing a significant decline from a prior level of function in one or more cognitive areas):

  - ☐ Complex attention
  - ☐ Learning and memory
  - ☐ Perceptual-motor skills
  - ☐ Executive function
  - ☐ language
  - ☐ Social cognition

Evaluation Dates: _____

Test Results: _____

_____

_____

_____

AND

- ☐ **Functional evidence: (extreme limitation of one or marked limitation of two of the following):**
  - ☐ Understanding
  - ☐ Remembering/applying information
  - ☐ Interacting with others
  - ☐ Concentrating, persisting or maintaining pace
  - ☐ Adapting and management oneself appropriately in the workplace

Evaluation Dates: _____

Test Results: _____

_____

_____

_____

OR

- ☐ **Seriousness and persistence evidence:** (medically-documented history of a serious and persistent neurocognitive disorder over a period of at least two years, which is being treated with at least some benefit, but still leaves the person with minimal capacity to function in the work setting)

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Depressive, bipolar and related disorders (12.04)

☐ **Medical evidence:** (relevant evidence from the physician, psychologist or other medical sources demonstrating a Depressive Disorder characterized by five or more of the following):

- ☐ Depressed mood
- ☐ Diminished interest in almost all activities
- ☐ Sleep disturbance
- ☐ Appetite disturbance with change in weight
- ☐ Observable psychomotor agitation or retardation
- ☐ Decreased energy
- ☐ Feelings of guilt or worthlessness
- ☐ Difficulty concentrating or thinking
- ☐ Thoughts of death or suicide

OR

Bipolar Disorder characterized by three or more of the following:

- ☐ Pressured speech
- ☐ Flight of ideas
- ☐ Inflated self-esteem
- ☐ Decreased need for sleep
- ☐ Distractibility
- ☐ Involvement in activities that have a high probability of negative consequences
- ☐ Psychomotor agitation

Evaluation Dates: _____

Test Results: _____

_____

_____

AND

☐ **Functional evidence:** (extreme limitation of one or marked limitation of two of the following):

- ☐ Understanding
- ☐ Remembering or applying information
- ☐ Interacting with others
- ☐ Concentrating, persisting or maintaining pace
- ☐ Adapting and managing oneself appropriately in the workplace

_____

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OR

☐ **Seriousness and persistence evidence:** (medically-documented history of a serious and persistent neurocognitive disorder over a period of at least two years, which is being treated with at least some benefit, but still leaves the person with minimal capacity to function in the work setting)

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Anxiety [and obsessive-compulsive disorder] (12.06)

☐ **Medical evidence:** (relevant evidence from the physician, psychologist or other medical sources demonstrating an anxiety disorder characterized by three or more of the following):

- ☐ Restlessness
- ☐ Difficulty concentrating
- ☐ Muscle tension
- ☐ Easy fatigability
- ☐ Irritability
- ☐ Sleep disturbance

Evaluation Dates: _____

Evaluation Results: _____

_____

_____

_____

AND

☐ **Functional evidence:** (extreme limitation of 1 or marked limitation of two of the following):

- ☐ Understanding
- ☐ Remembering or applying information
- ☐ Interacting with others
- ☐ Concentrating
- ☐ Persisting or maintaining pace
- ☐ Adapting and managing oneself appropriately in the workplace

Evaluation Dates: _____

Evaluation Results: _____

_____

_____

_____

OR

☐ **Seriousness and persistence evidence:**
(medically-documented history of a serious and persistent neurocognitive disorder over a period of at least two years, which is being treated with at least some benefit, but still leaves the person with minimal capacity to function in the work setting)

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Appendix D: Worksheets to Assist You with Your SSD Application

These worksheets are designed to help you gather and organize the information you need for yourself, for conversations with your healthcare providers and for your SSA interview. Share copies of these worksheets with others but keep the originals for yourself.

Worksheet 1: Applicant Medical History

This worksheet will help you gather the medical information you need to complete your SSDI application.

Worksheet 2: How MS Impacts Your Functioning and Ability to Work

This worksheet will help you describe your MS symptoms and how they impact your functioning on the job.

Worksheet 3: Applicant Work History

This worksheet will help you gather the work, personal, and income history you need to complete your SSDI application.

Worksheet 4: Supporting Information from Family, Friends, Colleagues

This worksheet will help you gather helpful information from people who know you about the ways in which your MS or other conditions have impacted your ability to function.

Worksheet 1: Medical History

The purpose of this worksheet is to help you gather all the medical information related to your disability(ies) that you will need for your application. Collect as much of the following information as possible and fill out each section below. You can refer to the SSA **Listing** of Impairments for Multiple Sclerosis in Appendix B to help organize your information by each of the Listing criteria that applies to you. Use additional sheets of paper if needed.

Bring a copy of this worksheet to the appointments with your healthcare provider(s) to discuss the information that you need for your application and to double check for any missing information. Bring a copy of this worksheet to your SSA interview, along with copies of any relevant information you have gathered. Keep all of your originals.

A. List all illnesses, injuries or conditions that prevent you from working. This list should include all symptoms, whether or not they are related to MS _____

_____

_____

_____

B. When did you become unable to work in any substantial gainful activity (SGA) because of your medical condition? (MM/DD/YYYY)

_____

_____

_____

C. If you are receiving Medicaid, write your Medicaid ID number here: _____ and include a copy of your Medicaid benefit card.

D. List the names of your physician(s), rehabilitation therapists (physical therapist, occupational therapist), speech/language pathologist, mental health professional who have treated you or examined your for your disability-related illnesses, injuries, or conditions in the past and whom you expect to treat you in the future. You should also include any medical professionals who know about the effects of your MS symptoms even if they didn't treat or examine you for it.

1. Healthcare providers treating motor or physical symptoms, including fatigue

_____

_____

_____

_____

2. Healthcare providers treating vision symptoms

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_____

_____

_____

3. Healthcare providers assessing and/or treating cognitive or mental health problems

_____

_____

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E. Hospitals, clinics, MS centers, rehabilitation facilities or emergency rooms you visited. For each entry, include: name, address, phone, reason for visit, date of admission and discharge for inpatient treatment.

_____

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F. All medications you take and why you take them (for MS and any other conditions you are treating). For each medication, include: name of medication, dosage (if known), length of prescription, reason for taking the medication, name of prescribing physician, physician assistant or nurse practitioner, side effects from the medication. Also list any medications that you have tried in the past and why you stopped taking them.

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G. Medical tests you have had or are going to have related to your MS symptoms and/or other conditions. For each test, include: name of test, place of test, reason for test, name of healthcare provider who ordered the test, test date(s) (MM/DD/YYYY), test results.

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Worksheet 2: How MS Impacts Your Functioning and Ability to Work

The purpose of this worksheet is to help you describe how your MS symptoms and/or other conditions affect your ability to work. The worksheet is organized around the main sections of the SSA Listing that relate to MS impairments. In each area, be sure to describe how your symptoms have changed your ability to work over time.

Think about activities you did at work before your disability and what activities you can no long do. Think about activities that are too difficult, tiring or painful to perform for very long or at all, as well as activities that you cannot complete without assistance. The examples below are designed to help you think about your own situation.

Be thorough. If you do not have room to write in the space provided, use additional paper. Use the information you include here to talk with your healthcare provider(s) and SSA representative. Give your healthcare provider(s) a copy of this sheet so that he or she can use this information when writing your Medical Source Statement (MSS). KEEP YOUR ORIGINALS.

1. **The Impact of Physical Symptoms, INCLUDING FATIGUE**

   Describe how your MS symptoms and/or other conditions have impacted physical or other work activities. Use these examples to describe your circumstances in your own words.

   - Sitting at your workstation or keeping your balance in one place
   - Standing, walking outside (including how long it takes you to walk 100 yards — the length of one football field), walking around your workplace, or requiring an assistive device to walk or maintain your balance (including descriptions of tripping or falling and your use of an assistive device such as a cane, walker, motorized scooter or wheelchair)

- Completing a full work-day/work-week, including travel to and from work (including a description of the amount of rest you need on weekends in order to maintain your work schedule, as well as noting the use of vacation time when you are out of paid sick days)
- Engaging in any activity for more than an hour or so
- Keeping up with the pace of others in the workplace
- Engaging in manual activities such as typing, writing, handling papers
- Carrying or lifting things (including the weights of the things you lift)
- Using public transportation or driving to work
- Speaking with others
- Managing MS-related pain, dizziness, heat sensitivity during work activities
- Controlling your bladder and bowel
- Dressing yourself and other grooming activities
- Doing indoor household activities, including vacuuming, sweeping, or mopping (and how long it takes you)
- Doing outdoor household activities, including mowing the lawn, changing spark plugs, dealing with screens/storm windows (and how long it takes you)

Describe your physical and motor limitations related to your work and other activities. Be sure to describe any assistance or accommodations you receive at work. Use words like always, sometimes, severe, moderate to describe your difficulties and be as detailed as you can.

2. The Impact of Visual Symptoms

Describe how your visual symptoms have impacted your work activities. Use these examples to describe your circumstances in your own words.

- Writing
- Reading, even in large type or font
- Using a computer screen or other electronic screen
- Seeing materials presented at work-related meetings
- Using or operating work-related equipment
- Driving a car
- Navigating a work day with double vision, eye pain, scotomas (gaps or blind spots in your visual field), oscillopsia (abnormal, excessive eye movements that make objects appear to shake or bounce), loss of contrast visual acuity (difficulty distinguishing between light and dark and between objects and their background)
- Watching television or seeing a movie

Describe your visual limitations related to your work and other daily activities, making sure to include any compensatory strategies or tools you are using. Use words like always, sometimes, severe, moderate to describe your difficulties and be as detailed as you can.

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3. The Impact of Cognitive Symptoms

How have changes in thinking, memory, attention, organization, planning, problem-solving, visual-spatial skills impacted your work activities? Use these examples to describe your circumstances in your own words, making sure to include any compensatory strategies or tools you are already using.

- Remembering assignments and appointments, information from colleagues, information from reading materials
- Understanding, participating and keeping up with workplace discussions, either one-on-one or in groups
- Maintaining attention and focus during work activities or conversations without getting distracted
- Planning and prioritizing your work activities
- Maintaining organization in your activities, papers/files, supplies at work and at home
- Making effective decisions with sound judgment and managing oneself appropriately
- Working with numbers, balancing a checkbook, following a recipe
- Driving to and from work and navigating around the workplace without getting lost
- Working at a task requiring concentration and focus for more than a few minutes without becoming overwhelmingly fatigued

Describe your cognitive limitations related to your work and other daily activities, making sure to include any compensatory strategies or tools you are using. Use words like always, sometimes, severe, moderate to describe your difficulties and be as detailed as you can. Use additional sheets of paper if necessary.

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4. The Impact of Depression or other Mood Changes

How have changes in your mood affected your work activities and interactions with others at work and at home? Use these examples to describe your circumstances in your own words,

- Depressive symptoms interfering with attention, focus, ability to complete tasks
- Depressive symptoms interfering with effective interactions with others and ability to behave appropriately

- Moodiness and irritability impacting interactions with others and ability to behave appropriately
- Extreme mood swings impacting judgment, decision-making, interactions with others and ability to behave appropriately
- Uncontrollable episodes of laughing and/or crying that disrupt work activities and interactions with others
- Severe anxiety interfering with attention, focus and ability to complete tasks

Describe any mood or emotional changes that impact your work and other daily activities, making sure to include any treatment you are receiving to help manage these problems. Use words like always, sometimes, severe, moderate to describe your difficulties and be as detailed as you can. Use additional sheets of paper if necessary.

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Worksheet 3: Your Work History

The purpose of this worksheet is to help you gather all of the personal, income, and work history information you need for your application. Collect all of the documents and information on the list. Include a description of the type of work you performed and the length of time you held that type of job. Attach all separate documents to this worksheet. Remember that SSA has access to employer and wage information and can help collect any missing information. Do not delay your application while gathering this information.

Personal Information

- Original or certified copy of your birth certificate. If you weren't born in the United States, you need proof of U.S. citizenship or legal residency.
- Your checking or savings account number, if you have one.
- Social Security Number(s) for yourself, your spouse, and your minor children.
- Name, address, and phone number of a person whom SSA can contact if they are unable to get in touch with you.

Work History Information

- If you were in the military service — the original or certified copy of military discharge papers (Form DD 214) for all periods of active duty.
- If you worked last year — your W-2 Form; if you were self-employed — your federal tax return (IRS 1040: Schedules C and SE).
- Workers' compensation information, including date of injury, claim number, and proof of payment amounts.
- Job descriptions and dates you worked in the past 15 years (Use table on next page).

Job	Dates	Description

Worksheet 4: Supporting Information from Family, Friends, Colleagues

SSA is aware that you spend very limited time with your healthcare providers. Depending on how often they see you, what time of day the appointments are, what you are talking about or doing during your appointment, your providers may not be fully aware of the limitations you experience in your activities at home and at work. In addition to the information you and your healthcare providers will provide to SSA, information from those who know you well and see you function on a daily basis can be extremely helpful for the person who is evaluating your application. This worksheet provides you with some questions to ask some of these key people in your life. You can make a copy of the page for each person. Keep the originals for yourself and share copies with your healthcare providers and SSA.

Name: _____

Relationship to applicant: _____

How long you have known the applicant:_____

What kinds of changes have you seen in the applicant's ability to function at work and at home?

Physical changes related to walking, sitting, balance, coordination, manual dexterity, maintaining energy, stamina and strength, driving or any other functions. Include information about severity and frequency of the problems, as well as how long they have been occurring:

_____

_____

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_____

Vision changes impacting reading, writing, driving, completing tasks or anything else you have noticed. Include information about severity and frequency of the problems, as well as how long they have been occurring:

Problems with cognitive functioning impacting memory, attention, focus, judgment, planning and prioritizing, problem-solving, decision-making, ability to stay on task and complete tasks, driving without getting lost, or anything else you have noticed. Include information about severity and frequency of the problems, as well as how long they have been occurring:

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Mood changes including depression, anxiety, severe irritability, mood swings, uncontrollable episodes of laughing or crying impacting ability to participate fully in activities, complete tasks, interact comfortably and appropriately with others, behave appropriately or anything else you have noticed. Include information about severity and frequency of the problems, as well as how long they have been occurring:

_____

_____

_____

Other changes you have noticed that do not seem to fit in these categories:

Appendix E: Getting Assistance with Your Application

There are several ways a friend, family member, or other representative can help you apply for and manage your disability benefits. They can assist with part of the application process, such as gathering and organizing all the necessary work and medical records into a folder or keeping a journal. They can accompany you on visits to your doctor(s) and SSA, sit beside you, and help answer any tough questions. They also can help fill out the worksheets in this guidebook.

- If you cannot manage any part of the application process yourself, or if you want or need someone to act on your behalf or in your absence with SSA, you can appoint an Authorized Representative.

  An attorney, non-attorney representative who specializes in Social Security, friend, or family member can serve as your Authorized Representative. That person will need to develop a telephone relationship with your healthcare provider(s) and become familiar with all the documentation required to submit a successful application. Both you and the person representing you must complete and sign **Form SSA-1696 (Appointment of Representative)**. You can download and complete this form at: **socialsecurity.gov/representation**.

  If you want a representative but don't know how to find one, ask your local SSA field office. Some representatives charge fees. Others do not. To understand how representatives can charge fees and how SSA approves fees, refer to: **ssa.gov/pubs/EN-05-10075.pdf**.

  Note: SSA does not recognize power of attorney.

- Once you are approved for benefits, you also might want help managing your disability benefits. A Representative Payee receives and manages the cash benefits if you cannot manage it on your own. He or she cannot collect a fee from you unless SSA authorizes the payee to collect a fee for providing services or unless the person is your legal guardian authorized by a court to charge a guardian fee.

  For more information on representative payees and related forms, go to: **socialsecurity.gov/pubs/10076.html**.

- The duties of an Authorized Representative or Representative Payee include:
  - Attending (with or without the applicant) all SSA or DDS inter views and conferences.
  - Helping to obtain medical records from your healthcare provider(s) or hospital(s) and information from the SSA file.
  - Making formal requests for reconsiderations, hearings, or appeals reviews.
  - Preparing for administrative hearings and presenting your case at a hearing.

An Authorized Representative or Representative Payee must read, sign and submit a form that documents his or her agreement to follow SSA Rules of Conduct and Standards of Responsibility for Representatives. The rules can be found at: **socialsecurity.gov/representation/conduct_standards.htm**

A special thank you to Jamie Hall, Esq., an attorney specializing in disability law who kindly reviewed the content of this publication.

The National Multiple Sclerosis Society ("Society") is proud to be a source of information on multiple sclerosis related topics. The information provided is based on professional advice, published experience, and expert opinion, but does not constitute medical or legal advice. For specific medical advice, consult a qualified physician. For specific legal advice, consult a qualified attorney.

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The National MS Society's mission is for people affected by MS to live their best lives as we stop MS in its tracks, restore what has been lost and end MS forever. To fulfill this mission, the Society funds cutting-edge research, drives change through advocacy, facilitates professional education, collaborates with MS organizations around the world, and provides services designed to help people with MS and their families move their lives forward.

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