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SSDI/SSI: THE APPLICATION PROCESS

Once someone has reached a decision to apply for SSDI or SSI, his or her first step is to telephone the SSA at 800-772-1213 between the hours of 7:00 AM and 7:00 PM Eastern Standard Time and request the following:

- The pamphlet entitled *Disability Benefits*
- Social Security Application
- Earnings and Benefits Estimate Statement

The person applying for SSDI or SSI needs to be aware that the procedure is not easy. This includes awareness that the process could take between six to eight months and requires the submission of a large amount of paperwork that will establish, among other things, proof of a disability and the applicant's work history.

Although there is no hard rule that the applicant must quit working before applying for benefits, any work is considered a factor by the SSA in establishing the presence of a disability. However, an application will be denied if the individual is earning more than \$780 per month in substantial gainful employment.

■ STEP 1: DESCRIPTION OF DISABILITY

This step can be started before the application is received. In order to prepare for completing the SSDI/SSI application when it arrives, it is recommended that the applicant maintain, for at least one week, a log of daily activities that records the occurrence of symptoms, such as the following:

- Visual difficulties
- Tremors
- Balance problems
- Memory loss
- Speech difficulties
- Weakness
- Bladder control
- Emotional distress
- Spasms
- Fatigue
- Sexual difficulties
- Numbness
- Cognitive problems

It is also essential that the applicant keep track of his or her daily activities to help create a clear mental picture of the problems he or she faces, which in turn must be conveyed to the Social Security representative at the time of application. It is important to convey symptoms an individual has on one's worst day, not one's best day, and to be as comprehensive and descriptive as possible.

Following is a suggested self-survey containing the types of questions that need to be answered in the application for SSDI/SSI. The Application for Disability Insurance Benefits and Disability Report forms can be obtained from the SSA Web site—www.ssa.gov.

Self-Survey to be Answered in Preparation for Applying for SSDI or SSI

Name: _____

Date of Diagnosis: _____

I. GETTING OUT OF BED

1. How long does it take you to get up in the morning?
2. Do you require assistance to get up?
3. Once you are standing do you hold onto anything to steady yourself?
4. When walking to the bathroom, do you touch the walls? (This is called *wall walking*.) Why?

II. PERSONAL HYGIENE

1. If male, do you sit to urinate?
2. To shower, do you need assistance to get into the shower?
3. Do you sit or stand while showering?
4. If you stand while showering, do you lean against the shower wall?
5. Have you ever needed assistance in bathing?
6. Have you ever burned yourself because of the water temperature?
7. After you finish bathing, do you pause before you exit? How long?
8. Do you sit on the toilet seat to rest before you exit the bathroom?
9. To return to your room, do you use the walls for assistance?

III. DRESSING

1. Do you require assistance in selecting your clothes?
2. Do you dress in stages? For example, do you put on your shirt, and then pause before you select the next article of clothing?
3. Do you need assistance with buttons, snaps, or shoestrings?
4. Why do you need this assistance?
5. Do you need to rest after dressing? How long is this rest period?
6. How long does the entire dressing process take?

IV. MEAL PREPARATION

1. Has there been a change in the amount of food preparation that you can do independently?
2. What do you usually have for breakfast, lunch, and dinner?
3. Who prepares or assists you with meal preparation?
4. Why do you need assistance?
5. Have you ever fallen while preparing a meal?
6. Do dishes or pots and pans fall from your hands without warning?
7. Have you ever scalded yourself while making a meal?
8. Do you ever skip meals because you are too tired to prepare the food yourself?
9. Have you ever set off the smoke alarm because you forgot something on the stove?
10. Who does the shopping?

V. HOUSEHOLD DUTIES

1. Do you do your own personal shopping?
2. If not, who assists you?
3. Do you pay your own bills?
4. Do you take care of your banking needs?
5. Do you do your own laundry?
6. Do you drive?
7. Who assists you in your transportation needs?
8. Do you consider yourself a safe driver?
9. Who cleans your house?

VI. RECREATIONAL/SOCIAL

1. Before your symptoms began, what were your hobbies?
2. Have these hobbies changed?
3. What do you now do for entertainment?
4. How often do you visit your friends and family?
5. How often do friends and family come to visit you?
6. If you are a parent, how active are you with the children?
7. Has your interaction with the children changed?

You have explored your activities of daily living in great detail through this log. If there is any additional information you feel is important, that has not been addressed, please list it:

1. _____

2. _____

3. _____

■ STEP 2: WORK HISTORY

1. List the jobs held for the past 15 years:

Job title	Kind of business	Dates worked
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List basic duties of these jobs.
3. List any machines/tools or equipment you can use.
4. List any technical knowledge you may have.
5. Have you had supervisory responsibilities?

Which do you do more of and how much of each in hours per day?

Sitting _____

Standing _____

Walking _____

(Note: The total of these three activities need to amount to eight hours.)

■ STEP 3: PHYSICIAN CONTACTS

Assemble the names and addresses, zip codes, and phone numbers of all the doctors and allied health professionals you have seen or who have treated you for your condition and/or its symptoms. Your list may include your:

- Neurologist or other medical specialist
- General practitioner
- Neuro-ophthalmologist
- Urologist
- Psychiatrist
- Psychiatric psychologist
- OT/PT

■ STEP 4: FILING APPLICATION

Once the application packet is received from the Social Security Office:

1. Complete all forms as required.

2. Contact all doctors who have treated you to let them know that they will be requested to send your records to the Social Security Office. You may also want to request a copy of these records for yourself. The submission of the doctor's report should be based on a recent examination and include:
 - Establishing the diagnosis of the illness or injury that is causing severe impairment of the work activity;
 - Explaining the restriction on work capacity resulting from the diagnosed medical condition;
 - Providing examples of what you can and cannot do; and
 - Explaining if the impairment will either result in death or is expected to last at least 12 months.