

APPLICATION CHECKLIST

DISABILITY APPLICATION

- Military Service discharge information for all periods of active duty.
- W-2 form from the previous year.
- Social Security number for your spouse and any minor children.
- Check and/or savings account information including account number and routing number for direct deposit of your benefit checks.

DISABILITY REPORT

- Name, address and phone number of someone Social Security can contact regarding your disability.
- Information for all doctors, hospitals, clinics where you received treatment including:
 - Name
 - Address
 - Phone number
 - Patient ID number
 - Dates of first, last and next appointment
- Names of medications you are taking and which doctor prescribed them.
- Names and dates of any tests you have taken and which doctor requested them.
- List of the last 5 jobs you have performed and contact information for the employer.
- Print out of monthly benefits received by either Workers' Compensation, Long Term Disability or State Disability.