

SSI/SSDI Application Template

Completion date: _____

Client's name and birthdate: _____

Marriage History (Current and Past spouse Information Needed):

Name of Spouse(s) and Social Security Numbers:

Birthdate of Spouse(s):

Name of Spouse	Birthdate	Social Security Number	Date of Marriage

Any Income (What counts? Check out pages 6 and 7)

Source of income and resources:

Type	Amount

Education History:

Any special needs classes? Individual Education Plan?

Name of schools	Address

Past 15 years of Work History:

Employer _____ Job Title _____

Type of Business _____

Days a week _____ Hours per day _____ Rate of pay _____

Employer _____ Job Title _____

Type of Business _____

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Type of Business _____

Days a week _____ Hours per day _____ Rate of pay _____

Warrants and police contact/any negative interaction with the police in adult life:

Offense: _____ Date occurred: _____

Offense: _____ Date occurred: _____

Offense: _____ Date occurred: _____

Offense: _____ Date occurred: _____

Offense: _____ Date occurred: _____

Offense: _____ Date occurred: _____

Offense: _____ Date occurred: _____

Description of Functional Limitations due to symptoms/Why the client cannot work in detail

Can you work enough to earn more than \$1,130 each month? _____ yes _____ no

Have you had your disability for a year, will it last for at least a year, or result in death?

_____ yes _____ no

Dates of Treatment: Disability Date/Date client was no longer able to perform SGA:

All Diagnoses:

Dates of hospitalizations and Doctors: (Used in Medical History Details)

Date	Hospital	Treating Doctor	Reason

Medications Taking: If you do not have the actual bottle, please provide the information below

Date	Treating Doctor	Reason	Reactions

**Please advise client to obtain any additional records for:
Any available psychological testing**

Mental status exams

IP/ER Records

Testing/Imagery Results

Operative/Pathology Results

Principal *earned* income exclusions

- The first \$65 per month plus one-half of the remainder (see [general earned income exclusion](#) below)
- Impairment-related work expenses of the disabled and work expenses of the blind
- Income set aside or being used to pursue a plan for achieving self-support by a disabled or blind individual
- The first \$30 of infrequent or irregularly received income in a quarter

Principal *unearned* income exclusions

- The first \$20 per month
- Income set aside or being used to pursue a plan for achieving self-support by a disabled or blind individual
- State or locally funded assistance based on need
- Rent subsidies under HUD programs and the value of food stamps
- The first \$60 of infrequent or irregularly received income in a quarter

WHAT ARE RESOURCES?

Resources are things you own such as:

- ▼ cash;
- ▼ bank accounts, stocks, U.S. savings bonds;
- ▼ land;
- ▼ life insurance;
- ▼ personal property;
- ▼ vehicles;
- ▼ anything else you own which could be changed to cash and used for food or shelter; and
- ▼ deemed resources.

WHAT RESOURCES DO NOT COUNT FOR SSI?

For SSI, we do **not** count:

- the home you live in and the land it is on;
- household goods and personal effects (e.g., your wedding and engagement rings);
- burial spaces for you or your immediate family;
- burial funds for you and your spouse, each valued at \$1,500 or less (See the SSI Spotlight on [Burial Funds](#));
- life insurance policies with a combined face value of \$1,500 or less;
- one vehicle, regardless of value, if it is used for transportation for you or a member of your household;
- retroactive SSI or Social Security benefits for up to nine months after you receive them (including payments received in installments);
- grants, scholarships, fellowships, or gifts set aside to pay educational expenses for 9 months after receipt