

Soc Sec Disability Preparation Sheet

SSDI/SSI

Disability is defined as: "Your medical condition is expected to keep you from being able to work for a year or more."

Cancer Diagnosis: _____

What stage is it? _____

Date Diagnosed: _____

LAST DAY OF WORK: _____

MEDICAL INFORMATION:

- On each Dr and/or Treatment Center you've been seen by:
 - Name of Dr/address/phone number
 - Date first seen there
 - Last date you were seen there
 - Next appt (if applicable)
 - List of each test you've had and the date (approximate if have to) - note if you've had that test (by that Dr) more than one time

- Dates of each hospitalization (date in/date released)
 - Address/phone number
 - List of each test you've had while hospitalized and the date (approximate if have to) - note if you've had that test (by that Dr) more than one time

- List any MEDICATIONS that have been prescribed by that Dr/treatment center (and indicate purpose for that medicine)

- Bring any medical records with you that we can look at (and submit with the application). DO NOT SPECIFICALLY GO GET MEDICAL RECORDS UNLESS YOU ALREADY HAVE THEM.

EARNINGS FOR 2017 AND 2018

MARRIAGES OF 10 YEARS OR MORE

- If yes, will need name/social security number (*if you have it*)/date of birth of any spouses
- Where you were married (city/state)
- Date of marriage/Date of divorce (if applicable)
- Social security numbers of any children who are 18 or younger, +/- or still in school

OTHER INFORMATION

- **Bank account # and Routing #** (Social Security only does direct deposit)
- **Citizenship Info** - date of Naturalization [*if applicable*]
- **Highest Level of school/year**
- **Name/Address/Phone #** of someone other than medical team who knows about your condition (can be a spouse/family member/friend)

- A list of the jobs (up to 5) that you had in the 15 years before you became unable to work. Include the dates you worked at those jobs/rate of pay