Social Security Administration

Checklist For Online Adult Disability Application

This checklist will help you gather the information you may need to complete the online adult Disability application process. We recommend you print this page to use while you gather your information. We hope you find our online application easy and convenient.

Birth and Citizenship Information
If you were born outside the United States or its territories:
- Name of your birth country at the time of your birth (it may have a different name now)
- Permanent Resident Card number (if you are not a U.S. Citizen)

Marriage and Divorce
- Name of current spouse and prior spouse (if the marriage lasted more than 10 years or ended in death)
- Spouse(s) date of birth and SSN (optional)
- Beginning and ending dates of marriage(s)
- Place of marriage(s) (city, state or country, if married outside the U.S.)

Names and Birth Dates of Children Who
- Became disabled prior to age 22, or
- Are under age 18 and are unmarried, or
- Are aged 18 to 19 and still attending secondary school full time

U.S. Military Service
- Type of duty and branch
- Service period dates

Employer Details for Current Year and Prior 2 Years (not self-employment)
- View your Social Security Statement online at: www.ssa.gov/myaccount
- Employer name
- Employment start and end dates
- Total earnings (wages, tips, etc.)

Self-Employment Details for Current Year and Prior 2 Years
- View your Social Security Statement online at: www.ssa.gov/myaccount
- Business type and total net income

Direct Deposit

Domestic bank (USA)
- Account type and number
- Bank routing number

International Bank (Non-USA)
- International Direct Deposit (IDD) bank country
- Bank name, bank code, and currency
- Account type and number
- Branch/transit number

Name, address and phone number of someone we can contact who knows about your medical condition(s) and can help you with your claim

List of your medical conditions

Information about Doctors, Healthcare Professionals, Hospitals and Clinics
- Names, addresses, phone numbers, patient ID numbers, and dates of examinations and treatments
- Names and dates of medical tests you have had and who sent you for them
- Names of medications (prescriptions and non-prescriptions), reason for medication and who prescribed them

Information about other medical records that may be available from vocational rehabilitation services, workers compensation, public welfare, prison or jail, an attorney or lawyer, or another place

Job History
- Date your medical condition began to affect your ability to work
- Type of jobs (up to 5) that you had in the 15 years before you became unable to work because of your medical condition
- Dates you worked at those jobs, if available
- Type of duties you did on the longest job you had

Education and Training
- Highest grade in school completed and date you completed it
- Name of special job training, trade school or vocational school and date completed
- Special education school name, city and state, and date completed

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We may contact you for additional information after you submit your online application.