

Supplemental Security Income (SSI) Benefits
APPLICATION WORKSHEET
Clancy & Associates, Ltd.

Please review and answer the questions below. Where documents are requested, please gather and bring to your appointment. Please be aware that your application may require additional information beyond what is listed below.

Birth and Citizenship Information

- City and state of birth
- 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) and Permanent Resident Card number (if you are not a U.S. Citizen)
- Date that you became a 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.)

Children

- Names and birth dates of children who became disabled prior to age 22, or
- Are under age 18 and are unmarried, or
- Are age 18 to 19 and still attending secondary school full time

U.S. Military Service

- Type of duty and branch
- Service period dates

Work Information

- Work History for the past 5 years including type of job, dates worked, and pay rate (dates and rate of pay can be an estimate)
- The last date you worked
- Annual income from the previous calendar year if applicable

Medical Information

- Your medical diagnoses
- The names and contact information of your current medical providers
- The first date and the last date you visited each of your medical providers (this can be an estimate)

- Dates of any future doctor appointments
- Medications your doctors have prescribed you
- Tests and approximate test dates (includes things like blood work, X-Rays, MRIs).
- Emergency room visit dates, if applicable
- Surgery dates, if applicable
- Overnight hospital stay dates, if applicable (this can be an estimate)
- Other medical treatments, if applicable

Other Information

- Address and phone number of a friend or family member who would be willing to speak to Social Security about your disability
- Contact information for any other professionals that have been helping you, if applicable (This may include social workers, care coordinators, school counselors, other non-medical professionals who can inform Social Security about your disability)
- 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)

Education

- Highest grade achieved in school and/or graduation dates
- Dates and information concerning vocational classes, programs, and certificates, if applicable
- Dates of IEPs and/or 504 plans, if applicable



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