

## Tell Us If You Have A Disability

Client Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Note:** Personal Health Information disclosed here will only be used to determine your disability status and will not be shared with others.

1. Do you or your spouse have a disability?  No  Yes, list who: \_\_\_\_\_

\_\_\_\_\_  
(Note: If both have disabilities, please answer questions separately for both.)

2. Does this person get Social Security disability benefits?  No - complete information below.  
 Yes - **STOP HERE.**

3. Please describe the disability(s): \_\_\_\_\_  
\_\_\_\_\_

4. Do you think the disability will last more than 12 months?  No  Yes

5. Do you think the disability will result in death?  No  Yes

6. Have you ever applied for Social Security Disability  No  Yes, complete the following:  
a. Was the application denied?  No  Yes - list when \_\_\_\_\_  
b. Did you appeal the denial?  No  Yes

7. Has the existing condition become worse since the Social Security denial?  
 No  Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

8. Do you have a new disability or condition that Social Security did not look at?  
 No  Yes- please briefly describe: \_\_\_\_\_

9. Is an attorney or someone else helping you with the Social Security application for disability benefits?  No  Yes - Complete the following:  
Person/Organization: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I certify under penalty of perjury that the information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date