

Social Security
Information Worksheet

Name: _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

DOB: _____ SS# _____

Email address _____

Date of disability: _____

Time: _____ Type of benefits applying for: _____

Description of disability: _____

When did the disability start? _____

Have you filed before, if so what is the status of case? _____

Witnesses: (Name and position): _____

Personal

Number of dependents: _____ Marital status: _____

SSN: _____ DOB: _____

Wage earner if different from applicant _____

Wage earner's SSN: _____

Dates previously filed

Date reported: _____ Was it denied? _____

How many times have you filed? _____

Employment

Employer: _____

Address of employer: _____

Date started employment: _____

Still employed? **YES NO** If not, why? _____

Job title/duties: _____

Job assigned when accident occurred: _____

Length of experience at assignment: _____

Supervisor: _____

Pay

Hourly: _____ Hours per week: _____

Work schedule: _____ hours/day _____ days/week

Overtime? _____ hours/week Pay: _____

Other benefits? Circle all that apply:

Tips \$ _____/week Meals \$ _____/week Room \$ _____/week

Health insurance \$ _____/week

Have you worked in the past year _____

Do you make less than \$ 800.00 a month _____

Medical care

Doctors:

1. Name: _____ Telephone # _____

Address: _____

How: _____

Refer to anyone else? _____

2. Name: _____

Address: _____

How: _____

Refer to anyone else? _____

3. Name: _____ Telephone # _____

Address: _____

How: _____

Refer to anyone else? _____

4. Name: _____ Telephone # _____

Address: _____

How: _____

Refer to anyone else? _____

5. Name: _____ Telephone # _____

Address: _____

How: _____

Refer to anyone else? _____

History

Previous social security claims: _____

<u>Date</u>	<u>Employer</u>	<u>Injury</u>	<u>Outcome</u>
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Training and Work History

Highest grade completed? _____

Trade schools/OJT ? College _____

Military? **YES** **NO** Branch: _____

Job experience: _____

Rehabilitation or retraining?

Dates	Reason
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Child support

Do you pay child support? _____/month

Do you owe back child support? \$ _____

Any welfare liens? \$ _____

Have you filed a workers' compensation claim, and if so are you currently receiving WC benefits.

Personal information:

Phone: _____

Fax _____

Address: _____

Previous employment types: _____

Skills: _____
