



O'Donnell, Weiss & Mattei, P.C.

SOCIAL SECURITY DISABILITY BENEFITS WORKSHEET

You will find that organizing your history to be helpful before your initial visit to O'Donnell, Weiss & Mattei. The following is a guide:

PERSONAL INFORMATION

Name _____

Address _____

Social Security No. _____

Date of Birth _____

Are you a U.S. Citizen? Yes or No

Telephone Number _____

E-mail _____

City and State of Birth _____

Are you currently married? Yes or No

Spouse's Name _____

Spouse's Social Security No. _____

Spouse's Date of Birth _____

Date of Marriage _____

City and State of Marriage _____

Any prior marriages Yes or No

Any unmarried children under age 18?

Yes or No

Do you have any children under the age of 18, under the age of 19 and still in high school, or who began receiving Social Security Disability benefits before age 22?

Yes or No

If yes, identify and provide current age(s).

If the person applying for benefits is under age 22, do either of your parents receive Social Security benefits?

Yes or No

Do you have any unsatisfied felony warrants and/or unsatisfied federal or state warrants for violation of probation or parole? Yes or No

Person or Persons to Contact if we cannot get in touch with you:

Name _____

Address _____

Relationship _____

Telephone Number _____

EDUCATION AND TRAINING

Highest grade of school completed _____

Date Completed _____

Any special training, trade or vocational school? Yes or No

Special Education Courses Yes or No

If Yes, provide a copy of your last IEP if available.

DISABILITY INFORMATION

1. In last 14 months are you unable to work due to illness, injuries, conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? Yes or No

2. On what date did your condition become disabling? _____

3. Any previous application(s) for Medicare, Social Security or SSI benefits?
If Yes, was it for SSDI or SSI? If you received benefits, when first awarded? _____ If denied, when? _____

4. Do you have private disability benefits available? Yes or No

5. List **all** illnesses, injuries or conditions no matter how **small** that currently impact your physical and/or mental condition*.

**Social Security looks at your entire medical condition, even if the problem is not the primary reason for your claim.*

6. What are the symptoms* of your condition(s), including nature and location of pain?

**List all areas affected and the emotional impacts.*

7. Are these illnesses or injuries related to work? Yes or No

8. Have you filed for or are you receiving Workers' Compensation? Yes or No

MEDICATIONS

What medications are you currently taking (*both prescribed and/or over-the-counter*)?

MEDICATION	WHY YOU TAKE IT	PRESCRIBED BY

TESTS

List the medical tests you had or are going to have in the future.

NAME OF TEST	PART OF BODY	DOCTOR ORDERED	DATE(S)

EMPLOYMENT AND INCOME INFORMATION

List all of the jobs that you have had for the last 15 years.

Employer Name & Address	Job Title	Start Date & End Date	Pay Rate	Hours per Day	Days per Week	Pay Frequency (i.e. hourly)

1. Were you ever self employed? Yes or No. If Yes, list the years you were self employed. _____
2. Have you visited SSA.gov under *my Social Security* to review your Social Security Statement? Yes No
Do you agree with the earnings on your Social Security Statement? Yes or No
If Yes, print a copy to bring to your conference with David Kaplan.
3. Have you received money from an employer on or after the date you became unable to work (*i.e. vacation pay*)? Yes or No Reason _____ Amount? _____
4. Do you have a spouse that worked for the Railroad for 5 + years? Yes or No
5. Do you receive earnings from a family corporation or other closely held corporation? Yes or No

6. Do you expect to receive money from an employer in the future? Yes or No
7. Were you a corporate officer or related to a corporate officer of an employer? Yes or No
8. Have you ever worked outside the U.S? Yes or No
9. Are you currently working? Yes or No If Yes, Full time or Part time?
10. Before stopping work, did you or your employer modify your work activities due to your medical condition? Yes or No If Yes, when were those changes made? _____
What changes were made? _____
11. Date you stopped working: _____ Reason for stopping: _____
12. Total of wages and earnings by you for the two years before you filled out this worksheet _____
13. Have you ever worked in a job where Social Security taxes were not withheld? Yes or No
14. Do you maintain a relationship with a supervisor at your last place of employment? Yes or No

DIRECT DEPOSIT INFORMATION

Type of Bank Account _____ Bank Routing Number _____
Account Number _____

SOCIAL SECURITY ACCOUNT

Have you ever established a *my* Social Security account? If yes, provide Name _____
Password _____

INFORMATION FOR YOUR INITIAL CONFERENCE

- If you previously filed for Social Security Disability (SSDI) or Supplemental Security Income (SSI), bring in all paperwork that you have received as a result of that application
- If you currently have medical records, please bring them with you.
- If you have or are receiving worker’s compensation, provide a copy of your settlement agreement or order, date of injury and proof of your payments.
- If you are receiving or claiming Long-Term Disability through your employer or private policy, provide a copy of the policy and amount of your benefits.
- If you have a family member or friend who can accompany you to your initial conference, please do your best to bring them.