2026

Annual Report of the Supplemental Security Income Program

SOCIAL SECURITY
Frank J. Bisignano, Commissioner
July 22, 2026

The President
The White House
Washington, DC 20500

Dear President Trump:

It is my pleasure to submit the 2026 *Annual Report of the Supplemental Security Income Program* (the 30th such report). We prepare this report in compliance with section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

I am also sending this report to Vice President Vance and Speaker Johnson. If you have any questions regarding this report, your staff may contact Mark Steffensen, our Chief for Law and Policy, at Mark.Steffensen@ssa.gov.

Respectfully,

Frank J. Bisignano

Enclosure

SOCIAL SECURITY
Frank J. Bisignano, Commissioner
July 22, 2026

The Honorable JD Vance
President of the U.S. Senate
Washington, DC 20510

Dear President Vance:

It is my pleasure to submit the 2026 *Annual Report of the Supplemental Security Income Program* (the 30th such report). We prepare this report in compliance with section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

I am also sending this report to President Trump and Speaker Johnson. If you have any questions regarding this report, your staff may contact Mark Steffensen, our Chief for Law and Policy, at Mark.Steffensen@ssa.gov.

Sincerely,

Frank J. Bisignano

Enclosure

SOCIAL SECURITY
Frank J. Bisignano, Commissioner
July 22, 2026

The Honorable Mike Johnson
Speaker of the U.S. House
of Representatives
Washington, DC 20515

Dear Speaker Johnson:

It is my pleasure to submit the 2026 *Annual Report of the Supplemental Security Income Program* (the 30th such report). We prepare this report in compliance with section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

I am also sending this report to President Trump and Vice President Vance. If you have any questions regarding this report, your staff may contact Mark Steffensen, our Chief for Law and Policy, at Mark.Steffensen@ssa.gov.

Sincerely,

Frank J. Bisignano

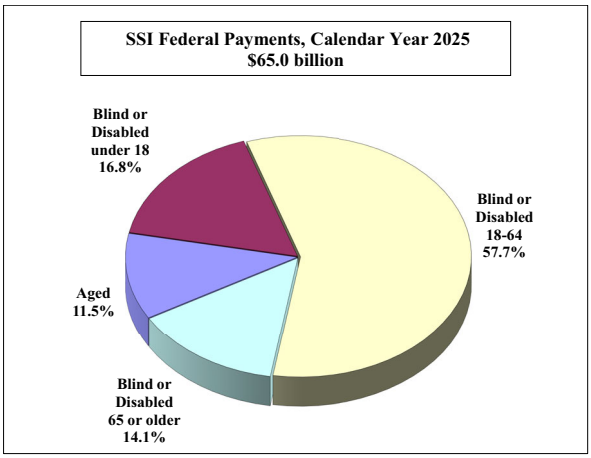
Enclosure

EXECUTIVE SUMMARY

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) directs the Social Security Administration (SSA) to report annually to the President and to the Congress on the status of the Supplemental Security Income (SSI) program. Projections of program recipients and costs through at least 25 years are required elements of these reports. This report is the 30th such report.

Highlights of the SSI Program

- The SSI program is a nationwide Federal assistance program administered by SSA that guarantees a minimum level of income for aged, blind, or disabled individuals. It acts as a safety net for individuals who have limited resources and little or no Social Security or other income. Individual States have the option to supplement Federal payments.
- In January 2026, 7.24 million individuals received monthly Federal SSI payments averaging $711, a decrease of about 17,000 recipients from the 7.26 million recipients with an average payment of $688 in January 2025.
- Federal expenditures for cash payments under the SSI program during calendar year 2025 increased 3.0 percent to $65.0 billion, while the funds made available to administer the SSI program in fiscal year 2025 increased 8.8 percent to $5.1 billion. In 2024, the corresponding program and administrative expenditures were $63.1 billion and $4.7 billion, respectively.



Major Findings of the Report

- By 2050, the end of the 25-year projection period, we estimate that the Federal SSI recipient population will reach 7.6 million. The projected growth in the SSI program over the 25-year period is largely due to the overall growth in the Social Security area population, though the growth in the SSI recipient population is projected to be somewhat slower than the growth in the Social Security area population.
- As a percentage of the total Social Security area population, the number of Federal SSI recipients decreased from 2.10 percent in 2024 to 2.09 percent in 2025. We project this percentage to trend downward during the 25-year projection period, reaching 2.05 percent of the population in 2050. This decline occurs for several reasons, including that the percent of the population potentially eligible for SSI based on their citizenship and residency status is projected to decline slightly in the future.
- We project that Federal expenditures for SSI payments in calendar year 2026 will increase by $1.3 billion to $66.3 billion, an increase of 2.0 percent from 2025 levels.
- In dollars adjusted by the Consumer Price Index to 2026 levels, we project that Federal expenditures for SSI payments will increase to $69.1 billion in 2050, a real increase of 0.1 percent per year.
- Federal SSI expenditures expressed as a percentage of the Gross Domestic Product (GDP) were 0.21 percent in 2025. We project that expenditures as a percentage of GDP will stay roughly level in 2026, and will decline thereafter to 0.15 percent of GDP by 2050. Federal SSI expenditures are projected to grow more slowly than GDP, both because the share of the population that will be potentially eligible for SSI will decline and because the maximum Federal SSI benefit is projected to grow more slowly on average than the growth in average income in the future.

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I. INTRODUCTION

Congress established the Supplemental Security Income (SSI) program in 1972 by amending Title XVI of the Social Security Act (Act), with payments beginning in 1974. The Social Security Administration (SSA) administers the program. SSI replaced the former Federal-State programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled in the 50 States and the District of Columbia. Residents of the Northern Mariana Islands became eligible for SSI in January 1978.

In 2026, the SSI program provides a monthly Federal cash payment of $994 ($1,491 for a couple if both members are eligible) for an eligible person living in their own household and having no other countable income. Since 1975, these Federal SSI benefit rates have increased with the same cost-of-living adjustment applied to benefits under the Old-Age, Survivors, and Disability Insurance (OASDI) program. In addition to setting a Federal benefit standard, the legislation establishing SSI also permitted individual States to supplement the Federal payment with an additional monthly amount. As described in section III.G, these State supplementation payments can be either at the option of the individual States or, in certain cases, mandatory under requirements in effect when the SSI program began.

Unlike Social Security benefits, which are paid from the Social Security Trust Funds, funding for Federal SSI program benefits and administrative costs for the SSI program comes from the General Fund of the U.S. Treasury. Federally administered State supplementary payments are also funded by the General Fund but are reimbursed by the States.

Under section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, SSA must submit a report on the SSI program to the President and Congress no later than May 30 of each year. This is the 30th annual report on the SSI program. The legislative mandate requires that the report include:

- A comprehensive description of the SSI program;
- Historical and current data relating to: (1) claims intake and dispositions at all levels of decision making; (2) demographic information about recipients, including program cost and prior enrollment in other public benefit programs; (3) redeterminations, continuing disability reviews, and utilization of work incentives; (4) administrative costs; and (5) State supplementation program operations;
- Projections of the future number of recipients and program costs, through at least 25 years;
- A historical summary of statutory changes to Title XVI of the Act; and
- Summaries of any relevant research on the SSI program by SSA or others.

In addition, the legislation specified that the report may include the Social Security Advisory Board's views of the SSI program.

Much of the required information is the subject of extensive ongoing research. In responding to each of the specific requests for information, SSA has made every effort to provide the best information available at this time. SSA will continue to make improvements upon such information in order to help the President and Congress effectively manage this important part of our social safety net.

II. HIGHLIGHTS

The SSI program is a nationwide Federal assistance program administered by SSA that guarantees a minimum level of income for aged, blind, or disabled individuals. This section presents a review of current initiatives and improvements, a summary of important legislative changes to the program in the last year, highlights of recent SSI program experience, and a summary of the key results from the 25-year projections.

A. CURRENT INITIATIVES AND IMPROVEMENTS

For more than 50 years, the SSI program has provided a financial safety net for aged, blind, and disabled Americans with limited resources who rely on SSI benefits to meet basic needs of food and shelter. The program plays a crucial role in the lives of about eight million people and is funded from general tax revenues. Accordingly, we are making a renewed effort to administer the program as accurately and efficiently as possible and remain committed to effectively overseeing the program, protecting taxpayer dollars, and maintaining the public's trust. We are also dedicated to ensuring that our services are accessible and responsive to the needs of those we serve in every service channel.

In an agency first, the Commissioner named a lead executive and established the SSI Improvement office to improve the service we provide to our recipients. We've made the program easier to navigate—for the people who rely on it and for the SSA technicians who support them. Since being established in September 2025, the team has made many improvements including updating, clarifying, and simplifying policy instructions; deploying technology to better administer the program; expanding the use of the Access to Financial Institution (AFI) tool; and using technology and call segmentation to better serve our customers. All of these improvements have led to reduced improper payments, higher levels of accuracy, and better, faster, and higher quality service for our customers.

Program Integrity

We're committed to preventing improper payments—whether overpayments or underpayments—by identifying the root causes and addressing them promptly. When overpayments occur, we work diligently to identify and recover them as quickly and efficiently as possible.

The statutory requirements for means testing SSI payments present challenges to making accurate payments. We compute the correct monthly SSI payment amount based on changes in a recipient's income, resources, living arrangements, and other circumstances. The law requires us to determine SSI eligibility and calculate payments monthly, generally issuing payments on the first of the month for eligibility in that month. Even if a payment was correct when paid, changes that happen later in that month can affect the payment due, resulting in improper payments.

Recipients and representative payees have an important responsibility to timely report changes that may affect eligibility or payment amounts. Timely and accurate recipient reporting ensures the accuracy of their benefit payment and the integrity of the SSI program. However, changes are sometimes not reported promptly, or at all, which can present challenges in administering the program. We have renewed our focus on working with recipients and their representatives to promote understanding and compliance, so that we can continue to serve the public effectively and uphold the trust placed in us.

To address these challenges, it is important we have strong program integrity tools to detect unreported changes that may affect SSI eligibility and payments. One of our most effective tools for protecting and preserving program integrity is the SSI non-medical redetermination process, under which we conduct scheduled reviews of all non-medical factors of eligibility to determine whether the recipient is still eligi-

ble for SSI and if their payment amount is correct. We are on track to complete at least 2.6 million redeterminations in fiscal year 2026.

To maximize resources and limit the burden to the public, we use a statistical model to prioritize redeterminations. This allows us to focus on recipients who are most likely to have a change that affects eligibility or the amount of benefits. We have also prioritized early initiation of redeterminations and full medical continuing reviews for child beneficiaries before they reach their 18th birthday. These redeterminations save billions of program dollars with a comparatively small investment of administrative funds.

Ongoing Efforts

Embracing a digital-first approach, we recognize that technology is the great enabler in supporting our efforts to improve the experience of our recipients, pay benefits accurately each month, and enhance the efficiency of our processes. On December 31, 2024, we published the Final Rule *Use of Electronic Payroll Data to Improve Program Administration* outlining our intent to obtain wage data electronically from a payroll data provider. We began receiving data through the exchange on April 7, 2025 using a phased implementation and reaching the full authorized population in September 2025. We use data from the exchange to update SSI records timely. This increases the accuracy of payment amounts, reduces time field office technicians spend verifying wages and manually entering data, and reduces reporting responsibilities for individuals who earn income that could affect their eligibility or payment amount. We continue to work with the payroll data provider to enhance the data exchange and make it more efficient, increase authorizations of recipients and deemors, while also evaluating new data solutions they introduce to reach workers not currently covered by the exchange.

We use the Access to Financial Institution (AFI) tool, with an individual's consent, to identify and verify bank account information and detect undisclosed bank account balances with participating financial institutions. In August 2025, we implemented a zero-dollar AFI tolerance for SSI 65+ aged claim allowances before adjudicating payment. In April 2026, we similarly implemented zero-dollar tolerance AFI verifications for all SSI blind and disabled allowances, and we will explore opportunities to expand AFI capabilities further. Excess resources are by far the number one reason for improper payments in the SSI program. Moving to the zero-dollar tolerance enables the agency to check for resources beyond the allowable limit and ensure we are not making payments to ineligible individuals.

We continue to identify other opportunities to use technology to improve the efficiency and accuracy of the SSI program.

Conclusion

The SSI program continues to provide support for millions of vulnerable individuals. We will continue to use every tool at our disposal to ensure that SSI payments are accurate.

B. SSI LEGISLATION SINCE THE 2025 ANNUAL REPORT

Alaska Native Settlement Trust Eligibility Act

Temporarily excludes certain payments from a settlement trust to an aged, blind, or disabled Alaskan Native or descendant of an Alaskan Native from being used to determine the individual's eligibility for need-based Federal programs (including SSI), for a five-year period beginning on the date of enactment (July 7, 2025 to July 6, 2030).

To provide for reconciliation pursuant to title II of H. Con. Res. 14

Section 70115 - Permanently allows the designated beneficiary of an Achieving a Better Life Experience (ABLE) account to make additional contributions to their ABLE account (subject to certain requirements and limitations) that are subject to an increased contribution limit.

This section also increases the contribution limit to an ABLE account by adding one additional year to the annual adjustment for the cost of living.

Section 70116 - Permanently extends the qualified retirement savings contribution tax credit for contributions made to an ABLE account by the account's designated beneficiary. Further, this section increases the maximum amount of the tax credit to $2,100 (from $2,000).

Section 70117 - Makes permanent the provision that allows nontaxable rollovers from a qualified tuition program (529 plan) to an ABLE account, subject to certain requirements.

C. RECENT PROGRAM EXPERIENCE

SSI program experience during the past year included the following:

- During calendar year 2025, 1.30 million individuals applied for SSI benefits based on blindness or disability, a decrease of 6 percent as compared to the 1.38 million who applied in 2024. Additionally, about 142,000 individuals applied for SSI benefits based on age, a decrease of 13 percent as compared to the roughly 163,000 who applied in 2024.
- In 2025, about 672,000 applicants became new recipients of SSI benefits, an increase of 3 percent as compared to the roughly 655,000 who became new recipients in 2024.
- Each month on average during calendar year 2025, 7.3 million individuals received Federal SSI benefits. This group was composed of 1.1 million aged recipients and 6.1 million blind or disabled recipients, of which about 62,000 were blind. Of these 6.1 million blind or disabled recipients, 1.0 million were under age 18, 3.9 million were aged 18 to 64, and 1.3 million were aged 65 or older.
- Federal expenditures for payments under the SSI program in calendar year 2025 totaled $65.0 billion, an increase from $63.1 billion in 2024.
- Each month on average during calendar year 2025, 1.3 million individuals received federally administered State supplementation payments. This group was composed of approximately 401,000 aged recipients and approximately 921,000 blind or disabled recipients, of which about 16,000 were blind. Of these approximately 921,000 blind or disabled recipients, about 111,000 were under age 18, about 532,000 were aged 18 to 64, and about 278,000 were aged 65 or older.

- State expenditures for federally administered State supplements, excluding fees for Federal administration, totaled $3.4 billion in calendar year 2025, roughly the same level as in 2024.
- The cost SSA incurred to administer the SSI program in FY 2025 was $5.0 billion, which was roughly 7 percent of total federally administered SSI expenditures.[1]
- In January 2026, 7.4 million individuals received federally administered monthly SSI benefits averaging $737. Of these, 7.2 million received monthly Federal SSI payments averaging $711, and 1.3 million received monthly State supplementation payments averaging $212.

D. KEY RESULTS FROM THE 25-YEAR PROJECTIONS

The major findings in the 25-year projections prepared for this report are:

- The number of applications decreased from 2010 through 2021, increased moderately from 2021 through 2024, and decreased again in 2025. We project that the number of applications will increase substantially by 2031, reaching levels more consistent with longer-term historical experience, and then remain at roughly this level thereafter.
- The SSI recipient population has declined in recent years, following trends in applications and new recipients. We project that the Federal SSI recipient population will increase to 7.6 million by 2050. As a percentage of the total Social Security area population, we project the number of Federal SSI recipients to trend gradually downward during the 25-year projection period, from 2.07 percent in 2026 to 2.05 percent by 2050. This decline occurs for several reasons, including that the percent of the population potentially eligible for SSI based on their citizenship and residency status is projected to decline slightly in the future.
- We project that Federal expenditures for SSI payments in calendar year 2026 will increase by $1.3 billion to $66.3 billion, an increase of 2.0 percent from 2025 levels. In dollars adjusted by the Consumer Price Index to 2026 levels, we project that SSI program outlays will increase to $69.1 billion in 2050, a real increase of 0.1 percent per year.
- Federal SSI expenditures were 0.21 percent of Gross Domestic Product (GDP) in 2025. We project that such expenditures will stay roughly level in 2026 and decline thereafter to 0.15 percent of GDP by 2050. Federal SSI expenditures are projected to grow more slowly than GDP both because the share of the population that will be potentially eligible for SSI will decline and because the maximum Federal SSI benefit is projected to grow more slowly on average than the growth in average income in the future.

[1] Administrative costs do not include the costs of beneficiary services provided to recipients through State vocational rehabilitation (VR) agencies and employment networks for VR services and payments under the Ticket to Work program.

III. THE SUPPLEMENTAL SECURITY INCOME PROGRAM

This section presents a brief history and comprehensive description of the SSI program. This section also includes information on the administration of the program and coordination with other programs.

A. BACKGROUND

Federal entitlement programs for the aged, blind, or disabled have their roots in the original Act of 1935. The Act established an old-age social insurance program administered by the Federal Government and an old-age means-tested assistance program administered by the States. Congress added similar programs for the blind or disabled to the Act in later years. Means-tested assistance provided a safety net for individuals who were either ineligible for Social Security or whose benefits could not provide a basic level of income.

This means-tested assistance comprised three separate programs—Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled. Despite substantial Federal financing, these programs were essentially State programs. Federal law established only broad guidelines for assistance. The Federal Government provided matching funds to support whatever payment levels the States established, with no maximum or minimum standards. Consequently, each State was responsible for setting its own standards for determining who would get assistance and how much they would receive.

Beginning in the early 1960s, this State-operated, federally assisted system drew criticism directed at the "crazy quilt"[1] eligibility requirements and payment levels. Other criticism centered on specific requirements, such as lien laws and provisions that required certain relatives to bear responsibility for the maintenance of family members in need.

Responding to these concerns, Congress passed, and the President approved, the 1972 Amendments to the Social Security Act, which created the SSI program, and thereby substantially reversed the Federal and State roles with regard to means-tested assistance. Under the new program, the SSI mission was to provide a uniform Federal income floor while State programs supplement that floor. The new program was historic in that it shifted responsibility from the States to the Federal Government for determining who would receive assistance and how much assistance they would receive.

B. THE BASIC PLAN

The main objective of the SSI program is to provide basic financial support to aged, blind, or disabled individuals whose income and resources are below certain limits. Congress designed the SSI program based on the following principles:

- Eligibility requirements and benefit standards that are nationally uniform and eligibility determinations based on objective criteria;
- An assistance source of last resort for the aged, blind, or disabled whose income and resources are below specified levels;
- Incentives and opportunities for those recipients able to work or to be rehabilitated that would enable them to reduce their dependency on public assistance;
- An efficient and economical method of providing assistance;

[1] Committee on Ways and Means House Report No. 92-231 (to accompany H.R.1 "The Social Security Amendments of 1971") on May 26, 1971.

- Incentives for States to supplement the basic Federal benefit and protection for former recipients of State adult assistance programs who were converted to the SSI program; and
- Appropriate coordination of the SSI program with supplemental nutrition assistance, medical assistance, and other programs.[1]

C. UNIFORM STANDARDS AND OBJECTIVE CRITERIA

Prior to the SSI program, the eligibility of aged, blind, or disabled individuals for federally funded adult assistance depended on the State in which they lived. Benefit levels varied from State to State. The SSI program replaced the State-run programs, establishing a consistent national program. The following uniform standards and objective eligibility criteria apply to the SSI program:

- **Income and resource limit.** If an individual's income or resources go above the limit, the person may not qualify for SSI assistance. The countable income limits for individuals and couples are equal to their respective Federal benefit rates (FBR)[2] and generally increase annually according to changes in the cost of living. For 2026, the FBR is $994 a month for individuals and $1,491 a month for couples. The resource limit is $2,000 in countable resources for individuals and $3,000 for couples.
- Minimum age of 65 to receive age-based assistance.
- **Definition of disability and blindness.** The definitions for individuals age 18 or older are the same as those used for the Social Security program. In order to be considered disabled, an individual must have a medically determinable physical or mental impairment that is expected to last or has lasted at least 12 continuous months or is expected to result in death and: (1) if age 18 or older, prevents the person from doing any substantial gainful activity (SGA);[3] or (2) if under age 18, results in marked and severe functional limitations. Individuals for whom addiction to drugs or alcoholism is a contributing factor material to the determination of their disabilities are not eligible for benefits. In order to be considered blind, an individual must have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or with a visual field limitation of 20 degrees or less in the better eye.
- **Citizenship and residency requirements.** To be eligible for SSI, an individual must be:
  - — a citizen or national of the United States;
  - — an American Indian born in Canada who is admitted to the United States under section 289 of the Immigration and Nationality Act;
  - — an American Indian born outside the United States who is a member of a federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act;
  - — a noncitizen who was receiving SSI benefits on August 22, 1996; or
  - — a qualified alien.

[1] For example, as explained in section III.H, SSI recipients in most States are also automatically eligible for Medicaid, which generally provides for their medical needs.

[2] See table IV.A2 for historical and projected future Federal benefit rates.

[3] "SGA" describes a level of work activity that is both substantial (i.e., involves the performance of significant physical or mental activities) and gainful (i.e., activities in work for pay or profit, or in work generally performed for pay or profit). SGA rules do not apply to the SSI blind. Generally, earnings from work activity of over $1,690 a month are evidence of ability to engage in SGA. If an SSI *applicant* is earning over $1,690 a month, the applicant generally would not be considered disabled. However, if an SSI *recipient* is earning over $1,690 a month, the recipient could continue to be eligible for SSI. (See "Incentives for Work and Opportunities for Rehabilitation" section III.E.) The SGA level of $1,690 was increased from $1,620 effective January 1, 2026 (90 FR 49047). According to regulation, SSA bases yearly increases in the SGA level on increases in the national average wage index. See table V.E1 for the history of SGA level amounts.

Only certain categories of qualified aliens are eligible to receive SSI benefits, including:[1]

- Noncitizen active duty U.S. Armed Forces personnel, honorably discharged veterans, and their spouses and dependent children.
- Lawful permanent residents (LPR) who have earned or can be credited (from their spouses or parents) with 40 qualifying quarters of earnings. Qualified aliens in this category must also serve a 5-year waiting period in which they cannot receive SSI. This waiting period begins with the date they either entered the United States as an LPR or were adjusted to LPR status.
- Certain noncitizens who are blind or disabled and were lawfully residing in the United States on August 22, 1996.
- Certain immigrants lawfully residing in the United States for humanitarian reasons:[2]
  - — Refugees (eligibility generally limited to the 7-year period after their arrival in the United States);
  - — Asylees (eligibility generally limited to the 7-year period after the date they are granted asylum);
  - — Noncitizens whose deportations were withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removals were withheld under section 241(b)(3) of the INA (eligibility generally limited to the 7-year period after the date that deportation or removal is withheld);
  - — Cuban and Haitian entrants as defined by Federal statute, including: 1) section 501(e) of the Refugee Education Assistance Act of 1980; 2) former parolees and other aliens who became residents under the Cuban Adjustment Act of 1966; 3) aliens who became permanent residents under the Nicaraguan and Central American Relief Act; 4) aliens who adjusted status as Cuban/Haitian entrants under the provisions of the Immigration Reform and Control Act of 1986; and 5) aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act (eligibility for these categories generally limited to the 7-year period after the date that entrant status is granted); and
  - — Amerasian immigrants admitted pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 and subsequent amendments (eligibility generally limited to the 7-year period after their arrival in the United States).
- Citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau residing within one of the 50 states, the District of Columbia, or the Northern Mariana Islands.
- Certain spouses or children of citizens of the Federated States of Micronesia or the Republic of the Marshall Islands provided that the Micronesian or Marshallese citizen on which the relationship is based is serving on active duty in any branch of the United States Armed Forces, or in the active reserves.

In addition, certain noncitizens are treated as refugees for SSI purposes:

[1] A complete list of noncitizens who are considered qualified aliens can be found in the Glossary under "Qualified Alien."

[2] Generally, the law limits SSI eligibility for humanitarian immigrants to 7 years. As of December 2025 there were approximately 33,000 SSI recipients receiving time-limited SSI benefit payments, which was roughly 0.5 percent of all recipients who received federally administered SSI payments in that month.

- Noncitizens certified by the Department of Health and Human Services to be victims of certain types of human trafficking in the United States[1] (eligibility generally limited to the 7 years after a determination is made that they are trafficking victims); and

- Certain noncitizens from Iraq, Afghanistan, and Ukraine as follows:

  — Iraqis granted special immigrant status under emergency conditions, such as Iraqis who have provided service to the U.S. government and, as a result, may be in danger within their country of origin (eligibility for SSI generally limited to the 7 years after the special immigrant status is granted);

  — Afghans granted special immigrant status under emergency conditions, such as Afghans who have provided service to the U.S. government and, as a result, may be in danger within their country of origin (eligibility for SSI generally limited to the 7 years after the special immigrant status is granted);

  — Afghan citizens or nationals (or individuals with no nationality who last habitually resided in Afghanistan) who: (1) were granted parole into the United States between July 31, 2021 and September 30, 2023 or (2) were paroled into the United States after September 30, 2023 and are either the spouse, child, or parent or legal guardian (of an unaccompanied minor) of a person described in (1). The United States Citizenship and Immigration Services (USCIS) refers to these parolees as "Afghan Non-Special Immigrant Parolees."[2] Eligibility for these individuals ends on the later of March 31, 2023 or when the person's parole period ends; and

  — Ukrainian citizens or nationals (or individuals with no nationality who last habitually resided in Ukraine) who were:

    - paroled into the United States between February 24, 2022 and September 30, 2024; or

    - paroled into the United States after September 30, 2023, and they are a spouse or child of a person who is a Ukrainian citizen or national (or individual with no nationality who last habitually resided in Ukraine) who was paroled into the United States between February 24, 2022 and September 30, 2024; or

    - paroled into the United States after September 30, 2023, and they are a parent, legal guardian, or primary caregiver of an unaccompanied minor from Ukraine who is a Ukrainian citizen or national (or individual with no nationality who last habitually resided in Ukraine) who was paroled into the United States between February 24, 2022 and September 30, 2024.

  In addition to being a U.S. citizen or national or in one of the potentially eligible noncitizen categories, an individual must reside in one of the 50 States, the District of Columbia, or the Northern Mariana Islands. An individual also must be physically present in one of the 50 States, the District of Columbia, or the Northern Mariana Islands. There are two exceptions to the residency and physical presence requirements:

[1] "Human trafficking" is generally defined as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

[2] See https://www.uscis.gov/save/whats-new/afghan-special-immigrant-conditional-permanent-resident-status-and-non-si-parolees for more information.

- Blind or disabled children who are citizens of the United States may continue to be eligible for payments if they are living outside the United States with a parent who is on duty as a member of the U.S. Armed Forces. This exception also applies to blind or disabled children of military personnel who: (1) are born overseas; (2) become blind or disabled overseas; or (3) applied for SSI benefits while overseas; or

- Students studying abroad for not more than 1 year also may continue to be eligible for payments if the studies are sponsored by a U.S. educational institution but could not be conducted in the United States.

D. ASSISTANCE OF LAST RESORT

As a means-tested program, SSI takes into account all income and resources that an individual has or can access. The amount of an individual's countable income and resources are the measure of their need for assistance.

1. Income

The Act requires us to consider an individual's income in determining both eligibility for and the amount of a person's SSI benefit. We first compute an individual's "countable" income (i.e., income less all applicable exclusions) on a calendar month basis. We then compute the person's monthly benefit by subtracting countable income from the applicable FBR. Generally, ineligibility for SSI occurs when countable income equals the FBR plus the amount of an applicable federally administered State supplementation payment.[1]

The Act defines two kinds of income—earned and unearned. Earned income is wages, net earnings from self-employment, remuneration for work in a sheltered workshop, royalties on published work, and honoraria for services. All other income is unearned, including, for example, Social Security benefits, pensions, and unemployment compensation. The distinction between earned and unearned income is significant because different exclusions apply to each type of income.

Income, whether earned or unearned, can be provided in two forms: in cash or in kind. One type of in-kind, unearned income that we consider for purposes of determining SSI eligibility and benefit amount is in-kind support and maintenance (ISM). We determine the value of ISM using one of the following calculations:

- We use the **Value of the One-Third Reduction (VTR)** rule to determine the ISM value when an applicant or recipient lives throughout a month in another person's household, receives shelter from others living in the household, and others within the household pay for or provide all the applicant's or recipient's meals. The VTR is equal to one third of the FBR. This reduction is not rebuttable even if the individual can show that the actual value is less.

- We use the **Presumed Maximum Value (PMV)** rule to calculate the ISM value in all other cases. The PMV is the maximum amount of ISM we can count and is equal to one third of the FBR plus $20. Unlike the VTR, the PMV is rebuttable. If an individual can show that the actual value of the shelter received is less than the full PMV, then we count the actual value of the shelter received as unearned income.

However, under the law, not everything an individual receives is considered to be income. Generally, if the item received is not something an individual can use to meet the individual's needs for food or shelter, we do not consider it income. For example, if someone pays an individual's medical bills or offers free medi-

[1] We discuss State supplementation payments in section III.G.

cal care, or if the individual receives money from a social services agency that is a repayment of an amount the person previously spent, we would not consider these payments or services countable income for SSI purposes. In addition, we can also exclude some earned income (i.e., income from work) when we determine the individual's SSI payment amount. For example, the principal **earned income exclusions** are:

- The first $65 per month plus one half of the remainder;
- Impairment-related work expenses of the disabled and work expenses of the blind;
- Student Earned Income Exclusion (SEIE);
- Income set aside or being used to pursue a plan to achieve self-support (PASS) by a disabled or blind individual; and
- The first $30 of infrequently or irregularly received income in a calendar quarter.

Similarly to earned income, we can exclude some unearned income when determining an individual's eligibility and payment amount. The principal **unearned income exclusions** are:

- The first $20 per month;[1]
- Income set aside or being used to pursue a PASS by a disabled or blind individual;
- State or locally funded assistance based on need;
- Rent subsidies under the Department of Housing and Urban Development programs;
- The value of supplemental nutrition assistance; and
- The first $60 of infrequently or irregularly received income in a calendar quarter.

2. Resources

The Act also requires us to consider the value of an individual's resources in determining SSI eligibility for a given month.[2] In general, individuals who have countable resources, determined monthly, that exceed $2,000 ($3,000 for a couple) are ineligible for SSI. Our regulations define "resources" as liquid assets, such as cash, or any real or personal property that individuals, spouses of individuals, or parents of a child under the age of 18 own and could convert to cash for their support and maintenance; however, there are numerous and complex exceptions to this general rule.

If an individual disposes of resources at less than fair market value within the 36-month period prior to their application for SSI or at any time thereafter, the person may be penalized. The penalty is a loss of SSI benefits for a number of months (up to a 36-month maximum).[3] The penalty does not apply if the applicant can show that the resources were disposed of exclusively for a purpose other than establishing SSI eligibility.

The principal resource exclusions[4] are:

[1] Any portion of this $20 amount not used to exclude unearned income may be used to exclude earned income.

[2] The Act does not define "resources"; however, it specifies items that are excluded or excepted from resources under the law.

[3] We calculate the number of months of penalty by dividing the uncompensated value of disposed-of resources by the Federal benefit rate plus the maximum federally administered State supplementation payment, if any, applicable to the individual's living arrangement.

[4] For a more detailed list of the SSI resource exclusions, please refer to section V.B.

- The individual's home (and land appertaining to it) regardless of value and so long as it is the person's primary residence;
- Life insurance policies when the total face value of all policies on a person does not exceed $1,500;
- Burial funds not in excess of $1,500 each for an individual and spouse (plus accrued interest);
- Household goods, if used on a regular basis or needed for maintenance, use, and occupancy of the home;
- Personal effects;
- An automobile, if used to provide necessary transportation;
- Property essential to self-support;
- Resources set aside to fulfill a PASS;
- Amounts deposited into either a Temporary Assistance for Needy Families or an Assets for Independence Act individual development account, including matching funds, and interest earned on such amounts; and
- The first $100,000 of the balance of an Achieving a Better Life Experience (ABLE) account.

3. Filing for Other Benefits

As the "program of last resort," eligible individuals receive SSI benefits only to the extent other income and resources do not satisfy their needs. After evaluating all other income and resources, SSI pays what is necessary to bring an individual to the statutorily prescribed income floor. In keeping with this principle, the Act requires that SSI applicants and recipients file for all other payments for which they may be eligible, such as annuities, pensions, retirement or disability benefits, workers' compensation, and unemployment insurance benefits.

We must provide an individual with written notice of potential eligibility for other benefits and of the requirement to take all appropriate steps to pursue these benefits. The individual has 30 days from receipt of the notice to file for the benefits involved.

4. Eligibility Issues for Residents of Public Institutions or Medical Treatment Facilities

State and local governments—rather than the Federal Government—traditionally have taken financial responsibility for residents of their public institutions. The SSI program continues this long-standing public assistance policy. Individuals who reside in a public institution for a full calendar month are generally ineligible for SSI unless one of the following exceptions applies:

- The public institution is a medical treatment facility and Medicaid pays more than 50 percent of the cost of care, or in the case of a child under age 18, Medicaid or private health insurance pays more than 50 percent of the cost of care—in these situations, the SSI payment is limited to $30;
- The public institution is a publicly operated community residence that serves no more than 16 residents;
- The public institution is an emergency shelter for the homeless—in these situations, payments are limited to no more than 6 months in any 9-month period;

- The recipient was eligible under section 1619(a) or (b)[1] for the month preceding the first full month in the public institution and permitted by the institution to retain any benefits—in this situation, payments are limited to 2 months; or
- A physician certifies that the recipient's stay in a medical treatment facility is likely not to exceed 3 months, and SSA determines that continued SSI eligibility is necessary to maintain and provide for the expenses of the home to which the individual will return. In this situation, the recipient may continue to receive the full benefit for any of the first 3 full months of medical confinement if the person meets all other conditions for payment.

5. Personal Needs Allowance

When individuals enter medical treatment facilities in which Medicaid pays more than half of the bill, the law generally requires us to reduce their monthly FBR to $30 beginning with the first full calendar month they are in the facility. In the case of an individual under age 18, the $30 payment amount is also applicable if private insurance or a combination of Medicaid and private insurance pays more than half the bill. In these cases, the SSI program provides up to $30 a month for small comfort items not provided by the facility.

6. Deeming

The Act requires us to count, in certain situations, the income and resources of others in determining whether an individual's income and resources fall within the income and resource limits established by law. We call this process "deeming"; it applies in cases where an eligible individual lives with an ineligible spouse, an eligible child lives with an ineligible parent, or an eligible noncitizen has a sponsor.[2] In concept, the practice takes into account the responsibility of the spouse, parent, or sponsor to provide for the basic needs of the eligible individual.

a. Spouse-to-Spouse Deeming

When an eligible individual lives in the same household with a spouse who is not eligible for SSI, we deem the ineligible spouse's income and resources to be available to the eligible individual. In determining the amount of income and resources available to the eligible individual, we use all applicable exclusions. We also deduct from the income available for deeming a living allowance for any ineligible children under age 18 (or under age 22 and a student) living in the household, which reduces the amount of income to be deemed.[3] Spouse-to-spouse deeming generally results in approximately the same amount of income available to the couple that would be available if both members of the couple were aged, blind, or disabled and eligible for SSI.

Deeming does not apply when the eligible individual is not living in the same household as the ineligible spouse. However, if the ineligible spouse's absence is temporary or is due solely to an active duty assignment as a member of the U.S. Armed Forces, deeming continues to apply.

b. Parent-to-Child Deeming

A child under age 18 is subject to deeming from an ineligible natural or adoptive parent (and that parent's spouse, if any) living in the same household. Deeming does not apply if: (1) a child lives in a household

[1] See section III.E.6 of this report for a description of the special section 1619 provisions for disabled individuals who work.

[2] Deeming also applies to an individual who lives with an essential person (a concept carried over from the former State assistance plans). However, as of February 2026 there were only 4 of these cases remaining.

[3] The living allowance for ineligible children living in a household who themselves are receiving some form of countable income (such as wages or Social Security benefits) is reduced by the countable amount of that income.

with only the spouse of a parent (i.e., a stepparent); and (2) the natural or adoptive parent has permanently left the household. Deeming to a child continues if the parent is absent from the household only if the absence is temporary or due solely to active duty assignment as a member of the U.S. Armed Forces. If an eligible child lives in a household in which at least one other member of the household is receiving public income maintenance payments, we do not consider that child to be receiving ISM from inside the household. Additionally, we do not include as income of an ineligible parent any public income maintenance payment that the ineligible parent receives, any income that was counted or excluded in figuring the amount of that payment, or any income of the ineligible parent that is used by a public income maintenance program to determine the amount of that program's benefit to someone else.

In the deeming computation, we first exclude from the parent's income certain types and amounts of income that are not subject to deeming. We then subtract a living allowance for each ineligible child under age 18 (or under age 22 if a student).[1] Then we use any exclusions that apply to the remaining income (for example, the $20 general income exclusion), and subtract a living allowance based on the number of parents living in the household. Finally, we deem the remainder to be available to the eligible children in equal shares.

c. Sponsor-to-Alien Deeming

We deem the income and resources of noncitizens to include those of their sponsors.[2] The way we deem the income and resources and the length of the deeming period depends on whether the sponsor signed a legally enforceable affidavit of support[3] or the previous version of the affidavit. Generally, noncitizens who entered the country before 1998 did so under the old version of the affidavit.[4]

Under the old version of the affidavit, deeming of the sponsor's income and resources lasts until the noncitizen has been in the United States for 3 years.[5] The law provides living allowances equal to the Federal benefit rate for the sponsor as well as allowances equal to one half of the FBR for each of the sponsor's dependents. The law also provides allowances for the sponsor and their family members in determining deemed resources. These allowances reduce the amount of the sponsor's income and resources deemed to the noncitizen.

For noncitizens admitted into the United States under a legally enforceable affidavit of support, deeming generally applies until the noncitizen becomes a U.S. citizen. Deeming ends before citizenship if the noncitizen has earned, or can be credited with, 40 qualifying quarters of earnings. Children and spouses of workers may be credited with quarters earned by the worker. A quarter otherwise earned after 1996 does not count as 1 of the required 40 if the noncitizen or worker received Federal means-tested public benefits during the relevant period.

For this group of noncitizens, deeming also does not apply for specified periods if the noncitizens or their children or parents have been battered or subjected to extreme cruelty while in the United States or if sponsors leave the noncitizens indigent by not providing them with sufficient support.

[1] The living allowance for ineligible children living in a household who themselves are receiving some form of countable income (such as wages or Social Security benefits) is reduced by the countable amount of that income.

[2] The sponsor-to-alien deeming rules do not apply to noncitizens who are eligible for SSI benefits under Section 401 of the Additional Ukraine Appropriations Act, 2022, which was enacted on May 21, 2022 as Title IV of the Additional Ukraine Supplemental Appropriations Act, 2022 (Public Law 117-128).

[3] Legally enforceable affidavits of support are required by Public Law 104-208.

[4] The United States Citizenship and Immigration Services, previously known as the Immigration and Naturalization Service, began using these new, legally enforceable affidavits on December 19, 1997. However, if a potential immigrant had a visa issued before that date, the sponsor would sign an old version of the affidavit, even if the affidavit was signed after December 19, 1997.

[5] For a temporary period—January 1994 through September 1996—the deeming period was 5 years.

E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION

SSI benefits provide a basic level of assistance for individuals who are blind or disabled with limited earnings capacity due to their impairments. Nonetheless, for recipients who want to work, the SSI program is designed to encourage and support their work attempts in order to help them achieve greater degrees of independence. The SSI program includes a number of work incentives that enable recipients who are blind or disabled to work and retain benefits or to increase their levels of work activity without the loss of SSI eligibility status or Medicaid. These incentives provide higher amounts of income or resource exclusions as recognition of the expenses associated with working or as inducements to seek rehabilitation services and support for work efforts.

The SSI program also includes provisions to help disabled recipients obtain vocational rehabilitation (VR) and employment support services. Legislation revised these provisions by establishing the Ticket to Work program, which we describe in section III.E.7.

1. Earned Income Exclusion

We exclude the first $65 ($85 if the individual has no income other than earnings) of any monthly earned income plus one half of remaining earnings for SSI benefit computation purposes. This general earned income exclusion offsets expenses incurred when working.

2. Impairment-Related Work Expense Exclusion

We exclude the out-of-pocket costs of certain impairment-related services and items that a disabled (but not blind) individual needs in order to work from earned income in determining SSI eligibility and payment amounts.

In calculating these expenses, amounts equal to the costs of certain attendant care services, medical devices, equipment, prostheses, assistive technology, vehicle modifications, residential modifications to accommodate wheelchairs, and similar items and services are deductible from earnings. The costs of routine drugs and routine medical services are not deductible unless these drugs and services are necessary to control the disabling condition.

3. Work Expenses of the Blind Exclusion

We exclude any earned income by a blind individual used to meet expenses needed to earn that income from earned income in determining SSI eligibility and payment amounts. A deductible expense need not be directly related to the worker's blindness; it need only be an ordinary and necessary work expense of the worker.

Some frequently excluded work expenses include transportation to and from work, meals consumed during work hours, job equipment, licenses, income or Federal Insurance Contributions Act taxes, and costs of job training.

4. Student Earned Income Exclusion

The student earned income exclusion is an additional exclusion for an individual who is under age 22 and regularly attending school. Under current regulations, we exclude up to $2,410 of earned income per month but no more than $9,730 per year.[1]

[1] Effective January 1, 2025 (90 FR 49047). The student earned income exclusion generally increases yearly based on changes in the cost of living. See table V.E1 for a history of maximum monthly and calendar year exclusion amounts.

5. Plan to Achieve Self-Support (PASS)

A PASS allows a disabled or blind individual to set aside income and resources to get a specific type of job or to start a business. A PASS may involve setting aside funds for education or vocational training. A recipient can also set aside funds to purchase work-related equipment or pay for transportation related to the work goal. We exclude the income and resources that a recipient sets aside under the SSI income and resources tests.

The individual must have a feasible work goal, must have a specific savings or spending plan, and must provide for a clearly identifiable accounting for the funds set aside. We must approve the PASS; the individual must then follow the plan and negotiate revisions as needed. SSA monitors the plans by reviewing them periodically to evaluate the individual's progress towards attaining the work goal.

6. Special Provisions for Disabled Recipients Who Work

This work incentive generally is known by its section number in the Act—section 1619. Under section 1619(a), disabled individuals who would cease to be eligible because of earnings over the SGA level may receive special cash benefits as long as they:

- Continue to have the disabling condition;
- Have income under the amount that would cause ineligibility for any payment under SSI income counting rules; and
- Meet all other nondisability requirements for SSI payment.

In many States, being a recipient of the special benefit permits the individual to be eligible for Medicaid benefits.

Section 1619(b) also provides "SSI recipient" status for Medicaid eligibility purposes to individuals:

- Whose earnings, after consideration of any other income, preclude any SSI payment but are not sufficient to provide a reasonable equivalent of SSI benefits, social services, and Medicaid benefits that an individual would have in the absence of earnings; and
- Whose ability to continue working would be seriously inhibited by the loss of social services and Medicaid benefits.

To qualify for extended Medicaid coverage under section 1619(b) an individual must:

- Have a disabling condition;
- Need Medicaid in order to work;
- Not be able to afford equivalent medical coverage and publicly funded personal or attendant care without assistance;
- Meet all nondisability requirements for SSI payment other than earnings; and
- Have received a regular SSI cash payment in a previous month within the current period of eligibility. In some States, the individual must have qualified for Medicaid the month preceding the first month of 1619 eligibility.

In determining whether individuals' earnings are not sufficient to provide them with the equivalent benefits they would be eligible for if they stopped working, we compare their earnings to a threshold amount for their State of residence. Section 1619(b) status continues if the earnings are at or below the threshold. If earnings exceed the State threshold, we make an individualized assessment of the need for Medicaid. Section 1619(b) status may continue if the earnings are at or below the individualized threshold calculation.

7. Vocational Rehabilitation/Ticket to Work Program

Since the beginning of the SSI program, State VR agencies have provided services to those blind or disabled SSI recipients whom they have accepted as clients. SSA has traditionally reimbursed the VR agency for services provided in situations where the services result in the individual's working at the SGA level for a continuous period of 9 months and in certain other limited situations.

The Ticket to Work and Work Incentives Improvement Act of 1999 established a Ticket to Work and Self-Sufficiency program under which a blind or disabled beneficiary may obtain VR, employment, and other support services from a qualified private or public provider, referred to as an "Employment Network" (EN), or from a State VR agency. In addition, the Ticket to Work legislation provided that ENs would be compensated under an outcome or Milestone-Outcome payment system.[1] By expanding the pool of providers and giving the providers incentives for achieving success, this program seeks to expand a disabled beneficiary's access to these services in order to assist the beneficiary in finding, entering, and retaining employment and reducing their dependence on cash benefits.

The Ticket to Work program has been in operation nationwide since September 2004. Under this program, SSA provides access to employment support services to eligible individuals who receive SSI benefits due to blindness or disability. These individuals may obtain the VR services, employment services, and other support services needed to return to work or to go to work for the first time. The Ticket to Work program provides that as long as the beneficiary is "using a ticket" SSA will not initiate a continuing disability review to determine whether the beneficiary has medically improved.

ENs and State VR agencies are the only providers of VR services to disabled SSI recipients that SSA can compensate for those services. All ENs receive their compensation through the Ticket to Work program's outcome or Milestone-Outcome payment system. Unless State VR agencies have elected to participate as an EN for specific cases, they receive compensation under the traditional VR reimbursement system. Any services provided by the State VR agencies to SSI recipients who are not yet eligible for a ticket receive compensation under the traditional VR reimbursement system.

Individuals who improve medically and, therefore, are no longer considered disabled or blind may continue to receive SSI benefits if they are actively participating in the Ticket to Work program or another approved program of VR services, employment services, or other support services. This is sometimes referred to by its section number in the Social Security Disability Amendments of 1980—Section 301. For benefits to continue, an individual must be participating in an appropriate vocational rehabilitation (VR) or similar program that began before their disability ends under SSA rules, and SSA must determine that continuing or completing the program will increase the likelihood that they will be permanently removed from the SSI rolls. SSI benefits and Medicaid generally continue until the recipient completes the approved program, ceases to participate in the program, or we determine that continued participation will not increase the likelihood of permanent removal from the disability benefit rolls. The individual must continue to meet all non-medical eligibility requirements, such as being under income and resource limits.

[1] State VR agencies generally have the option on a case-by-case basis of electing to be paid under an EN payment system or under the traditional cost reimbursement payment system. Effective July 21, 2008, a State VR agency under the traditional cost reimbursement option and an EN under the EN payment system may be compensated for providing successive services to a beneficiary.

In 2008, SSA revised the Ticket to Work regulations to enhance beneficiary choice and improve the effectiveness of the program. The revisions extended the program to all adult OASDI disabled and SSI blind or disabled beneficiaries, removed disincentives for ENs to participate in the program, provided incentives for ENs to support beneficiaries through a more gradual return to work and positioned ENs to better support ongoing retention of employment. The regulations also encourage partnership between State VR agencies and ENs to provide long-term services to a beneficiary by allowing the beneficiary to assign a ticket to an EN after receiving VR services.

8. Expedited Reinstatement

A disabled or blind individual whose eligibility for SSI payments ended because of earned income or a combination of earned and unearned income can request expedited reinstatement of SSI benefits without filing a new application.

To qualify for expedited reinstatement, the individual must:

- make the request within 60 months after the individual's eligibility ended; and in the month of the request for reinstatement:
- not be able or become unable, to do SGA because of their medical condition;
- have a disabling medical condition that is the same as, or related to, the disabling medical condition that led to the previous period of eligibility; and
- meet all non-medical requirements for SSI.

To meet the requirement of having become unable to perform SGA, previously entitled beneficiaries must also not be able, or must become unable, to perform SGA because of the medical condition in the month of the request. In determining whether the individual is disabled or blind, the Medical Improvement Review Standard (MIRS) generally applies.[1]

An individual requesting expedited reinstatement may receive up to 6 months of provisional benefits while the request is pending. These benefits generally are not considered an overpayment if we deny the request. Provisional benefits may include Medicaid but do not include any State supplementation payments.

F. ADMINISTRATION OF THE SSI PROGRAM

The framers of the program chose SSA to administer the SSI program because the basic system for paying monthly benefits to a large number of individuals was already in place in the form of the Social Security program. Additionally, SSA had a long-standing reputation for thoughtfully and respectfully serving the public.

1. Application Process

Individuals can apply for SSI benefits through any one of the approximately 1,200 SSA field offices around the country, through the mail, or through SSA teleservice centers. Although many of the eligibility requirements for the Social Security program and the SSI program are different, the application process is very similar. Individuals typically file for benefits under both programs at the same time. As of April 1,

[1] Under MIRS, an individual's disability continues unless (1) the disabling condition has improved since the last favorable disability determination or comparison point decision and (2) an individual can engage in SGA. There are limited exceptions to the application of MIRS, including cases involving fraud, errors on the face of the record of the allowance, or failure to cooperate with the review.

2017, people who file online for disability insurance benefits can also file for SSI online in certain circumstances.

SSA corroborates information applicants provide for SSI through independent or collateral sources. Generally, the basic responsibility for obtaining evidence lies with the applicant, although SSA frequently gives advice and assistance on obtaining it. However, SSA often provides applicants with extra help obtaining needed information as they often have special circumstances (e.g., financial need, old age, or illness).

With regard to disability and blindness claims, SSA determines the non-medical eligibility factors and each State's DDS determines the medical eligibility factors.[1]

2. Determination of Eligibility for Benefits

SSI applications have no retroactivity and become effective in the month after the month of filing or the month after all eligibility requirements are met, whichever is later. Eligibility for payments in a month is based on resources owned as of the first day of the month and monthly income, in addition to other criteria. We generally calculate the amount of the monthly payment using income in the second month preceding the month for which the payment is made.[2] However, at the start of a period of eligibility or re-eligibility, we determine the amount of payments for both the first and second months using the income received in the first month.

3. Payment of Benefits

In general, we pay SSI benefits on the first day of each month. If the first of the month falls on a weekend or legal public holiday, we deliver benefit payments on the last working day immediately preceding such Saturday, Sunday, or holiday. Monthly benefit payments include both the Federal SSI and State amounts if the recipient lives in a State in which SSA administers the State supplementation payment (see section III.G).

SSI recipient participation in direct deposit increased gradually in the 2000s after experiencing a period of sharp growth when it more than doubled from 24 percent in 1995 to 49 percent in 2000. Effective May 1, 2011, applicants filing for SSI benefit payments must choose direct deposit, the Direct Express® debit card, or an electronic transfer account (ETA). Effective March 1, 2013, individuals must receive their SSI benefits electronically through direct deposit, the Direct Express® debit card, or ETA unless they qualify for an automatic exemption (e.g., based on age) or are granted a waiver on the basis of hardship. Examples of such hardship situations include inability to manage an account at a financial institution or Direct Express® due to mental impairment or due to living in a remote geographic location lacking the necessary infrastructure to support electronic financial transactions. As of February 2026, over 98 percent of SSI recipients received their benefits electronically.

4. Ensuring Continued Eligibility for Benefits

SSA reviews non-medical eligibility factors for SSI recipients. The frequency of these reviews, which we call "non-medical redeterminations," depends on a variety of factors.

In addition to non-medical redeterminations, we conduct medical reviews on disabled or blind recipients in order to determine if they continue to be disabled or blind. For administrative efficiency, we generally conduct medical reviews most often on disabled or blind recipients whose medical conditions are most

[1] The applicant can appeal unfavorable determinations related to either the non-medical or medical eligibility factors. The administrative review process consists of several steps, which must be requested within certain time periods.

[2] This method of calculating the benefit is called retrospective monthly accounting.

likely to improve. The Act provides for medical reviews for disabled or blind recipients under the following circumstances:

- When earnings of recipients exceed the SGA level;[1]
- At least once every 3 years for recipients under age 18 whose medical conditions are likely to improve;
- Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability, unless SSA determines that the impairment is not likely to improve within 12 months of the child's birth; and
- Generally, within 1 year after attaining age 18 for recipients whose eligibility was established under the disabled child eligibility criteria. We conduct the required review using the adult eligibility criteria.

The Act requires applicants and recipients to report events and changes of circumstances that may affect their SSI eligibility and benefit amounts. The Act requires such reports, for example, when an individual has a change in the amount of the person's income or resources, changes living arrangements, or leaves the United States. Failure or delay in reporting such a change can result in monetary penalties or ineligibility for SSI benefits.

The basic "failure to report" penalty is $25 for the first such failure or delay, $50 for the second such failure or delay, and $100 for each subsequent failure or delay. However, in cases of fraud or false representation of material facts, SSA's Inspector General can assess civil monetary penalties in amounts as large as $5,000. In such cases of fraud or false representation, SSA also has the authority to suspend eligibility to SSI cash benefits by imposing administrative sanctions for specific periods of 6 months for the first occurrence, 12 months for the second occurrence, and 24 months for each subsequent occurrence. In addition, SSA will redetermine eligibility for benefits if there is a reason to believe that fraud or similar fault was involved in an individual's application for benefits, unless there is a substantial risk that this would jeopardize criminal prosecution of a person involved in a suspected fraud.

SSA generally recovers overpayments to SSI recipients by withholding an amount equal to 10 percent of the individual's countable monthly income from the recipient's monthly payment. For many recipients whose only income is SSI, this withheld amount is 10 percent of their monthly SSI payment. However, if SSA determines that the recipient misrepresented or concealed material information, 100 percent of the monthly SSI benefit may be subject to recovery.

5. Representative Payees

When SSI recipients are incapable of managing or directing others to manage their benefits, or are declared legally incompetent, we appoint representative payees for such recipients who receive the individual's SSI benefits on their behalf. In many cases the representative payee is a spouse, a parent, or other close relative or individual who will act in the recipient's best interest. In some limited cases, SSA approves an organization to serve as a payee. SSA authorizes certain types of organizations to collect a fee from the individual's payment for acting as payee. The fee cannot exceed the lesser of 10 percent of the payment amount or a specified amount ($57 a month in 2026).[2]

Representative payees may use an SSI recipient's benefit only for the use and benefit of the recipient and must account for all benefits received. The Act requires representative payees to report any changes that

[1] A medical review cannot be initiated while the SSI recipient is "using a ticket" under the Ticket to Work program.

[2] For disabled recipients who also have a drug addiction or alcoholism condition, the maximum permitted fee in 2026 is $106 a month (90 FR 49047). We periodically increase the maximum permitted amounts of the representative payee fees based on changes in the cost of living.

may affect SSI recipients' eligibility and payment amount. SSA may hold representative payees liable for certain overpayments that occur. In cases in which a child is due a retroactive payment that exceeds six times the FBR, including any optional State supplementation payments, the Act requires the representative payee to establish a dedicated account at a financial institution to maintain the retroactive payment. Representative payees must make expenditures from the account primarily for certain expenses related to the child's impairment.

6. Appeal Rights

Individuals who disagree with an SSA determination (e.g., eligibility for or the amount of SSI benefits) can appeal by filing an appeal request online[1] or by writing to their local field office. There are four levels of appeal: reconsideration, hearing, Appeals Council review, and Federal court review. If individuals do not agree with the decision they receive at one level, they may appeal to the next. A reconsideration is a complete review by SSA personnel (or DDS personnel if applicants are appealing a disability determination) who have had no involvement in the initial determination.[2] A hearing gives applicants the opportunity to appear before an administrative law judge (ALJ) who had no part in the initial determination or the reconsideration. If an individual disagrees with the hearing-level decision, the individual may file a request for review with the Appeals Council, or the Appeals Council may exercise its own motion authority to review the case in a sample of cases without a request for review having been filed. The Appeals Council may dismiss a request for review, deny a request for review if there is substantial evidence supporting the hearing decision, decide the case itself, or remand the case to the hearing level for further action. When applicants disagree with the Appeal Council's decision or denial of the request for review, they may file for review in Federal district court.

SSI recipients must receive advance notice of any adverse action SSA plans to take against them, and, in some cases, they may continue to receive monthly benefits if they appeal the adverse action. For reconsiderations involving eligibility for or the amount of an SSI payment, recipients have the right to continuing or reinstated benefits at the protected payment level if they file the appeal within 10 days of receipt of the notice of adverse action.[3] For appeals of medical cessations or determinations reopened and revised due to medical reasons, recipients qualify for benefit continuation at the reconsideration and hearing levels if they file the appeal and elect benefit continuation within 10 days of receipt of the initial or reconsideration determination.

7. Fees for Attorneys and Non-attorney Representatives

An individual may appoint a representative at any time during an adjudication of a pending issue with SSA. The representative may be either an attorney in good standing and permitted to practice law before a U.S. court or a capable non-attorney generally known to have good character and reputation.

With a limited exception, representatives must use one of SSA's fee authorization processes to request a fee for their services.[4] They can request a fee by either submitting a fee agreement or filing a fee petition. SSA reviews the documents and authorizes the fee the representative may charge or receive. Under the statute, the fee under an approved fee agreement is the lesser of 25 percent of the past-due benefits or a maximum amount (currently $9,200) adjustable by the Commissioner at the Commissioner's discretion.

[1] https://www.ssa.gov/apply/appeal-decision-we-made

[2] SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process, claimants appeal an initial disability denial by requesting an Administrative Law Judge hearing, thereby eliminating the reconsideration step. SSA began reinstating the reconsideration level of appeal in these States via a staged roll-out on January 1, 2019, and completed this process by June 26, 2020.

[3] As of October 29, 2021, we provide benefit continuation for appeals filed after 10 days but within 60 days of receipt of the notice of adverse action. Please see SI 02301.313 in SSA's Program Operations Manual System (POMS).

[4] We do not need to authorize a fee when the representative informs us in a prescribed manner that a third-party entity will pay the representative's fee and the claimant and affected parties are not liable for it in any way. We also do not need to authorize a fee that the court authorized based on actions as a legal guardian or court-appointed representative.

There is no limit on the amount of the fee based on a fee petition; a reasonable fee is determined after reviewing the specific services provided by the representative. After SSA authorizes the fee, the representative may not charge or receive more than the amount authorized.

The SSI program previously differed from the Social Security program in that we did not withhold amounts from an individual's SSI benefits to directly pay the representatives their authorized fees. SSI claimants were responsible for paying such fees directly to their representatives. However, beginning February 28, 2005, Congress extended direct payment of both attorney and non-attorney representative fees to the SSI program.[1] As in the fee process for the Social Security program, we can withhold up to 25 percent of the individual's SSI past-due benefits to pay an eligible representative's fee directly. The law also requires that we charge representatives an assessment of the smaller of 6.3 percent of each authorized fee withheld or the flat-rate cap of $123.[2] This assessment applies to authorized fees withheld under the SSI program and the Social Security program; however, in concurrent cases, we only charge the assessment once based on the total fee we directly pay to the representative. We adjust the flat-rate cap based on annual cost-of-living adjustments that we round down to the next lower dollar.

To receive direct payment out of applicants' past-due benefits, non-attorney representatives must: (1) have a bachelor's degree or equivalent qualifications from training and work experience; (2) secure and maintain adequate professional liability insurance; (3) pass a criminal background check; (4) pass an examination given by SSA that tests knowledge of the relevant provisions of the Act and our current policies and procedures; and (5) demonstrate ongoing completion of qualified courses of continuing education.

8. Advance Payments

The SSI program has procedures that help to respond to the immediate needs of new claimants. These procedures are in addition to State and local programs designed to help those in need as they await decisions on their SSI status.

a. Emergency Advance Payments

A new claimant who faces a financial emergency and for whom there is a strong likelihood of being found eligible may receive up to 1 month of SSI benefits (i.e., the Federal payment amount plus any applicable State supplement). We recover the amount paid from SSI payments in full from the first retroactive payment or in increments over no more than a 6-month period depending upon the circumstances. However, if we subsequently deny the claim because the claimant is not disabled or blind, we waive repayment. If we deny the claim for other reasons, we treat the amount paid as an overpayment.

b. Presumptive Disability or Blindness

A claimant applying for benefits based on disability or blindness may be paid up to 6 months of benefits when the available medical evidence reflects a high degree of probability that the impairment will meet the definition of disability or blindness and the person is otherwise eligible for disability benefits. We do not treat these payments as overpayments if we later determine that the individual is not disabled or blind. If we disallow the claim for other reasons, the amount paid is an overpayment.

[1] Public Law 108-203, enacted March 2, 2004, granted temporary extension of the attorney fee payment system to SSI claims for a period of 5 years. Public Law 111-142, enacted February 27, 2010, made this extension permanent.

[2] Effective December 1, 2025 (90 FR 49047). We generally adjust the flat-rate cap periodically based on changes in the cost-of-living.

G. STATE SUPPLEMENTATION

In designing the SSI program, Congress recognized that States,[1] in many instances, may want to provide a higher level of income maintenance than the Federal SSI program provides. Thus, the law gives the States the option to supplement Federal payments based on their views of the needs of their citizens. Lawmakers also mandated that States not provide lower benefits under the Federal program than they had provided under the former State program.

The following paragraphs describe the current forms of State supplementation. Table III.H1 summarizes State-specific participation in these programs as well as other programs requiring State and Federal coordination as discussed in section III.H.

1. Optional State Supplementation Programs

For individuals who first became eligible for SSI in 1974 or later, each State could supplement Federal payments to whatever extent it found appropriate with respect to the needs of its citizens and resources of the State. Currently, 44 States and the District of Columbia have optional State supplementation programs.

Some States provide supplementary payments to all individuals eligible for SSI payments, while others limit such payments to certain SSI recipients (e.g., the blind or residents of domiciliary-care facilities), or extend them to persons ineligible for SSI because of excess income. However, Congress enacted passalong provisions that significantly restricted States' flexibility in setting supplementary payments. See information on the passalong provisions in section III.G.4.

2. Mandatory State Supplementation Programs

In addition to optional State supplementation programs, States must pay mandatory supplementation payments in limited cases to individuals whose assistance levels under the former State adult assistance programs were higher than under the new SSI program. Congress requires States to maintain the December 1973 income levels of individuals who were transferred in 1974 from the former State adult assistance programs to the SSI program, with two exceptions: Texas, which has a constitutional bar against mandatory State supplementation, and West Virginia, because the SSI FBR in 1973 exceeded the applicable income standards under that State's adult assistance programs. Over the years, many individuals who converted to SSI from the State benefit rolls have died and others have had their incomes increase above the December 1973 level. As a result, few individuals continue to receive mandatory State supplementation payments.

3. Administration of State Supplementation Payments

A State may administer its supplementary program or enter into an agreement under which SSA will make eligibility determinations and payments on behalf of the State. Under State administration, the State pays its own program benefits and absorbs the full administrative costs. Under Federal administration, States are required to pay SSA a fee for each supplementary payment issued. In fiscal year 2026, the fee is $15.63 per payment issued.[2] Fees increase in succeeding fiscal years based on increases in the Consumer Price Index for All Urban Consumers.

States that administer their own supplementary payment programs to SSI recipients establish their own eligibility criteria for the supplementary payments. States with federally administered programs may supple-

[1] References to "State" include, in addition to the 50 States, the District of Columbia. The applicable State supplementation provisions would also apply to the Northern Mariana Islands if it began making State supplementation payments.

[2] Increased from $15.22 effective October 1, 2025. Under current regulations, this amount is subject to yearly increases to reflect changes in the cost of living. The regulations also allow us to set a different fee "appropriate for the State," based on the complexity of its program.

ment the Federal benefit among a limited number of geographical and living arrangement variations for SSI recipients.[1]

4. Passalong Provisions

When the SSI program began in 1974, Congress did not require States to maintain State supplementation payments. However, in 1976, in reaction to States reducing their supplementary payment amounts when SSI payments increased, Congress mandated that States pass along SSI benefit increases resulting from cost-of-living adjustments, in order to be eligible for Medicaid reimbursement.

To meet the passalong requirement, a State may either maintain each State payment level from year to year—the "payment levels" method—or it may spend the same amount of money, in the aggregate, that it spent for supplementary benefits in the 12-month period preceding the increase in the SSI benefit rate—the "total expenditures" method. Currently, 38 States use the payment levels method and 9 States plus the District of Columbia use the total expenditures method. There are three States that do not pay State supplementary payments. West Virginia has no optional supplementary plan and the legislation did not require it to establish a mandatory plan because Federal SSI income standards exceeded all payments made under the State's adult assistance programs in 1973. Arizona and North Dakota have no optional supplementary plan and no mandatory minimum State supplementation recipients remaining.

H. COORDINATION WITH OTHER PROGRAMS

SSI benefits are not the only form of assistance available to aged, blind, or disabled individuals with limited means. Medicaid, nutrition benefits, and temporary State assistance are also important supports that help prevent further impoverishment and improve health outcomes.

The SSI statute includes provisions that are intended to prevent duplication between SSI benefits and other benefits that the Social Security program or States may provide. For example, the "windfall offset" prevents windfall payments to individuals entitled to receive Social Security and SSI payments for the same period.

SSA also plays a limited but important role in helping States administer the Medicaid Program and the Supplemental Nutrition Assistance Program (SNAP).[2]

1. Windfall Offset

If a person receives SSI payments and we later determine that person is entitled to retroactive Social Security benefits, we reduce such retroactive Social Security benefits by the amount of SSI payments the person would not have been eligible for had the Social Security benefits been paid in the month they were due. Congress enacted this "windfall offset" requirement to prevent windfall payments to individuals entitled to receive Social Security and SSI payments for the same period.

2. Interim Assistance Reimbursement

SSA may enter into agreements under which States or local governments are reimbursed for basic needs assistance provided during the period that either an eligible individual's SSI application for benefits was pending or we suspended and subsequently reinstated the individual's SSI benefits.

Under these interim assistance reimbursement (IAR) agreements, if the individual has given SSA written authorization, SSA first reimburses the State, then pays the appointed representative's fee, and pays the

[1] Including recipients whose countable income precludes eligibility for a Federal SSI payment but is low enough to allow eligibility for a State supplement payment.

[2] In 2008, the Food Stamp program changed its name to SNAP.

remainder in installments to the recipient or the representative payee. Thirty-six States and the District of Columbia have IAR agreements with SSA.

3. Medicaid Determinations

Most SSI recipients are categorically eligible for Medicaid. A State may either use SSI eligibility criteria for determining Medicaid eligibility or use its own criteria as long as the criteria are no more restrictive than the State's January 1972 medical assistance standards. Forty-two States, the District of Columbia, and the Northern Mariana Islands use SSI criteria, and eight States use eligibility criteria more restrictive than those of the SSI program.

States also may enter into agreements with SSA for SSA to make Medicaid eligibility determinations on their behalf for as long as the eligibility requirements of the State's Medicaid plans match those for the SSI program. Under these agreements, SSA determines only when an individual is eligible for Medicaid; SSA does not determine Medicaid ineligibility. SSA has Medicaid determination agreements with 34 States and the District of Columbia.

The Act provides continued Medicaid eligibility for certain Social Security beneficiaries who lose SSI eligibility due to: (1) entitlement to Social Security benefits; or (2) a change in Social Security benefits resulting from:

- Cost-of-living adjustments;
- Actuarial increases in disabled widow(er)'s benefits before age 60;
- Changes in the definition of disability for widow(er)'s benefits; or
- Increases in or entitlement to childhood disability benefits.

4. Supplemental Nutrition Assistance Program (SNAP) Applications

SSI recipients in all States may be eligible for SNAP benefits. Under agreements entered into by the Department of Agriculture and SSA, Social Security offices provide information about SNAP to all Social Security and SSI applicants, beneficiaries, and recipients and make SNAP applications and informational materials available to them.

The law also provides for Social Security offices to offer to take SNAP applications from SSI applicants and recipients who live in pure SSI households who are not already receiving nutrition benefits, as well as offer to assist SSI applicants and recipients who live in a pure SSI household needing to recertify their SNAP benefits. Social Security offices forward the SNAP applications to the local SNAP offices within 1 Federal workday after receiving a signed SNAP application. The SNAP office determines eligibility for nutrition benefits.

Table III.H1.—SSI State Supplementation and Coordination with Other Programs

United States and District of Columbia	Optional State program—Administered by:			Method of mandatory passalong of benefit increases from cost-of-living adjustments		Medicaid eligibility determination—			Interim assistance reimbursement agreement with SSA
						Based on:		Agreement with SSA to determine eligibility	
	State	Federal (SSA)	Federal & State	Payment levels	Total expenditures	Federal criteria	State criteria		
Alabama	*			*		*		*	
Alaska	*				*	*			*
Arizona						*		*	*[a]
Arkansas[b c]				*		*		*	
California[d]		*		*		*		*	*
Colorado	*				*	*		*	*
Connecticut	*			*			*		*
Delaware[d]			*	*		*		*	
District of Columbia[b d]			*		*	*		*	*
Florida	*			*		*		*	*
Georgia[b d]	*			*		*		*	*
Hawaii[d]		*			*		*		*
Idaho	*			*		*			
Illinois	*			*			*		*
Indiana	*			*		*		*	*
Iowa[d]			*	*		*		*	*
Kansas[c]	*			*		*			*
Kentucky	*			*		*		*	*
Louisiana[c]	*			*		*		*	
Maine	*			*		*		*	*
Maryland[b c]	*			*		*		*	*
Massachusetts	*			*		*		*	*
Michigan[b d]			*	*		*		*	*
Minnesota	*			*			*		*
Mississippi[b c]				*		*		*	
Missouri	*			*			*		*
Montana[b d]		*		*		*		*	*
Nebraska	*				*	*			*
Nevada		*		*		*			*
New Hampshire	*			*			*		*[e]
New Jersey[d]		*		*		*		*	*
New Mexico	*			*		*		*	*[e]
New York	*			*		*		*	*
North Carolina	*			*		*		*	*
North Dakota							*		
Ohio[b c]	*				*	*		*	*
Oklahoma	*				*	*			
Oregon	*				*	*			*
Pennsylvania[b d]			*	*		*		*	*[a]
Rhode Island			*	*		*		*	*[e]
South Carolina	*			*		*		*	
South Dakota[b c]	*			*		*		*	
Tennessee[b c]				*		*		*	
Texas[f]	*			*		*		*	
Utah	*			*		*			*
Vermont		*		*		*		*	*
Virginia	*			*			*		*[a]
Washington	*				*	*		*	*
West Virginia[f]						*		*	
Wisconsin	*				*	*		*	*
Wyoming	*			*		*		*	
Total	33	6	6	38	10	43	8	35	37

[a] State no longer pays State or local payment that meets the IAR criteria. State still has a valid IAR agreement with SSA.
[b] State has recipients receiving mandatory minimum State supplementation.
[c] Mandatory minimum State supplementation program is federally administered. No optional program.
[d] Mandatory minimum State supplementation program is federally administered.
[e] State provides assistance only in initial application cases. No assistance provided during periods that SSI benefits are suspended or terminated.
[f] State does not have a mandatory minimum State supplementation program.

IV. PROJECTIONS OF PROGRAM RECIPIENTS AND FEDERAL EXPENDITURES UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM, 2026-2050

As section III explains, individuals must meet certain requirements related to their income and resources, taking into account their living arrangements and family and household structure, in order to be eligible for SSI payments. Individuals must also meet certain citizenship status and residency requirements. In addition, all persons under age 65, and certain noncitizen legal residents age 65 or older, must be blind or disabled. Consequently, future SSI program expenditures will depend on a variety of complex factors, including the performance of national and local economies, growth and distribution of personal income and financial assets, household and family compositions, the prevalence of disability in the general population, and the determination of disability according to the definition in the Act. For the purpose of planning and to meet the legislative requirement for this report, this section presents our best projections of future SSI program recipients and expenditures.

Projections of program recipients and expenditures under the SSI program are presented for a period of 25 years. The projections reflect the current law governing the operation of the SSI program. Projections are developed consistent with the intermediate demographic and economic assumptions developed for the 2026 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds.[1] SSI payments may be partially or completely offset under current law for recipients with income, including earnings from employment and monthly Social Security benefits. For the purpose of projections in this report, the level of SSI payments net of offsets for receipt of Social Security benefits are projected on the basis of scheduled Social Security benefit levels intended by Congress under current law. However, it should be noted that under the intermediate assumptions in the 2026 Trustees Report, assuming no change in current Social Security law, the OASI Trust Fund reserves would become depleted before the end of the projection period in this SSI report, which under current law would result in reductions in the total aggregate amount of OASI benefits payable to a level equal to income to the trust fund. If the trust funds were to become depleted, the level of Social Security benefits could be reduced from scheduled levels for some SSI recipients resulting in somewhat higher levels of net SSI payments, depending on how reductions in total benefits were achieved.

There are four main inputs to the current model for projecting numbers of SSI recipients: (1) historical and projected Social Security area population by single year of age and sex; (2) historical tabulations of the numbers of recipients in current-payment status and suspense status by whether the recipient is receiving payments based solely on age or due to disability, single year of age, and sex; (3) historical tabulations of the numbers of recipients transitioning into and out of SSI payment status by the same characteristics as in (2) above; and (4) historical tabulations of the total amount of Federal SSI payments by the same characteristics mentioned in (2) above. Using these inputs, transitions into SSI payment status are projected separately for: (1) new recipients resulting from an application for program payments; and (2) returns to payment status from suspended status. Movements out of payment status are projected separately for: (1) terminations due to death; (2) suspensions due to excess income; and (3) suspensions of payment for all other reasons.[2] The assumptions and methods used by the model preparing these projections are reexamined each year and, when warranted, revised in light of recent experience and new information about future conditions.

A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS

This section presents the most relevant demographic and economic assumptions from the 2026 Trustees Report that are used for the SSI projections in this SSI Annual Report. Sections V.A and V.B of the Trustees Report present a detailed discussion of these demographic and economic assumptions. The following two tables summarize two key parameters underlying the projections in this report. Table IV.A1 presents

[1] Available at www.ssa.gov/OACT/TR/2026

[2] Other reasons for suspension of SSI payments include excess resources and cessation of disability.

Social Security area population projections by age subgroups that provide the basis for the projected numbers of SSI recipients by age group presented in the next section.

Table IV.A2 presents a history of the Federal benefit rate increases and Federal benefit rates since the inception of the program, along with the projections of such amounts consistent with the economic projections used also for the SSI expenditure projections in section IV.C. An adjustment is made to the monthly Federal benefit rate in January of each year for which there is a cost-of-living adjustment (COLA).[1] This COLA is identical to the COLA applied to Social Security benefits under the OASDI program after initial benefit eligibility. In previous years, the Federal SSI benefit rate was subject to occasional ad hoc increases, either in place of or in addition to the automatic adjustments. Table V.A1 presents a history of legislation affecting the Federal benefit rate.

[1] The COLA applicable in January of a given year is equal to the percentage increase in the average CPI for the third quarter of the prior year over the average CPI in the third quarter of the year prior to the last year in which a COLA became effective. If there is an increase, it must be rounded to the nearest tenth of one percent. If there is no increase, or if the rounded increase is zero, there is no COLA. This unusual situation occurred in 2010, 2011, and 2016, as shown in table IV.A2.

Table IV.A1.—Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2026 OASDI Trustees Report, as of July 1, 1975-2050
[In thousands]

Year	Age groups[a]						Total all ages
	0-17	18-34	35-49	50-64	65-74	75 or older	
Historical data:							
1975	69,873	61,803	36,323	33,170	14,195	9,175	224,538
1980	65,938	70,168	38,528	34,236	15,820	10,495	235,184
1985	65,093	73,204	45,226	33,956	17,088	12,041	246,609
1990	67,093	72,999	53,703	33,726	18,330	13,596	259,447
1991	68,263	72,394	55,501	33,930	18,557	13,930	262,575
1992	69,451	71,577	57,315	34,313	18,765	14,267	265,688
1993	70,441	70,875	58,777	35,075	18,926	14,587	268,681
1994	71,387	70,116	60,414	35,709	19,030	14,898	271,553
1995	72,076	69,556	62,061	36,326	19,065	15,229	274,314
1996	72,643	68,964	63,862	36,876	19,052	15,589	276,986
1997	73,060	68,561	64,528	38,589	18,967	15,946	279,651
1998	73,323	68,329	65,453	40,061	18,849	16,273	282,289
1999	73,560	68,182	66,316	41,582	18,708	16,568	284,915
2000	73,836	68,290	67,008	42,985	18,653	16,848	287,619
2001	74,151	68,657	67,365	44,532	18,603	17,116	290,425
2002	74,525	69,007	67,552	46,157	18,594	17,361	293,196
2003	74,812	69,472	67,544	47,768	18,704	17,592	295,891
2004	75,132	69,889	67,526	49,450	18,874	17,813	298,685
2005	75,530	70,349	67,614	51,232	19,103	18,029	301,858
2006	75,994	70,795	67,782	53,001	19,439	18,244	305,255
2007	76,448	71,393	67,351	54,733	19,954	18,420	308,300
2008	76,648	71,924	66,556	56,072	20,812	18,554	310,565
2009	76,743	72,540	65,666	57,552	21,537	18,665	312,702
2010	76,690	73,293	65,000	59,186	22,141	18,876	315,185
2011	76,500	74,156	64,203	61,014	22,680	19,057	317,610
2012	76,333	74,780	63,617	61,722	24,207	19,242	319,901
2013	76,220	75,343	63,090	62,684	25,376	19,500	322,213
2014	76,267	75,961	62,862	63,591	26,555	19,771	325,006
2015	76,409	76,564	63,024	64,355	27,732	20,060	328,145
2016	76,490	76,949	63,311	64,766	28,949	20,411	330,876
2017	76,448	77,182	63,691	64,979	30,112	20,865	333,278
2018	76,269	77,350	64,145	65,013	31,096	21,575	335,448
2019	75,911	77,440	64,309	65,011	32,296	22,154	337,121
2020	75,487	77,284	64,424	64,959	33,472	22,616	338,242
2021	74,937	77,252	64,403	64,846	34,557	22,983	338,977
2022	74,606	77,653	64,834	64,338	34,937	24,250	340,617
2023[b]	74,359	78,403	65,754	63,785	35,657	25,325	343,284
2024[b]	74,050	79,063	66,930	63,216	36,381	26,458	346,098
2025[b]	73,509	79,067	67,902	62,692	37,067	27,551	347,788
Projected:							
2026	72,738	78,592	68,681	61,917	37,701	28,688	348,316
2027	72,105	78,083	69,262	61,371	38,185	29,846	348,852
2028	71,601	77,695	69,770	60,872	38,560	31,033	349,532
2029	71,162	77,471	70,135	60,549	38,808	32,243	350,367
2030	70,813	77,364	70,337	60,527	38,860	33,464	351,365
2031	70,499	77,427	70,477	60,742	38,712	34,657	352,513
2032	70,201	77,584	70,594	61,083	38,382	35,896	353,740
2033	69,909	77,787	70,693	61,503	38,004	37,078	354,974
2034	69,673	77,947	70,914	61,740	37,733	38,182	356,189
2035	69,557	77,937	71,092	61,989	37,573	39,224	357,372
2036	69,533	77,846	71,274	62,174	37,426	40,273	358,526
2037	69,622	77,734	71,396	62,634	37,074	41,188	359,647
2038	69,780	77,537	71,506	63,300	36,593	42,023	360,738
2039	70,116	77,125	71,571	64,158	36,068	42,761	361,799
2040	70,386	76,789	71,509	65,055	35,752	43,339	362,830
2041	70,720	76,368	71,490	66,000	35,525	43,725	363,827
2042	71,091	75,798	71,621	66,765	35,508	44,005	364,788
2043	71,434	75,225	71,872	67,424	35,543	44,206	365,704
2044	71,788	74,759	72,067	67,906	35,605	44,458	366,583
2045	72,133	74,387	72,210	68,196	35,717	44,773	367,417
2046	72,462	74,044	72,377	68,389	35,803	45,141	368,217
2047	72,766	73,753	72,501	68,541	36,167	45,231	368,958
2048	73,039	73,455	72,633	68,670	36,687	45,192	369,677
2049	73,274	73,143	72,770	68,909	37,195	45,067	370,358
2050	73,467	72,820	72,857	69,111	37,730	45,024	371,009

[a] Age as of last birthday.
[b] Estimated.

Notes:

1. Components may not sum to totals because of rounding.
2. Historical data are subject to revision.
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2026 OASDI Trustees Report, 1975-2050

Year	SSI benefit rate increase[a]	Federal SSI benefit rate		
		Individual	Couple	Essential person[b]
Historical data:				
1975	8.0%	$157.70	$236.60	$78.90
1980	14.3	238.00	357.00	119.20
1985	3.5	325.00	488.00	163.00
1990	4.7	386.00	579.00	193.00
1991	5.4	407.00	610.00	204.00
1992	3.7	422.00	633.00	211.00
1993	3.0	434.00	652.00	217.00
1994	2.6	446.00	669.00	223.00
1995	2.8	458.00	687.00	229.00
1996	2.6	470.00	705.00	235.00
1997	2.9	484.00	726.00	242.00
1998	2.1	494.00	741.00	247.00
1999	1.3	500.00	751.00	250.00
2000	[c]2.5	[d]513.00	769.00	257.00
2001	3.5	[d]531.00	796.00	266.00
2002	2.6	545.00	817.00	273.00
2003	1.4	552.00	829.00	277.00
2004	2.1	564.00	846.00	282.00
2005	2.7	579.00	869.00	290.00
2006	4.1	603.00	904.00	302.00
2007	3.3	623.00	934.00	312.00
2008	2.3	637.00	956.00	319.00
2009	5.8	674.00	1,011.00	338.00
2010	0.0	674.00	1,011.00	338.00
2011	0.0	674.00	1,011.00	338.00
2012	3.6	698.00	1,048.00	350.00
2013	1.7	710.00	1,066.00	356.00
2014	1.5	721.00	1,082.00	361.00
2015	1.7	733.00	1,100.00	367.00
2016	0.0	733.00	1,100.00	367.00
2017	0.3	735.00	1,103.00	368.00
2018	2.0	750.00	1,125.00	376.00
2019	2.8	771.00	1,157.00	386.00
2020	1.6	783.00	1,175.00	392.00
2021	1.3	794.00	1,191.00	397.00
2022	5.9	841.00	1,261.00	421.00
2023	8.7	914.00	1,371.00	458.00
2024	3.2	943.00	1,415.00	472.00
2025	2.5	967.00	1,450.00	484.00
2026	2.8	994.00	1,491.00	498.00

Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2026 OASDI Trustees Report, 1975-2050 (Cont.)

Year	SSI benefit rate increase[a]	Federal SSI benefit rate		
		Individual	Couple	Essential person[b]
Projected:				
2027	2.7%	$1,020.00	$1,531.00	$511.00
2028	2.4	1,045.00	1,568.00	523.00
2029	2.4	1,070.00	1,605.00	536.00
2030	2.4	1,096.00	1,644.00	549.00
2031	2.4	1,122.00	1,683.00	562.00
2032	2.4	1,149.00	1,724.00	576.00
2033	2.4	1,177.00	1,765.00	589.00
2034	2.4	1,205.00	1,807.00	604.00
2035	2.4	1,234.00	1,851.00	618.00
2036	2.4	1,263.00	1,895.00	633.00
2037	2.4	1,294.00	1,941.00	648.00
2038	2.4	1,325.00	1,987.00	664.00
2039	2.4	1,357.00	2,035.00	680.00
2040	2.4	1,389.00	2,084.00	696.00
2041	2.4	1,423.00	2,134.00	713.00
2042	2.4	1,457.00	2,185.00	730.00
2043	2.4	1,492.00	2,237.00	747.00
2044	2.4	1,527.00	2,291.00	765.00
2045	2.4	1,564.00	2,346.00	784.00
2046	2.4	1,602.00	2,402.00	802.00
2047	2.4	1,640.00	2,460.00	822.00
2048	2.4	1,680.00	2,519.00	841.00
2049	2.4	1,720.00	2,580.00	862.00
2050	2.4	1,761.00	2,642.00	882.00

[a] Increases prior to 1984 were effective for the payment due on July 1 of the year. Increases shown for 1984 and later are effective for the payment due on January 1 of the year.

[b] A concept carried over from the former State assistance plans. As of February 2026, only 4 such cases remain.

[c] Originally determined as 2.4 percent, but pursuant to Public Law 106-554, enacted December 21, 2000, is effectively now 2.5 percent.

[d] Benefits originally paid in 2000 and through July 2001 were based on Federal benefit rates of $512.00 and $530.00, respectively. Pursuant to Public Law 106-554, monthly payments beginning in August 2021 were effectively based on the higher $531 amount. Lump-sum compensation payments were made based on an adjusted benefit rate for months prior to August 2021.

B. NUMBERS OF SSI PROGRAM RECIPIENTS

This section presents historical data and projections of the numbers of (1) persons applying for SSI payments; (2) new recipients of SSI payments as a result of an application; (3) terminations from SSI payment status; and, (4) recipients of federally administered SSI payments. These historical data and projections are presented by category and age group.[1] All of the corresponding tables are located at the end of this section.

1. Recipient Categories

In December 2025, 7.4 million individuals received federally administered SSI payments. SSI recipients are classified into one of two categories based on the criteria for which they are eligible, in addition to meeting other SSI eligibility requirements. The two general categories are (1) aged, and (2) blind or disabled. The following paragraphs discuss the recipient categories in more detail.

- *Aged* recipients establish their eligibility for SSI payments by meeting the age-65-or-older requirement[2], the applicable income and resource limits, and other SSI eligibility requirements. In December 2025, 1.2 million aged individuals received federally administered SSI payments.

- *Blind or disabled* recipients establish their eligibility for SSI payments by meeting the definition of blindness or disability and the applicable income and resource limits as well as any other SSI eligibility requirements. In December 2025, there were 6.2 million blind or disabled recipients of federally administered SSI payments. These recipients can fall into two subcategories based on age: *blind or disabled adults* (age 18 or older) and *blind or disabled children* (under age 18).

  — *Blind or disabled adults* meet the definition of blindness or disability for individuals age 18 or older and SSI income and resource limits. Students age 18 to 21 must meet the adult definition of disability; they differ from other adults only in that they may qualify for a special student earned income exclusion. When blind or disabled adult recipients reach age 65, these individuals generally continue to be classified as blind or disabled adults (rather than aged). In December 2025, 5.2 million blind or disabled individuals age 18 or older received federally administered SSI payments, including 1.3 million blind or disabled recipients age 65 or older.

  — *Blind or disabled children* meet the definition of blindness or disability for individuals under age 18 in addition to other SSI eligibility requirements. These children are subject to parent-to-child deeming until they reach the age of 18. At age 18, these individuals continue to be eligible for SSI if they meet the definition of blindness or disability for individuals age 18 or older as well as other eligibility criteria. Those individuals who continue to be eligible after attainment of age 18 are reclassified as blind or disabled adults. In December 2025, 1.0 million blind or disabled individuals under age 18 received federally administered SSI payments.

2. Applications and New Recipients

Figure IV.B1 presents historical and projected numbers of persons applying for SSI payments at SSA field offices, including applications taken by telephone and online, by calendar year.[3] The level of applications generally decreased from 2010 through 2019 as the economy recovered from the recession of 2007-09. The number of applications decreased sharply in 2020 and remained low in 2021, due to a number of COVID-19 pandemic-related effects. From 2021 to 2024, the number of applications increased, not quite

[1] Recipient flows are projected on a calendar-year-age basis, with activity throughout a given year tabulated according to age at the end of the calendar year. Tabulations of recipients in current-payment status are provided as of December of each calendar year at which time calendar year of age and age last birthday are the same. However, the tabulations that reflect activity throughout the calendar year are summarized according to calendar year of age, and thus they will not correspond precisely to tabulations summarized according to age last birthday. For example, applications for the 0-17 age group for a given calendar year include applications only for those individuals who are under 18 at the end of the calendar year.

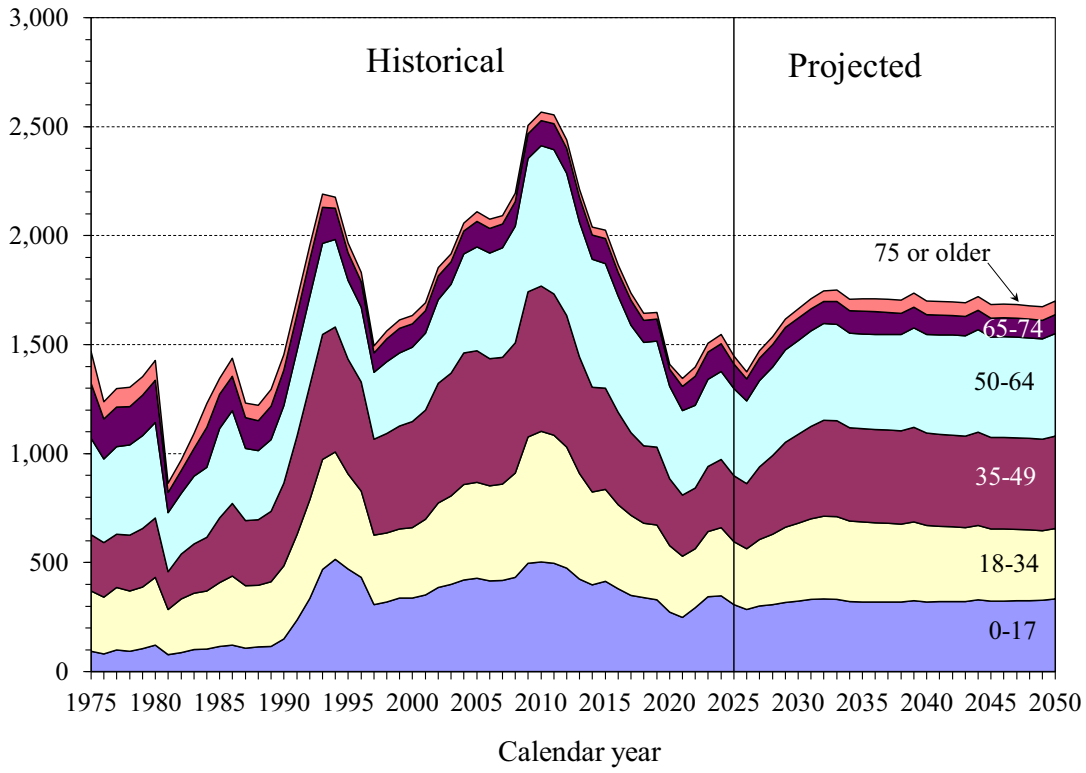
[2] Individuals may apply for SSI payments based on age as of the day preceding their 65th birthday.

[3] See table IV.B1 for the same information in tabular form. Applications for SSI at SSA's field offices are presented on an operating month basis rather than a true calendar month basis. An operating month ends on the last Friday of the calendar month. Each quarter of a normal operating year contains 13 weeks and the calendar year contains 52 weeks. Every 5 or 6 years, the calendar year contains 53 weeks rather than the normal 52 weeks.

reaching pre-pandemic levels, before decreasing in 2025. In 2026, the number of applications is projected to decrease, before increasing from 2026 to 2033, reaching levels more consistent with longer-term expected experience. The number of applications is projected to be 1.7 million in 2034, and then remain at roughly this level thereafter.

Through 2034, the application rate is consistent with the pattern described above for the number of applications. After 2034, the application rate is assumed to gradually decline, with this declining rate being offset by the projected increase in the population, yielding relatively stable numbers of applications. This gradual decline in the application rate after 2034 reflects the following assumptions: (1) the portion of the population that meets SSI income and resource requirements will decline over time as average wages and income generally grow faster than the CPI, and therefore the SSI Federal benefit rate; (2) the fixed value of the countable resource limits and most of the income exclusions become more limiting over time as individuals' income and asset levels grow generally; and (3) the portion of the U.S. population potentially eligible for SSI based on citizenship and residency requirements declines.

Figure IV.B1.—SSI Federally Administered Applications by Age Group, Calendar Years 1975-2050
[In thousands]

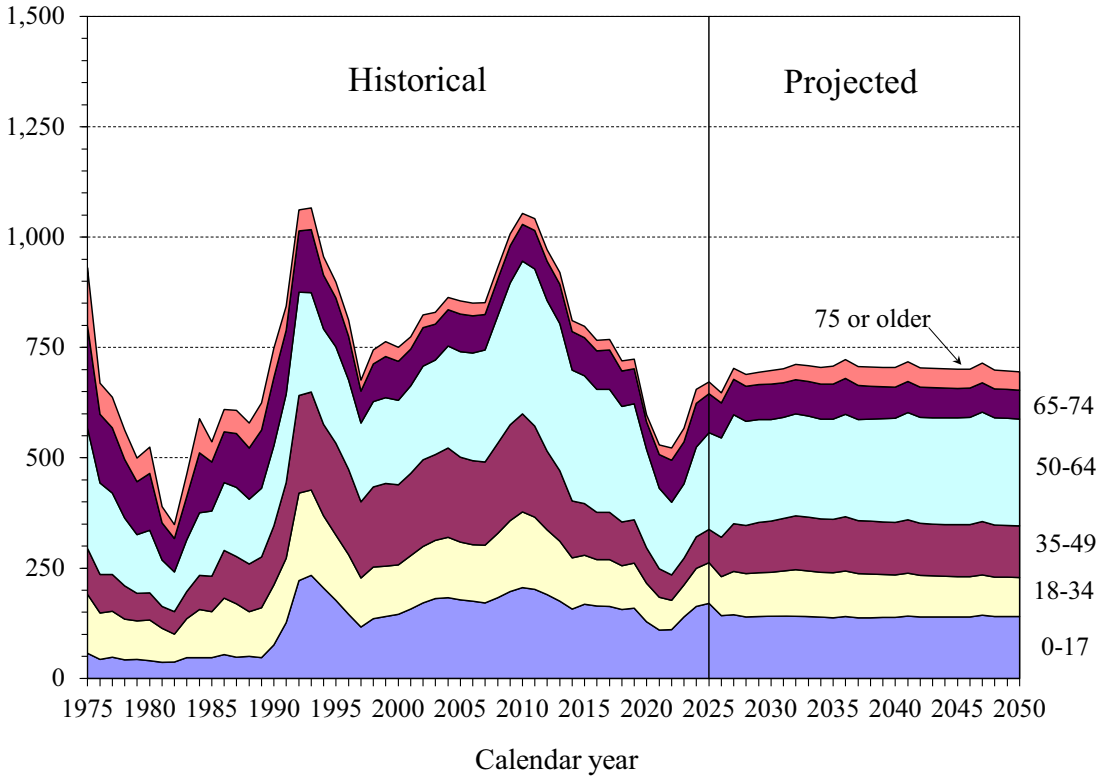


When someone files an application for SSI payments, SSA evaluates whether the individual meets the eligibility criteria described in section III.C. Figure IV.B2 presents historical and projected numbers of persons who start receiving SSI payments as a result of this evaluation.[1] The numbers of new recipients declined generally from 2010 to 2018, leveled off in 2019, decreased sharply in 2020 and 2021, and remained low in 2022, following the pattern of applications. The number of new recipients increased substantially from 2022 through 2025. The number of new recipients is projected to decrease in 2026 and increase substantially in 2027 as the time it takes the agency to adjudicate applications is assumed to con-

[1] See table IV.B2 for the same information in tabular form. Individuals are counted as "new recipients" in the first month that they move into SSI payment status on a given application. This differs slightly from "awards" totals published in the *Annual Statistical Supplement to the Social Security Bulletin* due to differences in timing and counting methods. For example, this report counts presumptive disability cases as "new recipients" in the first month of presumptive disability payment, while the *Annual Statistical Supplement* counts awards at the time of the disability decision.

tinue the decrease that began in late 2024. After 2027, the number of new recipients is projected to stay fairly level through the remainder of the projection period, despite the growing size of the U.S. population potentially eligible for SSI based on citizenship and residency requirements. This reflects the effects of the same factors assumed to affect the level of projected applications, as discussed previously.

Figure IV.B2.—SSI Federally Administered New Recipients by Age Group, Calendar Years 1975-2050
[In thousands]



The number of applications and new recipients for the aged eligibility category show a different pattern in the recent historical period. The numbers of applications and new recipients were low in 2020, due to the pandemic, but rebounded in 2021 and 2022 to pre-pandemic levels and higher. This increase resulted from (1) an outreach effort by SSA to notify Social Security beneficiaries receiving less than the SSI Federal benefit rate that they may also be eligible for SSI, and (2) a separate outreach effort especially targeted to zip codes that experienced a sharp decline in SSI applications during the pandemic, as well as surrounding areas. These outreach efforts included directly mailing some individuals, as well as multiple marketing methods, including TV, radio, and social media ads, and a variety of printed ads. Most of the direct mail was sent to adults with at least one child in the household and adults aged 65 and older. Since 2022, when the outreach ended, applications for the aged eligibility category have decreased, and the number of new recipients increased moderately through 2024 before decreasing sharply in 2025.

3. Terminations

Some persons receiving SSI payments in a year will stop receiving payments during the year because of death or the loss of SSI eligibility. SSA uses three primary tools to assess continuing eligibility: (1) non-medical redeterminations, including limited issues; (2) medical continuing disability reviews (CDR); and (3) medical redeterminations of SSI child recipients at age 18 using the adult initial disability criteria.[1] In

[1] Some historical details on non-medical redeterminations and the results of medical continuing disability reviews and medical age 18 redeterminations are presented in section V.D. Section V.E presents information on certain incentive programs intended to encourage disabled SSI recipients to return to work.

a non-medical redetermination, the recipient's non-medical factors of eligibility are reexamined, including income, resources, and living arrangements. In a medical CDR, the recipient's medical condition is reevaluated to determine whether the recipient continues to meet the Act's definition of disability. Medical redeterminations of disabled children attaining age 18 evaluate whether such recipients qualify for payments using the adult medical eligibility criteria. The net reduction in the number of SSI recipients in current-payment status during a period is referred to as the number of SSI terminations for that period.

For the purpose of presentation in the following figures, and in the tables at the end of this section, "terminations" refers to the total of: (1) deaths while in current-payment status during the period; plus (2) the number of persons during the period moving out of payment status into suspended status less those returning to payment status from suspended status. Individuals generally move out of payment status because they have excess income or financial resources, or they no longer meet the definition of disability based on medical improvement as set forth in the Act. For individuals who have concurrently filed an application for disability benefits under both the OASDI and SSI programs and are determined to meet the definition of disability, a portion are initially awarded an SSI payment and subsequently suspended for excess income. The primary reason for this suspension is that, in concurrent claims, SSA pays SSI payments immediately to protect the claimant's Medicaid eligibility. Once OASDI benefits are awarded, the amount of the ongoing monthly OASDI benefit, when combined with other countable income, may render individuals ineligible for SSI payments. Concurrent applicants currently make up about 40 percent of all SSI disability applicants. Changes in the portion of SSI applicants who also have the appropriate insured status for Social Security disability benefits can affect overall SSI terminations.

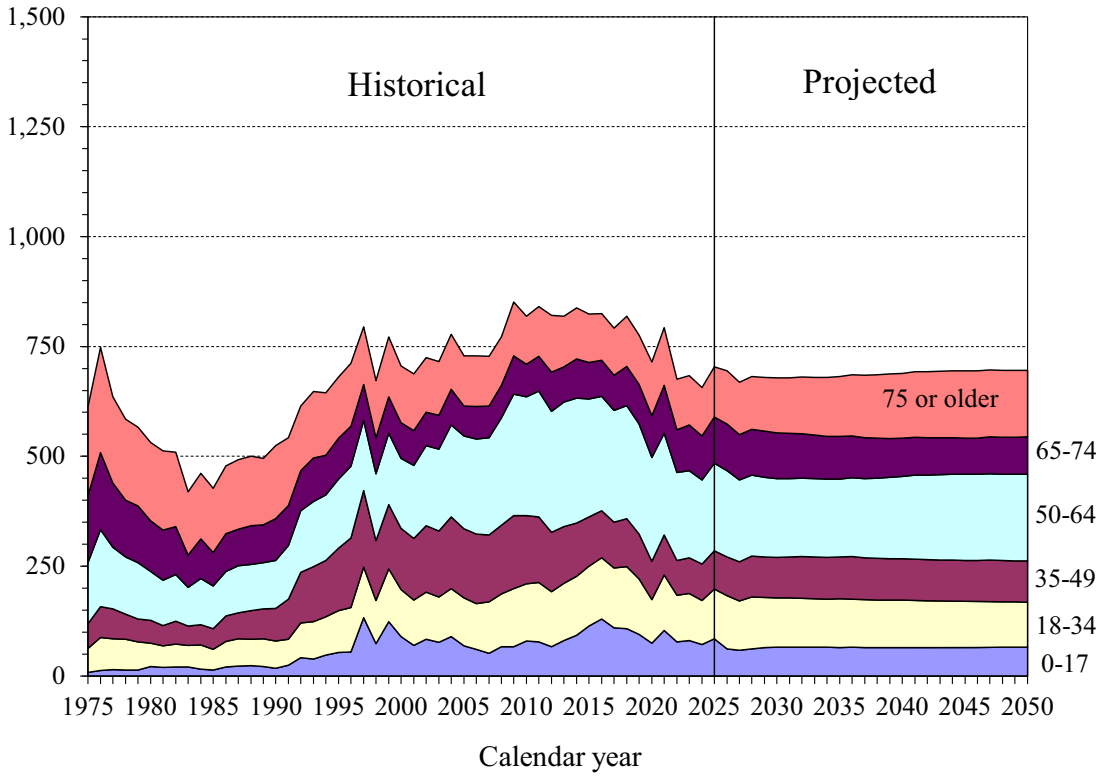
Figure IV.B3 presents historical and projected numbers of total terminations by calendar year.[1] The total number of terminations of federally administered recipients in 2025 increased from 2024, by about 7 percent. The number of terminations due to death increased by about 1 percent while the net number of terminations for all other reasons increased by about 10 percent in 2025 compared to 2024.

Changes in terminations vary by age. For SSI children under age 18, the number of terminations due to death in 2025 decreased from 2024 by 7 percent, while net terminations for reasons other than death increased by 19 percent from the level experienced in 2024. For SSI adults age 18 or older, terminations due to death increased by 1 percent, while net terminations for all reasons other than death increased by 9 percent.

There is currently a backlog of medical reviews attributable to limited DDS processing capacity. Projected terminations reflect the agency's expectation that it will receive funding sufficient to eliminate the backlog by the end of fiscal year 2027 and perform these reviews on a timely basis in the long term, which would result in temporarily higher levels of SSI terminations from medical cessation.

[1] In the tables, the numbers of total terminations are separated into the two separate categories: (1) terminations due to death (table IV.B3); and (2) net suspensions of payments for all other reasons (table IV.B4). The total number of terminations is also shown in table IV.B5, which is the same information presented in figure IV.B3 in tabular form.

Figure IV.B3.—SSI Federally Administered Terminations by Age Group, Calendar Years 1975-2050
[In thousands]



4. Recipients in Current Payment Status

Combining the number of new recipients of SSI payments during a year with the number of those already receiving payments at the end of the previous year, and subtracting the number of terminations during the year, yields the number of persons receiving federally administered SSI payments at the end of the year. Figure IV.B4 presents the number of individuals receiving Federal SSI payments, who comprise the great majority of federally administered recipients.[1]

The number of SSI recipients receiving Federal payments increased rapidly in the early 1990s mainly due to the growth in the numbers of disabled adults and children. The growth in the numbers of children receiving SSI resulted in large part from the Supreme Court decision in the case of *Sullivan v. Zebley*, 110 S. Ct. 885 (1990), which greatly expanded the criteria used for determining disability for children. The growth in the numbers of disabled adults is a more complicated phenomenon. Extensive research conducted under contract to SSA and the Department of Health and Human Services suggested that this growth was the result of a combination of factors including: (1) demographic trends; (2) a downturn in the economy in the late 1980s and early 1990s; (3) long-term structural changes in the economy; and (4) changes in other support programs (in particular, the reduction or elimination of general assistance programs in certain States).[2] [3] The 1996 welfare reform legislation, the economic downturn in the early

[1] See table IV.B6 for the same information in tabular form.

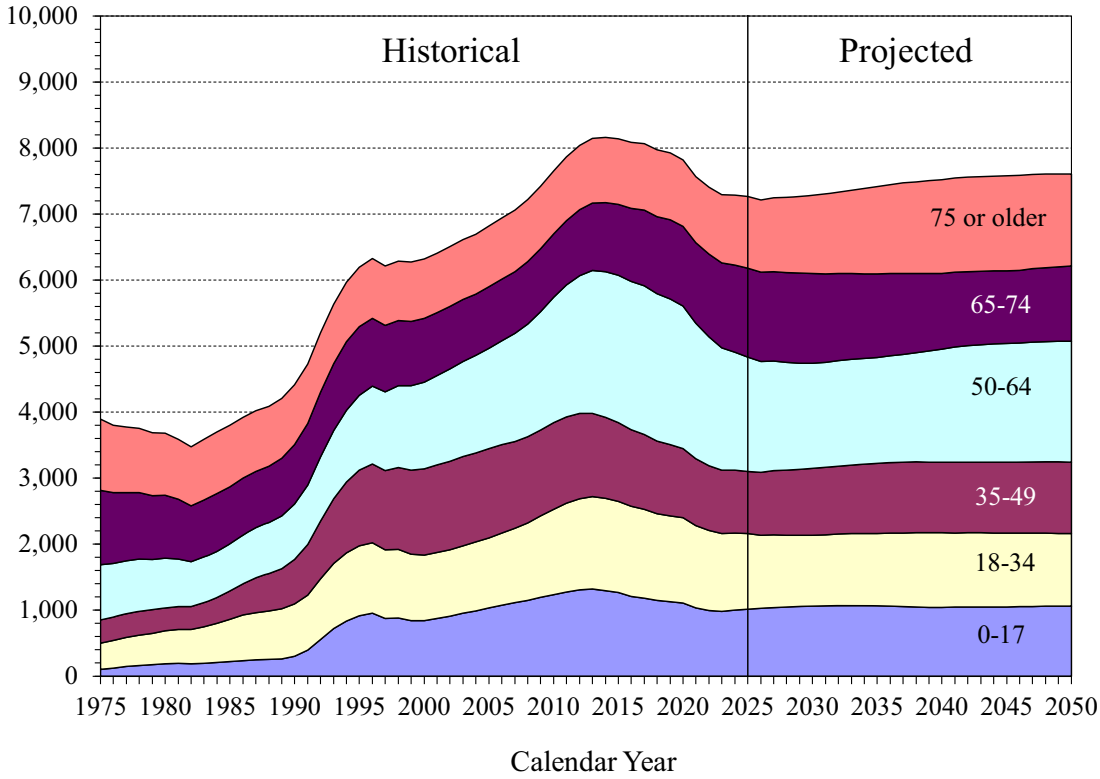
[2] Stapleton, David, Burt Barnow, Kevin Coleman, Kimberly Dietrich, Jeff Furman, and Gilbert Lo. *Labor Market Conditions, Socioeconomic Factors, and the Growth of Applications and Awards for SSDI and SSI Disability Benefits*, final report and appendix prepared under contract to the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services and the Social Security Administration, May 23, 1995.

[3] Stapleton, David, Gina Livermore, Andrea Zeuschner, Jeffery Furman, Kimberly Dietrich, and Gilbert Lo. *Impairment Trends in the Growth of Applications and Awards for SSA Disability Benefits*, final report and appendix prepared under contract to the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services and the Social Security Administration, May 24, 1995.

2000s, the economic recession that began in 2007, the subsequent economic recovery, and the COVID-19 pandemic beginning in 2020, have contributed to the more recent changes in program participation.

Figure IV.B4.—SSI Recipients with Federal Benefits in Current-Payment Status, by Age Group, as of December, 1975-2050

[In thousands]



From the end of 2008 to the end of 2012, the Federal SSI recipient population grew an average of 2.7 percent per year due largely to the 2007-2009 economic recession and the slow recovery from that economic downturn. In 2013 and 2014, the Federal SSI recipient growth slowed, and beginning in 2015, the Federal SSI recipient population began to decrease, reflecting the net effect of lower numbers of applications and new recipients and the increased number of medical CDRs conducted between 2015 and 2019. From the end of 2015 to the end of 2019, the Federal SSI recipient population decreased by an average of 0.7 percent per year.

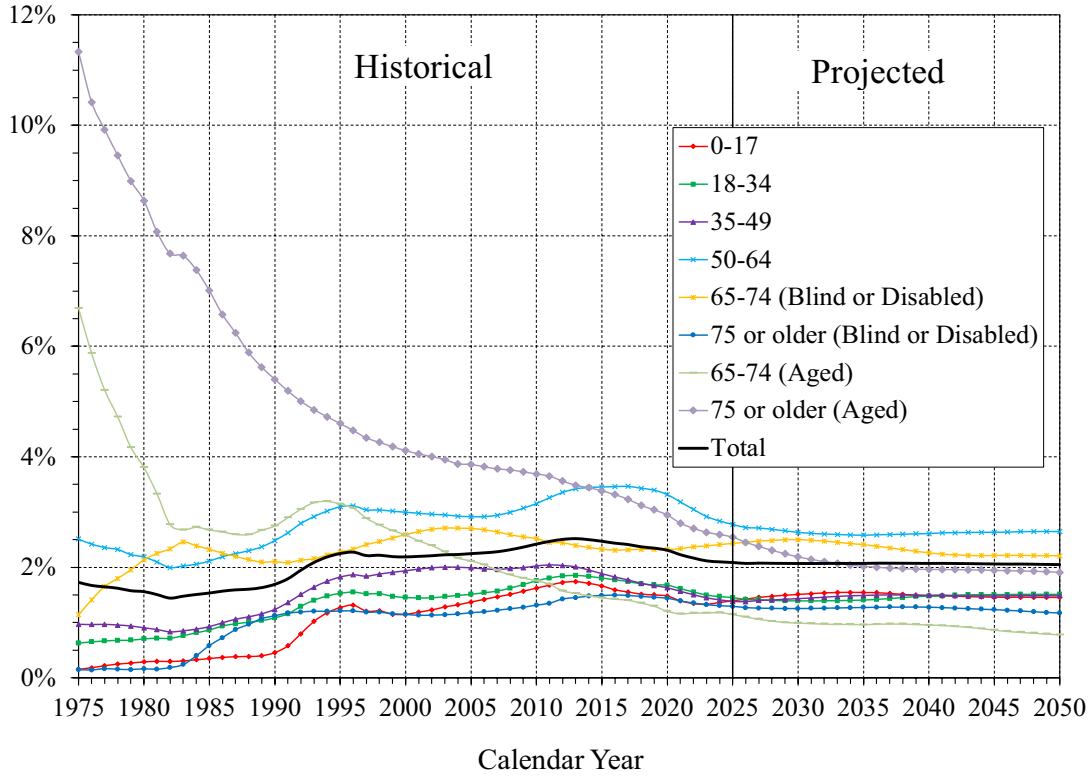
The Federal recipient population began to decrease more dramatically in 2020, reflecting the net effect of further declines in applications and new recipients, the sharp increase in terminations due to death during the COVID-19 pandemic, partially offset by decreases in the numbers of medical CDRs and non-medical redeterminations processed. From the end of 2019 to the end of 2023, the Federal SSI recipient population decreased by an average of 2.1 percent per year. Recipients in current-payment status decreased more gradually from 2023 to 2025, as the numbers of new recipients began to increase and terminations due to death returned to pre-pandemic levels, while the numbers of medical CDRs and non-medical redeterminations processed remained relatively low.

The number of recipients is expected to decrease in 2026, reflecting the recent and continuing drop in applications. Throughout the rest of the projection period, the number of Federal recipients is expected to increase steadily, although growth is expected to slow later in the projection period, as the proportion of the U.S. population eligible for SSI payments declines as discussed in section 2. From the end of 2026 to

the end of 2050, the Federal SSI recipient population is expected to increase by an average of 0.2 percent per year.

In order to place this projected growth in the context of overall population growth, figure IV.B5 presents Federal SSI prevalence rates by age group, defined as SSI recipients with Federal payments in current-payment status as percentages of the total U.S. population for each age group.[1]

Figure IV.B5.—Federal SSI Prevalence Rates, by Age Group, as of December, 1975-2050



The prevalence rate for all Federal SSI recipients declined from 1975 through the early 1980s. In 1983, this percentage started increasing and continued to increase through 1996. The prevalence rate then declined in 1997, due to the implementation of Public Law 104-121 and Public Law 104-193, but leveled out over the next few years through 2004. It increased over the period 2005 through 2013, and experienced decreases in each year starting in 2014 and continuing through 2025. The prevalence rate is projected to decline gradually throughout the projection period, with the exception of a slight increase from 2026 to 2027.

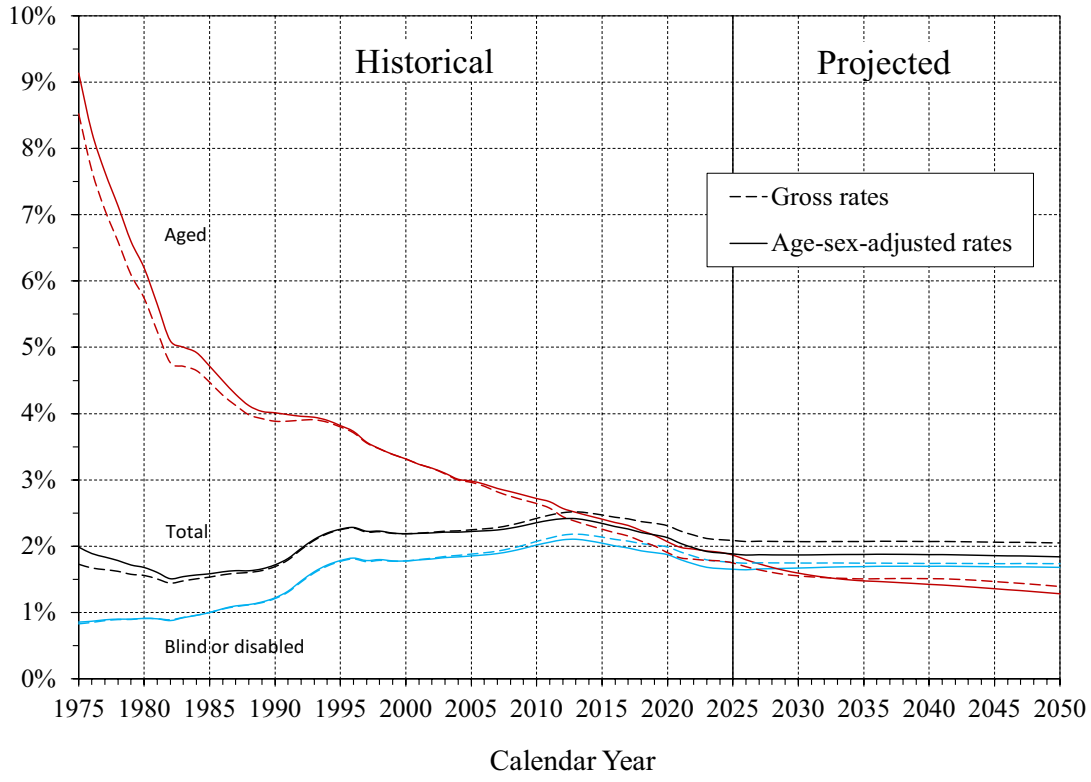
Figure IV.B6 presents prevalence rates for the two eligibility categories - *blind and disabled* and *aged*[2] - as well as for the SSI program as a whole. It also shows these rates on an age-sex-adjusted basis, adjusted to the age-sex distribution of the Social Security area population for the year 2000. Adjusting these rates in this manner is useful when comparing rates over a long period of time because the age-sex-adjusted rates control for the effects that a changing age-sex distribution in the population can have on prevalence rates over time. That adjustment, however, does not account for the change over time of other factors that may affect the percentage of the Social Security area population that is SSI eligible.

[1] See table IV.B7 for the same information in tabular form.

[2] The ratios for the separate recipient categories—total blind or disabled and total aged—are computed as percentages of differing base populations, the total Social Security area population and the 65 and older Social Security area population, respectively.

Figure IV.B6 shows that the age-sex adjustment does not fundamentally change the overall pattern of the prevalence rates. The total SSI prevalence rate on an age-sex adjusted basis is higher before 2000 and lower after 2000 than the gross prevalence rate due to the changing age distribution of the population. The adjustment generally results in a more noticeable effect for the aged, especially in the early years of the SSI program, because the prevalence rate for ages 75 and older was much higher than for ages 65 to 74.

Figure IV.B6.—Age-Sex-Adjusted Federal SSI Prevalence Rates, by Eligibility Category, as of December, 1975-2050



The prevalence rates for the eligibility categories of Federal SSI recipients follow significantly different growth patterns.

The overall aged prevalence rate has declined steadily throughout the historical period, a trend that continues throughout the projection period.

In contrast, except for decreases in the late 1990s due to the medical eligibility redeterminations and CDRs mandated by Public Law 104-193, the prevalence rate for blind or disabled children increased steadily through 2013, with the increase being relatively steep in the early 1990s. The prevalence rate for child recipients decreased slightly each year from 2014 through 2023, which is primarily attributable to the increased number of medical CDRs for these children, and the drop in applications and new recipients during most of this period. The prevalence rate for child recipients increased from 2023 to 2025.

The total blind or disabled prevalence rate (as a percentage of the total Social Security area population at all ages) remained fairly level until the early 1980s, when it started increasing and then continued to increase through 1996. The blind or disabled prevalence rate declined slightly in the late 1990s due to the effects of welfare reform legislation but resumed an upward trend in 2000. That upward trend continued through 2013, but experienced slight decreases in 2014 through 2025.

The projected overall prevalence rate for blind or disabled recipients trends gradually downward throughout the remainder of the projection period, with the exception of a slight increase from 2026 to 2027, due to assumptions that: (1) the population potentially eligible for SSI (i.e., the population meeting citizenship and residency requirements) will grow more slowly than the overall U.S. population; (2) applications as a

proportion of the population remain historically low; (3) the age distribution of the population will change; and (4) SSA will receive sufficient administrative funding to process medical CDR and non-medical redetermination workloads, and those authorized resources will continue to be appropriated through the 25-year projection period.

The total number of federally administered SSI recipients includes recipients only receiving a federally administered State supplement, as well as those receiving a Federal payment. Table IV.B8 presents historical and projected numbers of individuals who receive only a federally administered State supplement. Such recipients have countable income that exceeds the Federal benefit rate but which is lower than the combined amount of the Federal benefit rate and the State supplementary benefit level. These individuals must meet all other criteria required in order to be eligible for a Federal SSI payment. The vast majority of these individuals are concurrently beneficiaries of OASDI benefits. The historical and projected numbers do not include individuals eligible for only a state supplement that is not administered by SSA.

Table IV.B9 displays the combined numbers of persons receiving either a Federal SSI payment or a federally administered State supplement. This is the total number of SSI recipients with a benefit administered by SSA, which follows largely the same patterns of growth as the number of recipients receiving a Federal payment.

Table IV.B1.—SSI Federally Administered Applications,[a] Calendar Years 1975-2050
[In thousands]

	Blind or disabled, by age group						Aged, by age group		Totals		
Calendar year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975[b]	94	276	258	443	15	[c]	238	145	1,086	382	1,468
1980	122	310	272	438	8	1	187	89	1,151	276	1,427
1985	114	294	297	409	7	[c]	151	73	1,122	223	1,345
1990	149	335	380	356	6	[c]	156	71	1,226	227	1,454
1991	237	391	453	391	7	[c]	159	68	1,479	227	1,706
1992	336	453	525	407	7	[c]	163	64	1,728	226	1,955
1993	468	506	573	418	7	[c]	158	60	1,973	218	2,191
1994	515	493	573	402	6	[c]	136	52	1,989	188	2,177
1995	472	435	526	362	6	1	121	44	1,801	165	1,966
1996	433	395	501	343	6	1	110	42	1,678	153	1,831
1997	307	319	440	306	4	[c]	86	32	1,377	117	1,494
1998	318	319	455	329	6	1	98	37	1,428	136	1,563
1999	337	318	472	336	6	[c]	107	39	1,468	145	1,614
2000	338	322	486	341	5	[c]	102	39	1,493	141	1,633
2001	352	347	502	353	4	[c]	98	35	1,558	134	1,691
2002	385	388	549	384	4	[c]	104	38	1,711	142	1,853
2003	401	404	564	407	4	[c]	99	36	1,781	135	1,916
2004	420	438	605	452	4	[c]	101	37	1,919	138	2,057
2005	429	439	604	477	5	[c]	112	44	1,954	156	2,110
2006	415	437	584	484	4	[c]	109	41	1,925	150	2,075
2007	419	442	581	502	5	[c]	105	38	1,948	143	2,091
2008	432	479	596	536	5	[c]	108	39	2,048	147	2,195
2009	498	578	667	611	5	[c]	109	38	2,359	147	2,506
2010	502	600	667	644	5	1	110	38	2,419	148	2,567
2011	496	588	647	663	5	1	114	39	2,400	153	2,553
2012	475	555	604	651	5	1	111	36	2,291	147	2,438
2013	425	483	536	616	5	1	112	36	2,066	148	2,214
2014	397	426	482	587	5	1	108	34	1,897	142	2,039
2015	414	422	464	570	5	1	111	36	1,877	147	2,024
2016	381	385	423	532	4	1	105	33	1,727	139	1,865
2017	350	366	380	493	4	1	109	33	1,595	142	1,737
2018	339	342	354	475	4	1	98	30	1,515	128	1,643
2019	330	343	356	486	4	1	97	30	1,521	127	1,648
2020	273	306	306	424	4	1	75	21	1,313	96	1,409
2021	249	280	281	386	4	1	108	35	1,201	143	1,344
2022	293	270	278	380	5	1	130	42	1,226	172	1,398
2023	344	299	298	400	5	1	120	40	1,346	160	1,507
2024	348	312	312	405	6	[c]	121	41	1,383	163	1,546
2025	306	289	303	400	6	[c]	106	36	1,305	142	1,447
Projected:											
2026	285	277	299	381	7	0	94	31	1,250	125	1,375
2027	302	304	333	395	6	0	97	35	1,341	132	1,473
2028	307	323	360	406	6	0	97	36	1,403	133	1,536
2029	318	345	389	423	6	1	97	39	1,481	136	1,617
2030	323	357	408	430	5	1	97	41	1,524	139	1,663
2031	330	369	425	437	5	1	97	44	1,568	141	1,709
2032	334	380	438	444	5	1	97	47	1,602	144	1,746
2033	332	380	439	444	5	1	99	51	1,600	150	1,750
2034	322	369	428	433	5	1	98	52	1,558	150	1,708
2035	320	367	428	434	5	1	99	55	1,555	155	1,710
2036	319	364	428	436	5	1	99	58	1,553	157	1,710
2037	319	361	427	439	5	1	96	59	1,552	156	1,708
2038	319	358	427	443	4	1	92	60	1,552	153	1,705
2039	326	361	433	456	4	1	91	62	1,582	153	1,736
2040	320	351	423	452	4	1	88	61	1,552	149	1,700
2041	321	346	422	456	4	1	86	61	1,551	147	1,698
2042	322	342	421	459	5	1	85	61	1,550	146	1,696
2043	322	338	421	461	5	1	84	61	1,547	145	1,692
2044	329	341	428	471	5	2	85	62	1,575	146	1,721
2045	323	331	419	461	5	2	82	61	1,541	143	1,684
2046	324	330	421	463	5	2	81	61	1,543	142	1,685
2047	325	327	421	462	5	2	81	61	1,541	142	1,683
2048	326	324	419	461	5	2	81	60	1,537	141	1,678
2049	327	321	419	461	5	2	80	60	1,533	140	1,673
2050	333	324	425	469	5	2	82	60	1,557	142	1,700

[a] Based on data reported in the Integrated Workload Management System (formerly known as the District Office Workload Report).
[b] "All" column published in the *SSI Annual Statistical Report* using a 10-percent sample.
[c] Fewer than 500.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.B2.—SSI Federally Administered New Recipients, Calendar Years 1975-2050
[In thousands]

	Blind or disabled, by age group						Aged, by age group		Totals[b]		
Calendar year[a]	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	58	133	105	272	16	[c]	216	131	584	347	931
1980	41	92	61	142	4	[c]	125	59	341	184	524
1985	48	104	80	148	4	[c]	106	46	384	152	536
1990	76	136	134	182	5	[c]	149	66	533	215	748
1991	126	146	172	200	6	[c]	139	54	650	193	844
1992	221	199	221	233	6	[c]	133	48	881	181	1,062
1993	234	193	221	226	6	[c]	136	49	881	185	1,066
1994	205	164	208	216	6	[c]	116	42	798	158	956
1995	178	148	208	218	5	[c]	105	36	757	141	899
1996	145	134	194	203	6	1	93	35	683	128	811
1997	116	111	172	179	4	[c]	69	25	583	93	676
1998	135	117	181	194	7	1	78	30	636	108	744
1999	140	115	187	195	5	[c]	88	33	642	120	763
2000	146	112	181	192	5	[c]	84	31	635	115	751
2001	158	121	186	198	4	[c]	79	28	667	107	774
2002	171	128	196	212	4	[c]	83	29	712	112	824
2003	181	132	194	214	4	[c]	77	27	726	104	830
2004	183	138	202	231	4	[c]	78	27	758	105	863
2005	178	131	193	239	4	[c]	81	29	744	111	855
2006	175	129	190	244	3	[c]	81	28	741	109	850
2007	171	130	189	254	4	[c]	76	27	749	103	851
2008	183	147	204	289	4	[c]	79	27	826	106	932
2009	197	161	217	321	4	[c]	80	27	900	107	1,007
2010	206	172	222	346	4	[c]	79	25	950	104	1,054
2011	202	164	207	356	4	[c]	83	26	933	109	1,041
2012	190	147	178	341	4	[c]	84	26	861	110	971
2013	175	135	160	333	4	[c]	86	26	808	112	920
2014	157	115	129	297	4	[c]	83	25	703	108	811
2015	168	111	117	289	4	[c]	83	25	689	108	797
2016	164	106	107	278	4	[c]	83	24	659	107	767
2017	163	106	107	279	4	[c]	85	24	660	109	768
2018	156	99	99	262	4	[c]	76	23	621	99	720
2019	160	102	98	262	4	[c]	75	22	626	98	724
2020	129	87	81	223	4	[c]	58	16	523	74	597
2021	110	74	65	183	4	[c]	72	22	435	94	529
2022	110	67	57	164	4	[c]	91	28	403	119	522
2023	139	73	60	169	5	[c]	91	30	446	121	566
2024	164	86	71	203	6	[c]	93	31	530	125	655
2025	170	92	75	219	8	[c]	81	27	564	108	672
Projected:											
2026	143	88	89	225	8	[c]	72	23	553	95	647
2027	145	98	108	248	8	[c]	72	25	606	97	703
2028	140	98	109	236	6	[c]	73	27	589	100	689
2029	140	100	113	233	6	[c]	74	28	592	102	694
2030	140	101	116	230	5	[c]	75	31	592	106	698
2031	141	102	119	229	5	[c]	74	32	596	106	702
2032	142	104	122	231	5	[c]	73	34	604	108	712
2033	140	104	122	229	5	[c]	73	36	599	110	709
2034	138	102	121	227	5	[c]	74	38	593	112	705
2035	138	102	121	227	5	[c]	75	40	592	115	708
2036	140	103	123	233	5	[c]	76	43	604	119	723
2037	138	100	120	229	4	[c]	73	43	591	116	707
2038	138	98	120	232	4	[c]	70	43	592	113	705
2039	138	97	119	234	4	[c]	68	44	593	112	705
2040	138	96	119	236	4	[c]	66	44	594	110	704
2041	142	97	121	243	4	[c]	66	45	607	111	717
2042	139	94	118	240	4	[c]	64	44	596	108	703
2043	139	93	118	241	4	[c]	63	43	595	107	702
2044	139	92	118	242	4	[c]	63	43	595	106	701
2045	139	91	118	242	5	[c]	62	43	595	106	700
2046	140	91	118	243	5	[c]	62	43	596	105	701
2047	143	92	120	248	5	[c]	63	44	608	106	714
2048	141	89	118	243	5	[c]	61	42	595	104	699
2049	141	89	118	243	5	[c]	61	42	594	103	697
2050	140	88	117	242	5	[c]	61	42	593	102	695

[a] Represents period in which first payment was made, not date of first eligibility for payments.

[b] Historical totals estimated based on 1-percent sample data prior to 1993; 10-percent sample data for 1993-2006, and 100-percent data after 2006.

[c] Fewer than 500.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.B3.—SSI Federally Administered Terminations Due to Death[a], Calendar Years 1975-2050
[In thousands]

	Blind or disabled, by age group						Aged, by age group		Totals[b]		
Calendar year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	1	5	12	35	10	2	39	108	65	147	212
1980	3	5	9	31	22	1	27	100	71	127	198
1985	2	6	10	29	24	6	17	84	77	101	178
1990	4	9	18	36	22	14	16	75	103	92	194
1991	4	9	20	39	23	17	17	74	112	91	203
1992	4	11	22	38	22	15	16	69	111	85	196
1993	6	14	28	43	24	17	17	74	131	91	222
1994	6	14	29	43	23	17	17	71	132	88	220
1995	7	14	32	45	25	19	16	67	140	83	223
1996	7	12	31	46	25	19	16	69	139	85	225
1997	6	11	26	45	25	19	15	66	131	81	212
1998	5	9	25	45	26	21	14	65	131	79	211
1999	5	9	26	46	26	22	14	64	134	77	211
2000	5	9	28	48	25	21	12	62	136	74	210
2001	5	8	29	49	25	22	12	61	139	73	212
2002	6	8	29	50	24	21	12	59	138	71	209
2003	5	9	28	52	26	21	10	57	141	67	208
2004	5	8	28	54	26	23	10	56	143	66	209
2005	5	8	28	56	25	22	9	55	145	64	208
2006	5	9	27	57	26	23	9	54	146	63	209
2007	5	8	26	59	25	22	9	53	146	62	207
2008	5	8	25	61	26	22	9	53	148	62	210
2009	5	9	25	64	26	23	8	53	153	61	214
2010	5	9	23	65	26	22	8	50	150	58	208
2011	5	9	23	68	27	23	8	51	155	59	214
2012	5	9	22	70	27	23	8	50	155	58	213
2013	5	9	21	73	29	25	8	51	161	59	220
2014	4	9	21	74	29	24	8	49	162	56	218
2015	4	9	20	78	32	26	8	51	169	59	228
2016	4	9	19	76	32	26	8	49	166	57	223
2017	4	9	19	77	34	27	8	50	170	58	228
2018	4	8	18	76	35	28	8	50	170	58	228
2019	4	8	18	75	36	28	8	48	169	57	226
2020	4	9	20	84	45	35	10	60	196	70	266
2021	3	9	21	88	51	37	11	62	210	72	283
2022	3	9	19	79	48	34	10	54	193	63	256
2023	3	8	17	69	45	31	9	49	173	58	231
2024[c]	3	7	16	63	45	32	9	48	166	57	224
2025[c]	3	7	15	59	48	33	10	50	166	60	226
Projected:											
2026	3	6	15	57	49	34	10	49	166	59	225
2027	3	6	16	56	50	35	9	49	166	58	224
2028	3	6	16	55	51	35	9	49	167	58	224
2029	3	6	16	54	51	36	9	49	167	58	224
2030	3	6	16	53	51	37	9	49	167	57	224
2031	3	6	16	52	51	38	8	49	167	57	224
2032	4	6	16	52	50	39	8	49	167	57	225
2033	4	6	16	52	49	41	8	50	167	58	225
2034	3	6	17	51	48	42	8	50	167	58	225
2035	3	6	17	51	47	43	8	51	167	59	226
2036	3	6	17	51	46	44	8	52	167	59	226
2037	3	6	17	51	45	45	8	52	167	60	227
2038	3	6	16	52	44	45	8	53	167	61	227
2039	3	6	16	52	42	46	7	54	166	61	228
2040	3	6	16	53	41	47	7	55	166	62	228
2041	3	6	16	53	41	47	7	55	166	62	228
2042	3	6	16	54	40	47	7	56	166	63	229
2043	3	6	16	54	40	47	7	56	166	63	229
2044	3	6	16	54	40	47	7	57	166	63	229
2045	3	6	16	54	40	47	6	57	166	64	229
2046	3	6	15	54	40	47	6	58	166	64	229
2047	3	6	15	54	40	47	6	58	166	64	230
2048	3	6	15	54	41	47	6	58	166	64	230
2049	3	5	15	54	41	46	6	58	165	64	229
2050	3	5	15	54	42	46	6	58	165	64	229

[a] Terminations where the SSI recipient was deceased as of the first month of nonpayment of SSI payments.

[b] Historical totals estimated based on 1-percent sample data prior to 1993; 10-percent sample data for 1993-2006, and 100-percent data after 2006.

[c] Preliminary and subject to revision.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.B4.—SSI Federally Administered Terminations Due to Reasons Other Than Death,[a] Calendar Years 1975-2050
[In thousands]

	Blind or disabled, by age group						Aged, by age group		Totals[b]		
Calendar year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	7	50	44	104	15	2	88	91	221	180	401
1980	19	48	43	80	23	1	44	77	214	121	334
1985	11	42	37	68	13	2	23	54	172	77	249
1990	14	52	57	73	17	8	40	68	221	108	330
1991	20	50	70	84	18	5	33	58	248	91	339
1992	38	68	94	102	18	7	34	56	328	90	419
1993	33	72	97	105	22	7	37	53	335	90	426
1994	41	73	100	106	18	7	32	48	345	79	425
1995	48	81	110	113	20	7	32	46	379	78	457
1996	48	89	127	117	21	8	29	47	410	77	487
1997	127	105	148	115	18	8	23	39	520	62	583
1998	68	89	111	108	19	8	23	37	403	59	462
1999	119	111	120	115	20	9	24	42	494	67	561
2000	84	99	111	111	21	9	23	38	436	60	496
2001	64	95	111	117	19	9	23	37	416	60	476
2002	78	100	122	132	20	9	20	34	461	54	516
2003	72	95	122	134	20	9	20	35	452	56	507
2004	85	101	136	155	23	9	24	37	508	61	568
2005	64	101	129	156	20	8	15	29	477	44	521
2006	55	95	131	160	20	8	19	30	470	49	519
2007	46	109	126	163	20	8	18	30	472	48	520
2008	62	111	131	183	20	8	19	27	516	46	561
2009	61	123	141	212	27	10	26	37	574	63	637
2010	75	121	131	206	20	8	20	28	562	48	610
2011	73	127	126	218	24	9	21	30	576	52	627
2012[c]	63	116	113	206	23	9	31	48	529	78	608
2013	76	122	107	211	22	9	21	31	547	52	599
2014[d]	89	125	100	210	28	11	24	33	564	57	621
2015	110	128	91	191	24	8	20	24	552	44	596
2016	126	130	88	184	23	8	19	24	559	43	602
2017	106	128	85	177	21	8	17	22	525	39	564
2018	104	133	91	181	25	9	21	27	543	48	591
2019	92	118	84	175	27	10	19	25	506	43	550
2020	71	90	68	152	24	9	16	19	414	34	448
2021	101	116	70	143	28	9	19	23	468	42	510
2022	75	97	60	122	25	8	15	18	386	33	420
2023	78	99	64	129	32	11	18	21	412	40	452
2024[e]	69	93	67	129	29	10	17	20	395	37	433
2025[e]	82	106	73	140	28	9	18	22	438	40	478
Projected:											
2026	59	115	72	138	31	11	18	26	427	44	470
2027	55	106	73	131	26	10	17	25	401	43	444
2028	59	111	77	129	27	10	18	26	414	44	457
2029	61	109	76	127	28	11	17	26	412	44	455
2030	63	106	76	126	28	11	17	27	410	44	454
2031	62	106	77	126	27	12	17	27	410	44	455
2032	62	105	78	127	26	12	17	28	411	45	456
2033	62	104	78	126	26	13	16	28	410	45	455
2034	62	104	79	126	26	13	16	29	409	45	454
2035	62	104	79	126	25	14	16	29	411	46	456
2036	62	104	80	128	25	14	16	30	413	46	459
2037	62	103	79	129	24	14	16	30	411	47	458
2038	62	102	79	131	24	15	16	31	412	47	458
2039	62	102	78	133	23	15	16	31	413	47	460
2040	62	102	78	135	23	15	15	32	414	47	461
2041	62	101	78	138	22	15	15	32	417	47	464
2042	62	101	78	139	22	15	15	32	416	47	463
2043	62	100	78	140	22	15	15	32	417	47	464
2044	62	100	78	141	23	15	14	32	418	47	465
2045	62	99	78	141	23	15	14	33	418	47	465
2046	62	99	78	142	23	15	14	33	419	46	466
2047	62	99	79	143	23	15	14	33	421	46	468
2048	63	98	78	143	24	15	14	33	420	46	466
2049	63	98	78	143	24	15	13	33	420	46	466
2050	63	97	78	143	24	15	13	32	420	46	466

[a] Represents the number of persons during the period moving out of payment status into suspended status less those returning to payment status from suspended status.
[b] Historical totals estimated based on 1-percent sample data prior to 1993; 10-percent sample data for 1993-2006, and 100-percent data after 2006.
[c] Terminations for 2012 reflect the reclassification of about 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over the administration of its State Supplementation program.
[d] Terminations for 2014 reflect the decision of the State of New York to take over the administration of its State supplementation program.
[e] Preliminary and subject to revision.

Notes:

1. Components may not sum to totals because of rounding.

2. The historical split among age groups is estimated on a calendar year of age basis.

3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.B5.—SSI Federally Administered Terminations for All Reasons,[a] Calendar Years 1975-2050
[In thousands]

	Blind or disabled, by age group						Aged, by age group		Totals[b]		
Calendar year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	8	55	56	140	25	3	127	199	287	326	613
1980	22	53	52	111	45	2	70	177	284	248	532
1985	13	47	47	97	37	8	40	138	249	178	427
1990	18	61	75	109	39	22	56	144	324	200	524
1991	25	60	90	123	40	22	50	132	360	182	542
1992	42	78	115	140	41	23	50	125	440	175	614
1993	38	86	125	148	45	25	54	127	467	181	648
1994	47	87	129	148	41	24	49	118	478	167	645
1995	54	95	142	158	45	25	48	113	519	161	680
1996	54	101	159	163	46	27	45	117	550	162	712
1997	133	116	174	160	43	27	38	105	651	144	795
1998	74	98	136	153	45	29	37	102	534	139	673
1999	124	120	146	162	45	31	38	106	628	144	772
2000	90	107	139	159	47	30	35	99	571	134	705
2001	70	103	140	166	45	31	34	98	555	132	688
2002	84	108	151	182	45	30	32	93	600	125	725
2003	76	104	150	186	46	30	31	92	592	123	715
2004	90	109	163	209	48	31	34	93	651	127	778
2005	69	109	157	211	45	31	24	84	622	108	729
2006	61	104	158	217	46	31	28	84	616	112	728
2007	51	118	152	221	46	30	27	83	618	110	727
2008	67	120	156	244	46	30	27	80	664	108	771
2009	66	132	167	276	53	33	34	90	727	124	851
2010	80	130	155	271	46	30	28	79	712	107	818
2011	78	135	149	286	50	32	29	81	730	111	841
2012[c]	67	125	135	276	50	32	39	98	685	136	821
2013	80	131	129	284	51	33	29	82	708	111	819
2014[d]	93	134	121	285	57	35	32	81	725	113	838
2015	114	137	111	269	56	35	28	75	721	103	824
2016	130	139	107	260	55	34	27	73	725	100	825
2017	110	136	104	254	55	36	25	72	695	97	792
2018	108	141	109	257	60	37	30	77	713	106	819
2019	95	126	102	250	63	39	27	73	676	100	776
2020	75	99	87	236	69	43	26	78	610	105	714
2021	104	125	91	231	79	46	30	84	678	114	793
2022	78	106	79	201	73	43	25	72	579	97	676
2023	81	107	81	199	76	42	28	70	585	98	683
2024[e]	72	100	83	192	74	41	26	68	562	95	656
2025[e]	85	113	88	199	76	42	28	72	604	100	704
Projected:											
2026	62	122	88	196	80	46	27	76	592	103	695
2027	59	113	88	187	76	44	27	74	567	101	668
2028	62	118	93	184	78	46	27	75	580	101	682
2029	64	115	92	181	79	47	26	75	578	101	680
2030	66	112	92	179	79	49	26	76	577	102	678
2031	66	112	94	178	78	50	25	76	577	102	679
2032	65	111	95	179	76	52	25	77	578	102	680
2033	66	110	95	178	75	53	24	78	577	102	679
2034	65	110	95	178	74	55	24	79	576	103	680
2035	65	110	96	177	73	56	24	80	578	104	682
2036	66	110	96	179	71	58	24	81	580	106	685
2037	65	109	96	180	69	59	24	83	578	107	684
2038	65	108	95	183	67	60	24	84	578	107	686
2039	65	108	95	185	65	61	23	85	579	108	687
2040	65	108	94	188	64	62	23	86	580	109	689
2041	65	107	94	191	63	62	22	87	583	109	692
2042	65	106	94	192	63	62	22	88	583	110	692
2043	65	106	93	194	63	62	21	89	583	110	693
2044	65	106	93	195	63	63	21	89	584	110	694
2045	65	105	94	195	63	63	20	90	584	110	695
2046	65	104	94	196	63	63	20	90	585	110	695
2047	65	104	94	197	64	62	20	91	587	110	697
2048	65	104	94	197	64	62	20	91	586	110	696
2049	65	103	94	197	65	61	19	90	586	110	696
2050	65	103	94	197	66	61	19	90	586	110	695

[a] Annual figures represent the sum of: (1) terminations from current-payment status due to death during the year; and (2) the number of persons during the year moving out of payment status into suspended status less those returning to payment status from suspended status.

[b] Historical totals estimated based on 1-percent sample data prior to 1993, 10-percent sample data for 1993-2006, and 100-percent data after 2006.

[c] Terminations for 2012 reflect the reclassification of about 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over the administration of its State Supplementation program.

[d] Terminations for 2014 reflect the decision of the State of New York to take over the administration of its State supplementation program.

[e] Preliminary and subject to revision.

Notes:

1. Components may not sum to totals because of rounding.

2. The historical split among age groups is estimated on a calendar year of age basis.

3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.B6.—SSI Recipients with Federal Payments in Current-Payment Status as of December, 1975-2050
[In thousands]

	Blind or disabled, by age group						Aged, by age group		Totals		
Year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	106	395	352	838	164	14	963	1,062	1,869	2,025	3,893
1980	188	500	351	750	342	17	609	925	2,149	1,533	3,682
1985	226	634	426	717	402	72	462	860	2,477	1,322	3,799
1990	306	788	677	840	389	156	508	749	3,156	1,257	4,412
1991	395	833	769	897	390	166	542	736	3,451	1,279	4,730
1992	555	920	877	970	402	173	577	727	3,898	1,304	5,202
1993	721	990	979	1,034	410	179	604	720	4,312	1,324	5,636
1994	839	1,032	1,071	1,089	425	182	610	716	4,638	1,326	5,965
1995	915	1,058	1,150	1,134	435	188	601	713	4,880	1,315	6,194
1996	954	1,066	1,198	1,176	444	192	586	711	5,029	1,296	6,326
1997	878	1,039	1,196	1,198	457	193	547	704	4,960	1,251	6,212
1998	885	1,038	1,238	1,243	464	197	521	705	5,063	1,226	6,289
1999	845	1,005	1,274	1,278	474	195	499	704	5,072	1,203	6,275
2000	844	994	1,303	1,313	484	196	483	703	5,134	1,186	6,320
2001	879	995	1,329	1,353	493	196	461	703	5,245	1,165	6,410
2002	912	1,002	1,344	1,394	502	200	447	705	5,354	1,152	6,505
2003	956	1,023	1,353	1,436	511	204	430	703	5,482	1,133	6,614
2004	990	1,044	1,350	1,476	515	208	412	699	5,584	1,111	6,695
2005	1,034	1,065	1,347	1,523	522	215	408	705	5,706	1,113	6,819
2006	1,076	1,095	1,334	1,575	529	220	405	704	5,830	1,109	6,939
2007	1,119	1,124	1,316	1,634	540	228	397	704	5,960	1,101	7,061
2008	1,151	1,173	1,306	1,704	550	234	396	704	6,119	1,100	7,219
2009	1,198	1,229	1,302	1,793	559	241	396	704	6,322	1,101	7,423
2010	1,238	1,294	1,307	1,900	566	251	394	704	6,557	1,099	7,656
2011	1,276	1,345	1,305	2,002	577	260	398	703	6,765	1,101	7,866
2012[a]	1,311	1,381	1,287	2,089	608	278	391	694	6,955	1,085	8,040
2013	1,321	1,400	1,263	2,161	624	287	398	689	7,056	1,087	8,144
2014	1,299	1,398	1,226	2,206	643	296	404	690	7,068	1,094	8,162
2015	1,266	1,386	1,191	2,234	661	303	412	689	7,041	1,101	8,142
2016	1,212	1,367	1,158	2,247	684	311	421	688	6,979	1,109	8,088
2017	1,182	1,347	1,133	2,253	712	319	431	691	6,945	1,122	8,067
2018	1,147	1,316	1,099	2,231	739	324	429	688	6,857	1,117	7,974
2019	1,131	1,301	1,075	2,208	768	330	428	687	6,813	1,115	7,928
2020	1,108	1,294	1,049	2,155	794	330	411	676	6,731	1,087	7,818
2021	1,037	1,247	1,009	2,056	814	331	403	666	6,494	1,069	7,564
2022	996	1,211	982	1,954	839	338	414	675	6,319	1,089	7,408
2023	982	1,178	960	1,854	862	345	423	687	6,182	1,111	7,292
2024	1,002	1,165	952	1,789	888	355	434	705	6,151	1,139	7,290
2025	1,015	1,145	946	1,730	913	366	430	721	6,114	1,150	7,265
Projected:											
2026	1,026	1,111	952	1,677	933	374	419	723	6,075	1,141	7,216
2027	1,041	1,101	972	1,657	952	387	407	729	6,111	1,136	7,247
2028	1,048	1,087	985	1,633	964	401	398	736	6,118	1,133	7,251
2029	1,056	1,079	998	1,609	973	415	390	743	6,131	1,133	7,264
2030	1,060	1,077	1,009	1,597	972	430	385	751	6,146	1,137	7,282
2031	1,066	1,078	1,019	1,593	961	446	378	762	6,164	1,140	7,304
2032	1,071	1,083	1,031	1,596	946	463	371	773	6,189	1,145	7,334
2033	1,072	1,088	1,043	1,599	930	479	367	785	6,211	1,151	7,363
2034	1,071	1,093	1,053	1,601	916	495	363	796	6,228	1,159	7,387
2035	1,068	1,096	1,061	1,602	906	510	361	808	6,242	1,170	7,412
2036	1,066	1,104	1,068	1,615	889	524	362	821	6,266	1,183	7,448
2037	1,058	1,113	1,072	1,633	868	536	359	832	6,279	1,191	7,470
2038	1,050	1,122	1,073	1,657	844	546	353	843	6,293	1,196	7,490
2039	1,044	1,130	1,071	1,683	823	556	347	853	6,307	1,200	7,507
2040	1,042	1,132	1,067	1,712	807	560	341	860	6,321	1,201	7,522
2041	1,047	1,125	1,072	1,743	796	561	337	866	6,344	1,203	7,547
2042	1,047	1,129	1,065	1,764	792	560	331	870	6,357	1,201	7,558
2043	1,047	1,126	1,067	1,781	789	559	325	873	6,369	1,198	7,567
2044	1,048	1,122	1,070	1,793	790	558	318	876	6,380	1,194	7,574
2045	1,050	1,117	1,072	1,799	793	559	309	881	6,391	1,190	7,580
2046	1,053	1,113	1,075	1,807	798	556	302	882	6,402	1,184	7,587
2047	1,059	1,111	1,079	1,815	808	551	300	881	6,423	1,181	7,604
2048	1,061	1,107	1,080	1,822	819	543	298	876	6,432	1,174	7,607
2049	1,063	1,102	1,082	1,828	829	537	297	871	6,441	1,168	7,608
2050	1,065	1,097	1,082	1,833	841	531	296	865	6,447	1,161	7,608

[a] Number of recipients in 2012 reflects the reclassification of around 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over administration of its State Supplementation program.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.B7.—Federal SSI Prevalence Rates, as of December, 1975-2050
[Percentage]

	Blind or disabled, by age group						Aged, by age group		Totals		
Year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled[a]	Aged[b]	All[c]
Historical data:											
1975	0.15	0.63	0.97	2.51	1.14	0.15	6.69	11.33	0.83	8.52	1.73
1980	.29	.70	.91	2.19	2.14	.16	3.80	8.64	.91	5.74	1.56
1985	.35	.87	.93	2.11	2.33	.58	2.68	7.01	1.00	4.47	1.53
1990	.46	1.08	1.24	2.48	2.10	1.12	2.75	5.40	1.21	3.89	1.69
1991	.58	1.16	1.36	2.63	2.09	1.17	2.90	5.19	1.31	3.89	1.79
1992	.80	1.29	1.51	2.79	2.13	1.19	3.05	5.00	1.46	3.90	1.95
1993	1.02	1.40	1.64	2.92	2.15	1.21	3.17	4.85	1.60	3.91	2.09
1994	1.18	1.48	1.75	3.02	2.22	1.20	3.19	4.73	1.70	3.87	2.19
1995	1.27	1.53	1.82	3.10	2.28	1.21	3.15	4.60	1.77	3.80	2.25
1996	1.32	1.55	1.86	3.11	2.33	1.21	3.07	4.48	1.81	3.71	2.27
1997	1.21	1.52	1.84	3.04	2.41	1.19	2.89	4.34	1.77	3.56	2.21
1998	1.21	1.52	1.88	3.04	2.46	1.19	2.77	4.26	1.79	3.47	2.22
1999	1.15	1.48	1.91	3.02	2.53	1.16	2.67	4.18	1.77	3.38	2.19
2000	1.15	1.45	1.94	3.00	2.59	1.15	2.59	4.11	1.78	3.32	2.19
2001	1.19	1.45	1.97	2.98	2.65	1.13	2.48	4.05	1.80	3.24	2.20
2002	1.23	1.45	1.99	2.96	2.69	1.13	2.39	4.00	1.82	3.18	2.21
2003	1.28	1.47	2.00	2.95	2.71	1.14	2.28	3.95	1.85	3.09	2.23
2004	1.32	1.49	2.00	2.93	2.71	1.15	2.17	3.87	1.86	3.00	2.23
2005	1.37	1.51	1.99	2.92	2.70	1.18	2.11	3.86	1.88	2.96	2.25
2006	1.42	1.54	1.97	2.92	2.68	1.19	2.05	3.82	1.90	2.90	2.26
2007	1.47	1.57	1.96	2.94	2.64	1.22	1.94	3.78	1.93	2.82	2.28
2008	1.51	1.63	1.98	3.00	2.59	1.25	1.86	3.76	1.97	2.75	2.32
2009	1.57	1.69	1.99	3.07	2.55	1.28	1.81	3.73	2.01	2.70	2.37
2010	1.62	1.76	2.02	3.15	2.52	1.32	1.76	3.69	2.07	2.64	2.42
2011	1.68	1.81	2.04	3.26	2.45	1.35	1.69	3.65	2.12	2.57	2.47
2012[d]	1.73	1.84	2.03	3.36	2.44	1.43	1.57	3.56	2.17	2.45	2.51
2013	1.74	1.85	2.01	3.42	2.40	1.45	1.53	3.48	2.18	2.37	2.52
2014	1.71	1.83	1.95	3.44	2.36	1.48	1.48	3.44	2.17	2.31	2.50
2015	1.66	1.81	1.88	3.45	2.33	1.49	1.45	3.38	2.14	2.26	2.47
2016	1.59	1.77	1.82	3.46	2.31	1.50	1.42	3.31	2.10	2.20	2.44
2017	1.55	1.74	1.77	3.47	2.32	1.49	1.40	3.23	2.08	2.15	2.41
2018	1.51	1.70	1.71	3.43	2.33	1.47	1.35	3.12	2.04	2.08	2.37
2019	1.50	1.68	1.67	3.40	2.32	1.46	1.30	3.04	2.02	2.00	2.35
2020	1.48	1.68	1.63	3.32	2.33	1.44	1.20	2.95	1.99	1.90	2.31
2021	1.39	1.61	1.56	3.18	2.34	1.39	1.16	2.80	1.91	1.82	2.23
2022	1.34	1.55	1.51	3.05	2.37	1.35	1.17	2.70	1.85	1.80	2.17
2023	1.33	1.50	1.45	2.92	2.39	1.32	1.17	2.63	1.79	1.79	2.12
2024	1.36	1.47	1.41	2.84	2.41	1.30	1.18	2.59	1.77	1.78	2.10
2025	1.39	1.45	1.38	2.78	2.43	1.29	1.15	2.55	1.76	1.75	2.09
Projected:											
2026	1.42	1.42	1.38	2.72	2.45	1.27	1.10	2.45	1.74	1.69	2.07
2027	1.46	1.41	1.40	2.71	2.48	1.26	1.06	2.38	1.75	1.64	2.08
2028	1.48	1.40	1.41	2.69	2.49	1.26	1.03	2.31	1.75	1.60	2.07
2029	1.49	1.39	1.42	2.66	2.50	1.25	1.00	2.24	1.75	1.57	2.07
2030	1.51	1.39	1.43	2.63	2.50	1.25	.99	2.19	1.75	1.55	2.07
2031	1.52	1.39	1.44	2.61	2.49	1.26	.98	2.14	1.75	1.54	2.07
2032	1.54	1.39	1.46	2.60	2.47	1.26	.97	2.10	1.75	1.53	2.07
2033	1.54	1.40	1.47	2.59	2.45	1.26	.97	2.07	1.75	1.52	2.07
2034	1.55	1.40	1.48	2.59	2.43	1.27	.96	2.04	1.75	1.51	2.07
2035	1.54	1.41	1.49	2.58	2.41	1.27	.96	2.02	1.74	1.51	2.07
2036	1.54	1.42	1.50	2.59	2.38	1.28	.97	2.00	1.75	1.51	2.07
2037	1.53	1.43	1.50	2.59	2.35	1.28	.97	1.99	1.74	1.51	2.07
2038	1.51	1.45	1.50	2.60	2.32	1.28	.97	1.97	1.74	1.51	2.07
2039	1.50	1.47	1.50	2.61	2.29	1.28	.96	1.97	1.74	1.51	2.07
2040	1.49	1.48	1.49	2.61	2.26	1.28	.96	1.96	1.74	1.51	2.07
2041	1.48	1.48	1.50	2.62	2.24	1.27	.95	1.96	1.74	1.51	2.07
2042	1.48	1.50	1.48	2.63	2.23	1.26	.93	1.96	1.74	1.50	2.07
2043	1.47	1.50	1.48	2.63	2.22	1.25	.91	1.96	1.74	1.49	2.07
2044	1.46	1.51	1.48	2.63	2.21	1.24	.89	1.95	1.74	1.48	2.06
2045	1.46	1.51	1.48	2.63	2.21	1.23	.86	1.94	1.74	1.47	2.06
2046	1.46	1.51	1.48	2.64	2.22	1.22	.84	1.94	1.74	1.45	2.06
2047	1.46	1.51	1.49	2.65	2.22	1.21	.82	1.93	1.74	1.44	2.06
2048	1.46	1.51	1.49	2.65	2.21	1.20	.81	1.93	1.74	1.42	2.06
2049	1.46	1.51	1.49	2.65	2.21	1.18	.79	1.92	1.74	1.41	2.05
2050	1.45	1.51	1.48	2.65	2.21	1.17	.78	1.91	1.74	1.39	2.05

[a] Blind or disabled recipients as a percentage of the total Social Security area population.
[b] Aged recipients as a percentage of the 65 or older Social Security area population.
[c] Total recipients as a percentage of the total Social Security area population. Totals do not equal sums of components due to overlapping populations.
[d] Prevalence rates in 2012 reflect the reclassification of around 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over administration of its State Supplementation program.

Note: A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.B8.—SSI Recipients with Federally Administered State Supplementation Payments Only, in Current-Payment Status as of December, 1975-2050

[In thousands]

	Blind or disabled, by age group						Aged, by age group		Totals		
Year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	1	15	25	74	21	2	144	138	139	282	421
1980	2	20	26	82	52	2	112	162	185	274	460
1985	1	21	28	53	45	8	67	115	157	182	339
1990	2	31	54	60	44	17	82	116	208	197	405
1991	2	29	54	59	42	17	78	108	203	186	389
1992	2	29	55	59	37	16	70	97	197	167	364
1993	2	29	58	59	34	15	64	88	197	151	348
1994	2	28	59	56	32	14	59	81	192	139	331
1995	3	25	59	56	32	14	54	77	188	131	320
1996	2	21	54	53	29	13	49	68	172	116	288
1997	2	20	55	54	29	13	46	65	172	111	283
1998	2	18	54	55	28	13	43	63	171	106	277
1999	2	18	57	58	28	13	43	62	177	105	282
2000	2	17	57	60	29	13	42	61	179	103	282
2001	2	17	56	62	29	12	41	59	179	100	278
2002	3	17	57	64	30	12	42	58	183	100	283
2003	3	18	58	67	30	12	42	58	188	100	288
2004	3	18	58	70	31	12	43	58	193	100	293
2005	3	18	56	73	31	12	44	58	193	102	295
2006	3	18	55	76	32	12	45	58	194	103	297
2007	2	18	53	77	32	12	46	57	195	103	298
2008	3	18	52	80	34	12	46	57	198	103	301
2009	2	16	43	69	29	11	38	48	168	85	254
2010	2	16	42	71	29	11	37	48	171	85	257
2011	2	16	39	70	29	11	35	45	166	81	246
2012[a]	1	14	34	64	28	11	31	40	152	71	223
2013	1	13	32	64	29	11	30	39	150	70	220
2014[b]	1	10	23	50	23	9	26	32	116	58	174
2015	1	9	21	48	23	9	25	31	111	56	167
2016	1	9	19	46	23	9	24	31	108	55	163
2017	1	8	19	45	24	9	23	31	106	54	161
2018	1	8	17	43	24	9	22	31	102	53	155
2019	1	7	16	39	24	9	21	30	97	51	149
2020	1	7	15	36	25	9	20	30	93	49	142
2021	1	6	13	32	24	9	18	28	86	46	132
2022	1	6	13	31	25	10	20	29	85	49	134
2023	1	6	12	29	25	10	20	30	83	50	133
2024	1	6	12	27	25	10	21	31	83	51	134
2025	1	6	12	25	25	10	19	29	80	48	127
Projected:											
2026	1	6	12	25	24	10	19	29	80	49	128
2027	1	6	13	26	25	11	20	30	82	50	132
2028	1	6	14	27	25	11	20	31	84	51	135
2029	1	6	14	27	25	11	20	32	84	52	137
2030	1	6	14	27	25	11	20	33	85	53	138
2031	1	6	15	27	25	12	20	34	85	54	139
2032	1	6	15	27	25	12	20	35	86	55	140
2033	1	6	15	27	24	12	20	36	86	55	141
2034	1	6	15	27	24	13	19	36	86	56	142
2035	1	6	15	27	24	13	19	37	86	57	143
2036	1	6	15	27	24	13	19	38	87	57	144
2037	1	6	15	28	23	14	19	39	87	58	145
2038	1	6	15	28	22	14	19	39	87	58	145
2039	1	6	15	28	22	14	19	40	87	58	145
2040	1	6	15	29	21	14	18	40	87	58	145
2041	1	6	15	30	21	14	18	40	87	58	146
2042	1	6	15	30	21	14	18	41	87	58	146
2043	1	6	15	30	21	14	17	41	88	58	146
2044	1	6	15	30	21	14	17	41	88	58	146
2045	1	6	15	31	21	14	17	41	88	58	146
2046	1	6	15	31	21	14	16	41	88	57	146
2047	1	6	15	31	21	14	16	41	89	57	146
2048	1	6	15	31	22	14	16	41	89	57	145
2049	1	6	15	31	22	13	16	40	89	56	145
2050	1	6	15	31	22	13	16	40	89	56	145

[a] Number of recipients in 2012 reflects the decision of the State of Massachusetts to take over the administration of its State supplementation program.

[b] Number of recipients in 2014 reflects the decision of the State of New York to take over the administration of its State supplementation program.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.B9.—SSI Recipients with Federally Administered Payments in Current-Payment Status as of December, 1975-2050

[In thousands]

	Blind or disabled, by age group						Aged, by age group		Totals		
Year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	107	410	378	911	185	16	1,107	1,200	2,007	2,307	4,314
1980	190	521	377	833	393	20	721	1,086	2,334	1,808	4,142
1985	227	655	454	769	447	80	530	975	2,634	1,504	4,138
1990	309	819	731	900	432	172	589	865	3,363	1,454	4,817
1991	397	863	823	956	432	183	620	845	3,654	1,465	5,118
1992	556	949	932	1,029	440	189	647	824	4,095	1,471	5,566
1993	723	1,019	1,036	1,093	445	194	667	808	4,509	1,475	5,984
1994	841	1,060	1,130	1,146	457	196	669	797	4,830	1,466	6,296
1995	917	1,083	1,209	1,190	467	202	656	790	5,068	1,446	6,514
1996	955	1,087	1,252	1,229	472	205	634	778	5,201	1,413	6,614
1997	880	1,059	1,251	1,252	486	205	593	770	5,133	1,362	6,495
1998	887	1,056	1,292	1,298	492	209	564	768	5,234	1,332	6,566
1999	847	1,024	1,331	1,336	503	208	543	765	5,249	1,308	6,557
2000	847	1,011	1,360	1,373	513	209	525	764	5,312	1,289	6,602
2001	882	1,012	1,385	1,415	522	209	502	762	5,424	1,264	6,688
2002	915	1,019	1,401	1,458	532	212	489	763	5,536	1,252	6,788
2003	959	1,040	1,410	1,503	541	216	471	761	5,670	1,233	6,902
2004	993	1,062	1,408	1,546	546	221	455	756	5,777	1,211	6,988
2005	1,036	1,083	1,404	1,596	553	228	452	763	5,900	1,214	7,114
2006	1,079	1,113	1,388	1,651	560	232	450	762	6,024	1,212	7,236
2007	1,121	1,142	1,369	1,711	572	240	443	761	6,155	1,205	7,360
2008	1,154	1,191	1,358	1,784	584	246	442	761	6,317	1,203	7,521
2009	1,200	1,244	1,345	1,862	588	252	434	752	6,491	1,186	7,677
2010	1,239	1,311	1,350	1,971	595	262	432	752	6,728	1,184	7,912
2011.....	1,277	1,361	1,344	2,072	606	271	434	748	6,931	1,182	8,113
2012[a]	1,312	1,395	1,321	2,154	637	289	422	734	7,107	1,156	8,263
2013	1,322	1,414	1,295	2,226	653	298	429	728	7,206	1,157	8,363
2014[b]	1,300	1,408	1,249	2,256	666	305	430	722	7,184	1,152	8,336
2015	1,267	1,395	1,212	2,282	684	312	437	721	7,152	1,157	8,310
2016	1,213	1,375	1,177	2,293	708	320	445	720	7,087	1,165	8,251
2017	1,183	1,355	1,151	2,299	736	328	454	722	7,051	1,176	8,228
2018	1,148	1,324	1,116	2,274	764	334	451	718	6,960	1,169	8,129
2019	1,132	1,308	1,091	2,248	793	339	449	717	6,910	1,167	8,077
2020	1,109	1,301	1,064	2,191	819	340	431	705	6,824	1,136	7,960
2021	1,038	1,253	1,023	2,088	838	340	421	694	6,580	1,116	7,696
2022	997	1,217	995	1,984	864	348	434	704	6,404	1,138	7,542
2023	983	1,184	973	1,882	887	356	444	717	6,265	1,161	7,425
2024	1,003	1,171	965	1,816	913	365	454	736	6,233	1,191	7,424
2025	1,016	1,151	958	1,755	938	377	448	750	6,194	1,198	7,392
Projected:											
2026	1,027	1,117	965	1,703	958	385	438	752	6,155	1,190	7,345
2027	1,042	1,107	986	1,684	976	398	427	760	6,193	1,187	7,379
2028	1,049	1,093	999	1,659	989	411	418	767	6,202	1,185	7,386
2029	1,057	1,085	1,012	1,636	999	426	410	775	6,216	1,185	7,401
2030	1,061	1,083	1,023	1,624	997	442	405	784	6,231	1,190	7,420
2031	1,067	1,084	1,034	1,620	987	458	398	795	6,250	1,194	7,444
2032	1,072	1,089	1,045	1,624	970	475	391	808	6,275	1,200	7,475
2033	1,073	1,094	1,058	1,626	955	491	386	820	6,297	1,207	7,504
2034	1,072	1,099	1,068	1,628	940	507	383	832	6,314	1,215	7,529
2035	1,069	1,102	1,076	1,630	929	523	381	846	6,329	1,226	7,555
2036	1,067	1,110	1,084	1,643	913	537	381	859	6,353	1,240	7,593
2037	1,059	1,119	1,087	1,661	891	550	378	871	6,366	1,249	7,615
2038	1,051	1,129	1,088	1,685	867	560	372	882	6,380	1,255	7,635
2039	1,045	1,136	1,086	1,712	845	570	365	893	6,394	1,258	7,652
2040	1,043	1,138	1,083	1,741	828	575	359	900	6,408	1,259	7,668
2041	1,048	1,131	1,088	1,772	817	575	355	906	6,432	1,261	7,693
2042	1,048	1,135	1,080	1,794	813	574	349	910	6,445	1,259	7,704
2043	1,048	1,132	1,082	1,811	810	573	343	913	6,457	1,256	7,713
2044	1,049	1,128	1,085	1,824	811	572	335	917	6,468	1,252	7,720
2045	1,051	1,123	1,088	1,830	814	572	325	922	6,479	1,247	7,726
2046	1,054	1,120	1,090	1,837	819	570	318	923	6,490	1,242	7,732
2047	1,060	1,117	1,095	1,846	830	564	316	922	6,511	1,238	7,749
2048	1,062	1,113	1,096	1,853	840	557	314	917	6,521	1,231	7,752
2049	1,064	1,108	1,097	1,859	851	550	313	911	6,530	1,224	7,754
2050	1,066	1,103	1,097	1,864	863	544	312	905	6,537	1,217	7,753

[a] Number of recipients in 2012 reflects the decision of the State of Massachusetts to take over the administration of its State supplementation program. This change in the administration of State supplementation payments resulted in a reclassification of around 23,000 Federal recipients from the aged to the blind or disabled category.

[b] Number of recipients in 2014 reflects the decision of the State of New York to take over the administration of its State supplementation program.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

C. FEDERAL PAYMENTS UNDER SSI

To project future amounts of Federal program expenditures under SSI, average payments are projected using the Federal benefit rates (table IV.A2) adjusted to account for other actual or deemed income, marital status, and living arrangements. These actual payment levels are combined with the projected numbers of persons receiving Federal SSI payments to generate projections of the total amounts of Federal SSI payments. Table IV.C1 shows historical amounts of such payments by calendar year in current, or nominal, dollars. These payment amounts are presented on a payment-date basis, which is consistent with the concepts used to define SSI obligations for the Federal Budget. As a result, for months after January 1978, when SSI payments are due on the first of the month and the first of the month falls on a weekend or Federal holiday, these payments are made in the previous month.[1]

Table IV.C1.—SSI Federal Payments in Current Dollars,[a] Calendar Years 1975-2026
[In millions]

Calendar year	Blind or disabled, by age group						Aged, by age group		Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1975	$128	$537	$499	$1,099	$190	$17	$812	$1,031	$2,471	$1,843	$4,314
1980	397	931	731	1,420	544	28	642	1,230	4,051	1,872	5,923
1985	744	1,717	1,254	1,923	824	158	705	1,484	6,620	2,189	8,809
1990	1,219	2,667	2,403	2,788	956	401	995	1,514	10,434	2,509	12,943
1991	1,729	3,122	2,962	3,292	1,040	453	1,183	1,627	12,597	2,810	15,407
1992	3,223	3,916	3,560	3,755	1,100	476	1,318	1,677	16,031	2,995	19,026
1993	3,911	4,447	4,179	4,187	1,194	507	1,495	1,757	18,425	3,252	21,677
1994	4,194	4,495	4,663	4,527	1,258	531	1,585	1,810	19,668	3,395	23,063
1995	4,674	4,772	5,161	4,886	1,340	558	1,618	1,897	21,392	3,515	24,906
1996	4,966	5,002	5,601	5,289	1,417	585	1,664	1,977	22,860	3,641	26,501
1997	4,927	5,012	5,587	5,421	1,487	607	1,589	2,046	23,040	3,635	26,675
1998	4,978	5,121	5,940	5,788	1,566	631	1,545	2,126	24,024	3,671	27,695
1999	4,858	5,115	6,207	6,045	1,631	647	1,508	2,202	24,502	3,710	28,212
2000	4,812	5,123	6,413	6,280	1,703	668	1,486	2,293	24,999	3,779	28,778
2001	5,128	5,355	6,829	6,768	1,822	705	1,486	2,438	26,608	3,924	30,532
2002	5,379	5,483	7,063	7,114	1,894	729	1,449	2,504	27,663	3,953	31,616
2003	5,714	5,714	7,260	7,513	1,969	762	1,423	2,585	28,932	4,008	32,941
2004	6,066	5,951	7,402	7,924	2,038	799	1,382	2,641	30,179	4,023	34,202
2005	6,522	6,285	7,646	8,413	2,132	862	1,372	2,764	31,859	4,136	35,995
2006	6,947	6,656	7,760	8,944	2,236	924	1,412	2,896	33,467	4,308	37,775
2007	7,346	7,067	7,871	9,539	2,333	981	1,406	2,970	35,137	4,376	39,514
2008[b]	7,824	7,624	8,172	10,389	2,462	1,052	1,436	3,081	37,522	4,517	42,040
2009[b]	8,635	8,493	8,618	11,556	2,644	1,153	1,528	3,277	41,099	4,805	45,904
2010	9,020	9,013	8,735	12,283	2,689	1,213	1,521	3,294	42,953	4,815	47,767
2011	9,313	9,379	8,658	12,870	2,739	1,267	1,520	3,291	44,226	4,811	49,038
2012	9,879	9,921	8,756	13,833	2,979	1,417	1,534	3,383	46,785	4,917	51,703
2013	10,171	10,256	8,723	14,593	3,128	1,508	1,592	3,431	48,379	5,023	53,402
2014	10,217	10,386	8,532	15,046	3,264	1,579	1,650	3,478	49,025	5,128	54,153
2015	10,136	10,461	8,413	15,484	3,425	1,659	1,706	3,543	49,577	5,250	54,827
2016	9,789	10,362	8,222	15,685	3,551	1,709	1,764	3,553	49,317	5,317	54,634
2017	9,508	10,257	8,132	15,899	3,714	1,764	1,796	3,578	49,274	5,374	54,648
2018	9,380	10,248	8,099	16,158	3,956	1,837	1,847	3,636	49,678	5,484	55,161
2019	9,415	10,381	8,135	16,462	4,243	1,927	1,900	3,735	50,563	5,635	56,198
2020	9,356	10,486	8,044	16,322	4,483	1,991	1,900	3,784	50,682	5,683	56,365
2021	9,017	10,368	7,857	15,796	4,695	2,039	1,864	3,787	49,772	5,652	55,424
2022	9,140	10,656	8,095	15,882	5,121	2,192	1,980	4,025	51,086	6,005	57,091
2023	9,747	11,261	8,628	16,381	5,716	2,421	2,212	4,420	54,155	6,632	60,787
2024	10,282	11,563	8,985	16,529	6,094	2,569	2,378	4,680	56,022	7,057	63,080
2025	10,895	11,823	9,154	16,495	6,448	2,714	2,502	4,962	57,530	7,464	64,994
2026[c]	11,223	11,778	9,453	16,491	6,817	2,864	2,533	5,125	58,626	7,658	66,285

[a] Total historical payments prior to 1975 agree with those presented in the *Annual Statistical Supplement to the Social Security Bulletin*. Total historical payments for 1980 are estimated.

[b] Payments for 2008 include $1.4 billion for SSI checks mailed in late December 2008, but reported by the Department of the Treasury in January 2009.

[c] Estimated.

Notes:

1.Components may not sum to totals because of rounding.

2. The historical split among age groups is estimated on a calendar year of age basis.

3. A complete table of historical values is available at www.ssa.gov/OACT/ssir/SSI26.

[1] Public Law 95-216, the Social Security Amendments of 1977, enacted December 20, 1977, requires that SSI payments, which are normally due on the first of the month, be delivered early when the normal delivery date falls on a Saturday, Sunday, or Federal holiday.

Based on this payment-date concept, payments in table IV.C1 differ from similar amounts in other SSA publications, such as the *Annual Statistical Supplement to the Social Security Bulletin*, in two main ways. First, tabulations of payments in the *Annual Statistical Supplement* group payments by the month the payment is due, while table IV.C1 groups payments by the month in which the payments are made. In particular, since January 1 of each year is a Federal holiday, SSI payments due on January 1 of years 1979 and later are actually paid in December of the previous year. For example, the calendar year 2025 payment amounts shown in table IV.C1 reflect payments made in January-December 2025, and include the payments due on January 1, 2026 (which were actually paid in December 2025), but not the payments due on January 1, 2025 (which were actually paid in December 2024). Second, beginning in 1991, SSI obligations as accounted for in the Federal Budget, and as displayed in this section and section IV.D of this report, are not reduced for certain recovered overpayments which are remitted directly to the Department of the Treasury. Tabulations in the *Annual Statistical Supplement* continue to report payment amounts that are reduced by such overpayment recoveries.

Table IV.C2.—SSI Federal Payments in Current Dollars, Fiscal Years 1980-2026
[In millions]

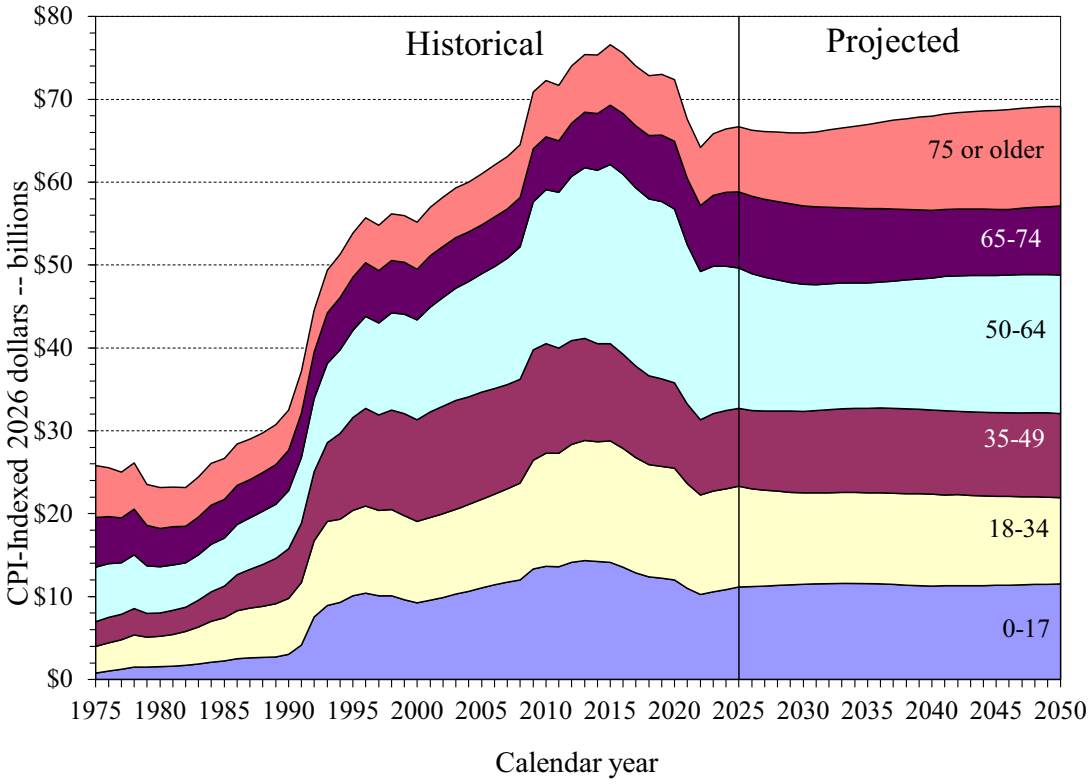
	Blind or disabled, by age group						Aged, by age group		Totals		
Fiscal year	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1980	$372	$877	$698	$1,360	$506	$26	$629	$1,184	$3,840	$1,813	$5,653
1985	718	1,667	1,216	1,899	825	140	696	1,490	6,466	2,186	8,652
1990[a]	1,045	2,384	2,117	2,483	870	358	881	1,382	9,257	2,264	11,521
1991	1,525	2,981	2,770	3,136	1,024	442	1,130	1,607	11,876	2,737	14,614
1992	2,693	3,629	3,397	3,650	1,088	472	1,279	1,673	14,929	2,952	17,881
1993	3,830	4,377	3,974	4,028	1,162	496	1,435	1,727	17,867	3,163	21,029
1994	4,352	4,770	4,863	4,749	1,325	561	1,682	1,922	20,620	3,603	24,223
1995[a]	4,575	4,713	5,034	4,811	1,324	553	1,616	1,882	21,010	3,497	24,507
1996[a]	4,553	4,592	5,119	4,822	1,295	536	1,527	1,810	20,917	3,337	24,254
1997	4,956	4,995	5,537	5,335	1,460	599	1,615	2,022	22,882	3,637	26,519
1998	4,940	5,094	5,840	5,686	1,545	625	1,556	2,102	23,729	3,658	27,387
1999	4,918	5,134	6,143	5,982	1,611	642	1,515	2,178	24,430	3,693	28,123
2000	5,175	5,503	6,834	6,681	1,807	711	1,615	2,437	26,710	4,052	30,763
2001[a]	4,620	4,871	6,179	6,112	1,656	645	1,368	2,220	24,083	3,588	27,671
2002	5,314	5,458	7,011	7,026	1,874	722	1,460	2,484	27,405	3,944	31,349
2003	5,584	5,623	7,185	7,373	1,942	750	1,433	2,556	28,456	3,989	32,445
2004	5,938	5,867	7,344	7,778	2,016	787	1,395	2,623	29,729	4,018	33,748
2005	6,887	6,666	8,168	8,908	2,265	905	1,480	2,929	33,800	4,409	38,208
2006[a]	6,832	6,560	7,739	8,813	2,207	908	1,404	2,863	33,060	4,267	37,327
2007[a]	6,659	6,427	7,207	8,630	2,135	895	1,297	2,731	31,952	4,028	35,981
2008	7,651	7,411	8,063	10,106	2,416	1,027	1,419	3,035	36,673	4,454	41,127
2009	8,389	8,241	8,493	11,208	2,598	1,126	1,505	3,233	40,056	4,737	44,793
2010	8,899	8,846	8,710	12,057	2,674	1,194	1,524	3,289	42,379	4,813	47,192
2011	9,939	9,981	9,354	13,651	2,921	1,340	1,637	3,531	47,186	5,168	52,354
2012[a]	8,986	9,042	8,076	12,548	2,699	1,276	1,409	3,111	42,626	4,521	47,147
2013	10,073	10,134	8,720	14,325	3,075	1,477	1,565	3,405	47,804	4,971	52,775
2014	10,211	10,344	8,588	14,887	3,218	1,554	1,630	3,457	48,803	5,088	53,891
2015	10,175	10,449	8,457	15,341	3,377	1,636	1,687	3,525	49,435	5,212	54,647
2016	10,671	11,187	8,914	16,828	3,777	1,820	1,887	3,820	53,197	5,707	58,904
2017[a]	9,556	10,273	8,146	15,824	3,670	1,749	1,786	3,568	49,216	5,355	54,571
2018[a]	8,702	9,489	7,506	14,884	3,603	1,684	1,692	3,352	45,868	5,044	50,913
2019	9,391	10,325	8,124	16,380	4,153	1,900	1,881	3,701	50,273	5,583	55,856
2020	9,383	10,436	8,082	16,406	4,407	1,971	1,908	3,773	50,685	5,681	56,366
2021	9,104	10,393	7,883	15,893	4,612	2,017	1,857	3,769	49,902	5,626	55,528
2022	9,781	11,353	8,626	17,031	5,359	2,303	2,089	4,243	54,451	6,331	60,782
2023[a]	9,599	11,143	8,517	16,306	5,595	2,375	2,161	4,337	53,534	6,498	60,031
2024[a]	9,320	10,600	8,211	15,170	5,550	2,344	2,143	4,262	51,196	6,405	57,600
2025	10,723	11,778	9,105	16,543	6,333	2,666	2,470	4,875	57,148	7,346	64,494
2026[b]	11,147	11,802	9,348	16,504	6,702	2,821	2,533	5,090	58,325	7,623	65,948

[a] Payment due on October 1 of fiscal year paid in previous fiscal year.
[b] Estimated.

Notes:
1.Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical values is available at www.ssa.gov/OACT/ssir/SSI26. Fiscal years prior to 1978 are omitted because SSI payment amounts are not readily available on a fiscal year basis for these years.

Table IV.C2 presents corresponding amounts of historical SSI outlays on a fiscal year basis in current dollars.[1] As with the calendar year figures, these fiscal year amounts are shown on a payment-date basis. Consequently, fiscal year totals may contain 11, 12, or 13 months of payments.[2]

Figure IV.C1.—SSI Federal Payments, by Age Group, in CPI-Indexed 2026 Dollars, Calendar Years 1975-2050
[In billions]



Changes in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W, referred to as "CPI" throughout this report)[3] directly affect SSI expenditures, because the Federal benefit rate is generally indexed to the CPI through annual cost-of-living adjustments (COLAs)[4]. Because of this indexing, price inflation contributes to increases in the total dollar amounts of Federal SSI expenditures over time. Table IV.C3 presents "constant 2026 dollar" values of total Federal SSI payments (values adjusted to remove from total expenditure growth the increases in the CPI) by calendar year, for both the historical period and the full 25-year projection period. This same information is presented as a graph in figure

[1] Fiscal years 1977 and later cover the 12-month period ending September 30. For example, fiscal year 2025 payments include payments made from October 1, 2024 through September 30, 2025.

[2] Public Law 95-216, the Social Security Amendments of 1977, enacted December 20, 1977, requires that SSI payments, which are normally due on the first of the month, be delivered early when the normal delivery date falls on a Saturday, Sunday, or Federal holiday. As such, fiscal year 1978 contained 13 months of payments. Generally, for fiscal years 1979 and later, if October 1 of:

a) the current, but not the succeeding, fiscal year falls on a weekend, there are 11 months of payments;

b) both the current and succeeding fiscal years falls on a weekday, there are 12 months of payments (i.e., all payments are made in the fiscal years in which they are due);

c) both the current and succeeding fiscal years falls on a weekend, there are 12 months of payments (i.e., both payments are made in the preceding fiscal year, respectively); and

d) the succeeding, but not current, fiscal year falls on a weekend, there are 13 months of payments.

[3] Historical values of the CPI are developed and published by the Bureau of Labor Statistics.

[4] The CPI is also used to index several other automatically adjusted amounts relevant to the SSI program.

IV.C1. The projections of the CPI are based on the intermediate economic assumptions of the 2026 OASDI Trustees Report. By adjusting the historical and projected total amounts of SSI expenditures to remove the change in the CPI, the resulting projected amounts reflect all other reasons for change, including changes in (1) the number of recipients; (2) the composition of the SSI recipient population by categorical eligibility, age, and sex; (3) the average SSI payment as a percentage of the Federal benefit rate due to distributional changes in marital status, living arrangements, and amounts of countable income; and (4) changes in the Federal benefit rate itself other than the changes from indexing to the CPI. Section D presents an additional perspective on Federal expenditures by examining the share of the total output of the U.S. economy (GDP) needed to support the SSI program.

The sharp increases in constant-dollar (CPI-indexed to 2026) Federal payments in the early 1990's seen in table IV.C3 are largely attributable to the increases in SSI child and young adult awards due to the Zebley decision. There was also an increase in this measure in the late 2000's primarily due to two reasons: (1) the combination of the spike in the average CPI for the third quarter of calendar year 2008, which caused the relatively large 5.8 percent benefit rate increase for 2009, and the subsequent drop in the average annual CPI for 2009 compared to 2008; and (2) the increase in numbers of disability applications and new entrants due to the 2007-2009 economic recession. After reaching a relative high point in the mid-2010's, the CPI-indexed dollar estimates generally declined through 2022, partially due to a combination of the reduced numbers of applications experienced during this period, including a sharp drop in 2021 due to the especially low number of applications received during the COVID-19 pandemic. The total amount of CPI-indexed Federal payments increased from 2022 to 2025 and is projected to decrease slightly through 2030 and then gradually increase throughout the remainder of the projection period. The long-term projected growth in the total Federal CPI-indexed payments is primarily attributable to the underlying growth in the SSI recipient population (table IV.B4).

Table IV.C3.—SSI Federal Payments in CPI-Indexed 2026 Dollars, Calendar Years 1975-2050
[Payment amounts in millions]

Calendar year	Adjusted[a] CPI	Blind or disabled, by age group						Aged, by age group		Totals		
		0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:												
1975	16.71	$769	$3,214	$2,986	$6,576	$1,137	$104	$4,861	$6,169	$14,786	$11,030	$25,817
1980	25.60	1,551	3,636	2,856	5,545	2,125	108	2,507	4,804	15,822	7,311	23,133
1985	33.02	2,253	5,200	3,798	5,826	2,497	479	2,135	4,495	20,052	6,630	26,682
1990	39.84	3,060	6,693	6,031	6,998	2,400	1,007	2,497	3,801	26,188	6,298	32,487
1991	41.48	4,168	7,526	7,142	7,936	2,506	1,092	2,853	3,922	30,372	6,775	37,146
1992	42.68	7,551	9,175	8,342	8,798	2,578	1,115	3,088	3,930	37,558	7,018	44,576
1993	43.89	8,912	10,132	9,523	9,540	2,721	1,155	3,407	4,003	41,983	7,410	49,394
1994	44.97	9,327	9,996	10,370	10,066	2,798	1,181	3,525	4,024	43,738	7,550	51,287
1995	46.26	10,104	10,314	11,156	10,561	2,897	1,206	3,498	4,099	46,238	7,597	53,835
1996	47.59	10,433	10,509	11,769	11,113	2,978	1,230	3,495	4,154	48,033	7,650	55,683
1997	48.67	10,122	10,296	11,479	11,137	3,056	1,247	3,265	4,203	47,337	7,468	54,805
1998	49.32	10,094	10,382	12,042	11,736	3,175	1,279	3,133	4,311	48,708	7,444	56,151
1999	50.40	9,637	10,148	12,315	11,994	3,235	1,283	2,992	4,368	48,612	7,360	55,973
2000	52.16	9,224	9,821	12,295	12,039	3,264	1,281	2,849	4,396	47,925	7,245	55,169
2001	53.58	9,570	9,994	12,745	12,631	3,401	1,316	2,774	4,549	49,657	7,323	56,980
2002	54.33	9,902	10,094	13,001	13,096	3,486	1,342	2,667	4,609	50,921	7,276	58,197
2003	55.53	10,290	10,289	13,074	13,530	3,546	1,373	2,563	4,655	52,103	7,218	59,321
2004	56.98	10,646	10,444	12,990	13,906	3,576	1,402	2,426	4,635	52,964	7,060	60,024
2005	58.99	11,056	10,654	12,962	14,262	3,615	1,461	2,326	4,686	54,009	7,012	61,021
2006	60.87	11,412	10,935	12,749	14,692	3,673	1,518	2,320	4,757	54,978	7,077	62,055
2007	62.62	11,731	11,285	12,570	15,233	3,725	1,567	2,245	4,743	56,110	6,988	63,098
2008[b]	65.18	12,004	11,696	12,537	15,939	3,777	1,614	2,204	4,727	57,566	6,930	64,496
2009[b]	64.74	13,338	13,118	13,311	17,850	4,083	1,781	2,360	5,062	63,482	7,421	70,903
2010	66.08	13,650	13,639	13,218	18,588	4,068	1,836	2,301	4,985	64,999	7,286	72,285
2011	68.43	13,610	13,705	12,653	18,808	4,002	1,851	2,221	4,810	64,629	7,031	71,660
2012	69.87	14,139	14,199	12,532	19,799	4,264	2,028	2,196	4,842	66,962	7,038	74,000
2013	70.82	14,361	14,481	12,317	20,604	4,417	2,129	2,248	4,845	68,308	7,092	75,401
2014	71.89	14,212	14,447	11,869	20,930	4,540	2,197	2,296	4,838	68,195	7,133	75,328
2015	71.59	14,157	14,612	11,751	21,628	4,784	2,317	2,384	4,949	69,249	7,332	76,582
2016	72.29	13,541	14,333	11,373	21,697	4,912	2,364	2,440	4,915	68,219	7,355	75,574
2017	73.83	12,878	13,893	11,014	21,535	5,031	2,389	2,432	4,847	66,740	7,279	74,020
2018	75.71	12,389	13,536	10,697	21,341	5,225	2,427	2,440	4,803	65,615	7,243	72,857
2019	76.97	12,232	13,487	10,569	21,387	5,512	2,504	2,468	4,853	65,692	7,321	73,013
2020	77.90	12,010	13,460	10,325	20,952	5,754	2,555	2,438	4,857	65,057	7,295	72,352
2021	82.00	10,996	12,644	9,582	19,263	5,726	2,487	2,273	4,619	60,697	6,892	67,590
2022	88.94	10,277	11,981	9,102	17,857	5,758	2,464	2,227	4,525	57,438	6,752	64,190
2023	92.34	10,556	12,195	9,343	17,740	6,191	2,622	2,396	4,787	58,647	7,182	65,830
2024	94.98	10,825	12,174	9,460	17,402	6,416	2,704	2,503	4,927	58,980	7,430	66,410
2025	97.45	11,181	12,133	9,394	16,927	6,617	2,785	2,568	5,092	59,037	7,660	66,697
Projected:												
2026	100.00	11,223	11,778	9,453	16,491	6,817	2,864	2,533	5,125	58,626	7,658	66,285
2027	102.46	11,268	11,550	9,589	16,125	6,943	2,972	2,463	5,187	58,447	7,650	66,097
2028	104.92	11,364	11,343	9,690	15,815	7,037	3,090	2,418	5,271	58,338	7,688	66,026
2029	107.44	11,436	11,160	9,775	15,531	7,111	3,215	2,373	5,346	58,229	7,720	65,948
2030	110.02	11,488	11,041	9,824	15,312	7,110	3,350	2,357	5,450	58,125	7,806	65,932
2031	112.66	11,529	10,983	9,908	15,224	7,039	3,490	2,328	5,560	58,173	7,888	66,061
2032	115.36	11,578	10,964	9,990	15,208	6,933	3,641	2,299	5,693	58,315	7,991	66,306
2033	118.13	11,606	10,953	10,077	15,183	6,833	3,788	2,280	5,825	58,440	8,105	66,545
2034	120.97	11,596	10,951	10,142	15,155	6,744	3,935	2,269	5,948	58,523	8,217	66,739
2035	123.87	11,566	10,946	10,201	15,142	6,681	4,080	2,262	6,084	58,615	8,346	66,961
2036	126.84	11,532	10,965	10,245	15,224	6,568	4,214	2,275	6,220	58,749	8,495	67,244
2037	129.89	11,456	11,013	10,250	15,345	6,420	4,344	2,272	6,363	58,828	8,636	67,464
2038	133.00	11,371	11,058	10,237	15,527	6,256	4,454	2,252	6,497	58,902	8,750	67,652
2039	136.20	11,304	11,093	10,194	15,728	6,108	4,563	2,220	6,628	58,990	8,848	67,838
2040	139.46	11,276	11,064	10,138	15,946	5,997	4,634	2,192	6,736	59,055	8,928	67,983
2041	142.81	11,311	10,963	10,163	16,183	5,928	4,680	2,171	6,835	59,227	9,006	68,234
2042	146.24	11,321	10,961	10,079	16,341	5,905	4,708	2,147	6,922	59,314	9,069	68,383
2043	149.75	11,318	10,899	10,080	16,466	5,892	4,733	2,115	7,004	59,389	9,119	68,509
2044	153.34	11,327	10,823	10,081	16,535	5,900	4,760	2,071	7,083	59,425	9,155	68,580
2045	157.02	11,352	10,750	10,095	16,562	5,931	4,800	2,015	7,173	59,491	9,188	68,679
2046	160.79	11,387	10,686	10,107	16,601	5,976	4,813	1,976	7,239	59,570	9,214	68,784
2047	164.65	11,433	10,631	10,136	16,641	6,059	4,800	1,960	7,278	59,700	9,238	68,938
2048	168.60	11,472	10,578	10,140	16,678	6,147	4,772	1,961	7,299	59,787	9,259	69,046
2049	172.65	11,492	10,515	10,151	16,706	6,230	4,750	1,956	7,309	59,844	9,265	69,109
2050	176.79	11,507	10,450	10,140	16,728	6,328	4,728	1,954	7,313	59,881	9,267	69,148

[a] The "adjusted CPI" is the series of actual and projected CPI values indexed to 2026 (i.e., adjusted so that the value shown for 2026 is 100.00). Projections of the adjusted CPI are based on the intermediate economic assumptions of the 2026 OASDI Trustees Report.

[b] Payments for 2008 include $1.4 billion in current dollars for SSI checks mailed in late December 2008, but reported by the Department of the Treasury in January 2009.

Notes:

1. Components may not sum to totals because of rounding.

2. The historical split among age groups is estimated on a calendar year of age basis.

3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

Table IV.C4 presents historical SSI State supplementation payments that SSA administers for two broad recipient categories. These amounts are consistent with tabulations in the *Annual Statistical Supplement to the Social Security Bulletin.*

Table IV.C4.—SSI Federally Administered State Supplementation Payments in Current Dollars, Calendar Years 1975-2025

[In millions]

Calendar year	Aged	Blind or disabled	Total
1975	$674	$729	$1,403
1980	757	1,091	1,848
1985	694	1,278	1,973
1990	1,038	2,201	3,239
1991	999	2,232	3,231
1992	1,023	2,412	3,435
1993	934	2,336	3,270
1994	876	2,240	3,116
1995	864	2,253	3,118
1996	833	2,155	2,988
1997	824	2,090	2,913
1998	838	2,165	3,003
1999	921	2,380	3,301
2000	943	2,439	3,381
2001	956	2,505	3,460
2002	1,051	2,768	3,820
2003	1,098	2,906	4,005
2004	1,133	3,045	4,178
2005	1,128	3,050	4,178
2006	1,147	3,006	4,153
2007	1,187	3,133	4,320
2008	1,198	3,187	4,385
2009	1,070	2,894	3,964
2010	924	2,665	3,589
2011	895	2,626	3,521
2012	827	2,478	3,305
2013	821	2,454	3,275
2014	797	2,322	3,118
2015	715	1,916	2,631
2016	717	1,899	2,616
2017	734	1,916	2,650
2018	726	1,878	2,604
2019	719	1,843	2,562
2020	712	1,810	2,521
2021	686	1,728	2,414
2022	857	2,061	2,917
2023	949	2,208	3,157
2024	1,047	2,367	3,414
2025	1,054	2,350	3,405

Notes:

1. Components may not sum to totals because of rounding.

2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

D. FEDERAL SSI PAYMENTS AS A PERCENTAGE OF GROSS DOMESTIC PRODUCT

This section presents estimated annual SSI program expenditures as a percentage of gross domestic product (GDP), which provides an additional perspective to assess the cost of the program relative to the size of the national economy. The estimates in this section can be viewed as the estimated proportion of the total output of the U.S. economy needed to provide Federal SSI payments.

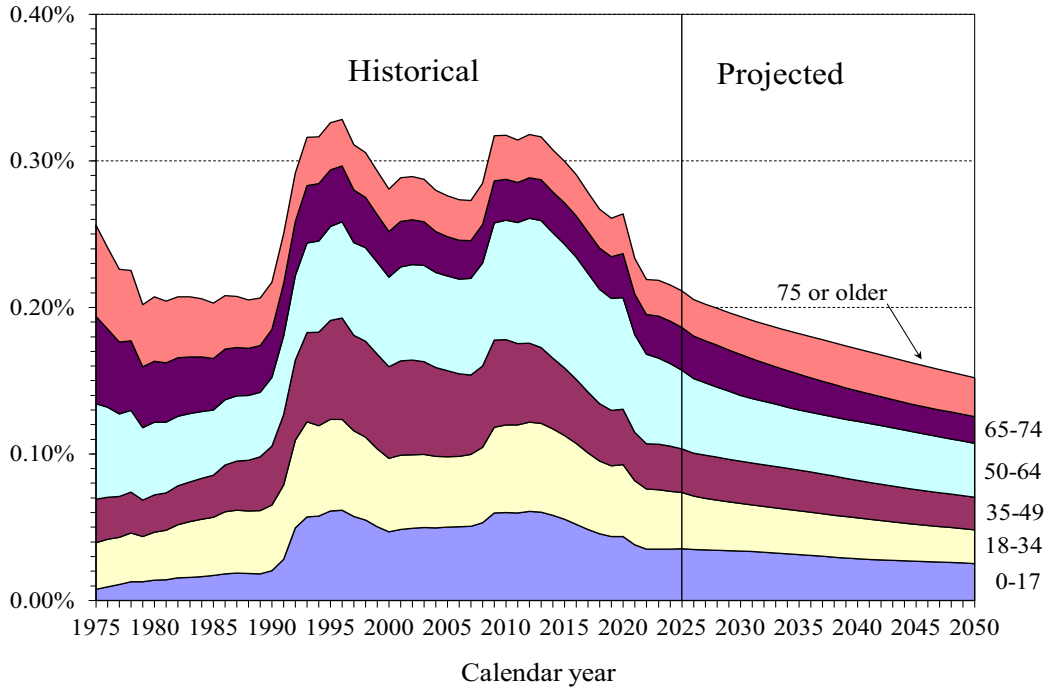
As table IV.D1 and figure IV.D1 show, during the early 1990s, total Federal SSI payments as a percentage of GDP grew rapidly (to 0.33 percent of GDP in 1996) due to a combination of factors (see section IV.B). Following legislation enacted in 1996[1], SSI expenditures decreased as a percentage of GDP beginning in 1997 and continued to decline through 2000.

Federal SSI payments as a share of GDP increased slightly after 2000, partly because of a slowdown in economic growth over that period, but declined gradually from 2002 to 2007 due to relatively slower growth in the number of SSI recipients. Beginning in 2007, however, this trend reversed due to an increase in program recipients and a temporary decline in real GDP during the economic recession that began in that year.

Federal SSI payments as a percentage of GDP has generally decreased since 2012 as the number of SSI recipients has declined and the economy has recovered and remained strong, excepting a decline in GDP in 2020 during a brief COVID-19 pandemic-related recession from which the economy recovered rapidly.

Federal SSI payments as a share of GDP is projected to continue this gradual downward trend throughout the projection period until it reaches 0.15 percent of GDP by 2050 due to the net effect of two factors. First, Federal SSI payments, after adjusting for growth in prices, are projected to grow roughly in line with the SSI recipient population (see section IV.C). Second, using the 2026 OASDI Trustees Report intermediate assumptions, the effect of the real growth in GDP is projected to be greater than the effect of projected increases in SSI recipients.

Figure IV.D1.—SSI Federal Payments, by Age Group, as a Percentage of GDP, Calendar Years 1975-2050



[1] Public Law 104-121 and Public Law 104-193 modified several SSI eligibility rules. See section V.A for more information.

Table IV.D1.—SSI Federal Payments as a Percentage of GDP, Calendar Years 1975-2050

Calendar year	GDP[a] (In billions)	Blind or disabled, by age group						Aged, by age group		Totals		
		0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:												
1975	$1,685	0.008	0.032	0.030	0.065	0.011	0.001	0.048	0.061	0.147	0.109	0.256
1980	2,857	.014	.033	.026	.050	.019	.001	.022	.043	.142	.066	.207
1985	4,339	.017	.040	.029	.044	.019	.004	.016	.034	.153	.050	.203
1990	5,963	.020	.045	.040	.047	.016	.007	.017	.025	.175	.042	.217
1991	6,158	.028	.051	.048	.053	.017	.007	.019	.026	.205	.046	.250
1992	6,520	.049	.060	.055	.058	.017	.007	.020	.026	.246	.046	.292
1993	6,859	.057	.065	.061	.061	.017	.007	.022	.026	.269	.047	.316
1994	7,287	.058	.062	.064	.062	.017	.007	.022	.025	.270	.047	.316
1995	7,640	.061	.062	.068	.064	.018	.007	.021	.025	.280	.046	.326
1996	8,073	.062	.062	.069	.066	.018	.007	.021	.024	.283	.045	.328
1997	8,578	.057	.058	.065	.063	.017	.007	.019	.024	.269	.042	.311
1998	9,063	.055	.057	.066	.064	.017	.007	.017	.023	.265	.041	.306
1999	9,631	.050	.053	.064	.063	.017	.007	.016	.023	.254	.039	.293
2000	10,251	.047	.050	.063	.061	.017	.007	.014	.022	.244	.037	.281
2001	10,582	.048	.051	.065	.064	.017	.007	.014	.023	.251	.037	.289
2002	10,929	.049	.050	.065	.065	.017	.007	.013	.023	.253	.036	.289
2003	11,456	.050	.050	.063	.066	.017	.007	.012	.023	.253	.035	.288
2004	12,217	.050	.049	.061	.065	.017	.007	.011	.022	.247	.033	.280
2005	13,039	.050	.048	.059	.065	.016	.007	.011	.021	.244	.032	.276
2006	13,816	.050	.048	.056	.065	.016	.007	.010	.021	.242	.031	.273
2007	14,474	.051	.049	.054	.066	.016	.007	.010	.021	.243	.030	.273
2008	14,770	.053	.052	.055	.070	.017	.007	.010	.021	.254	.031	.285
2009	14,478	.060	.059	.060	.080	.018	.008	.011	.023	.284	.033	.317
2010	15,049	.060	.060	.058	.082	.018	.008	.010	.022	.285	.032	.317
2011	15,600	.060	.060	.056	.083	.018	.008	.010	.021	.284	.031	.314
2012	16,254	.061	.061	.054	.085	.018	.009	.009	.021	.288	.030	.318
2013	16,881	.060	.061	.052	.086	.019	.009	.009	.020	.287	.030	.316
2014	17,608	.058	.059	.048	.085	.019	.009	.009	.020	.278	.029	.308
2015	18,295	.055	.057	.046	.085	.019	.009	.009	.019	.271	.029	.300
2016	18,805	.052	.055	.044	.083	.019	.009	.009	.019	.262	.028	.291
2017	19,612	.048	.052	.041	.081	.019	.009	.009	.018	.251	.027	.279
2018	20,657	.045	.050	.039	.078	.019	.009	.009	.018	.240	.027	.267
2019	21,540	.044	.048	.038	.076	.020	.009	.009	.017	.235	.026	.261
2020	21,375	.044	.049	.038	.076	.021	.009	.009	.018	.237	.027	.264
2021	23,726	.038	.044	.033	.067	.020	.009	.008	.016	.210	.024	.234
2022	26,055	.035	.041	.031	.061	.020	.008	.008	.015	.196	.023	.219
2023	27,812	.035	.040	.031	.059	.021	.009	.008	.016	.195	.024	.219
2024	29,298	.035	.039	.031	.056	.021	.009	.008	.016	.191	.024	.215
2025	30,781	.035	.038	.030	.054	.021	.009	.008	.016	.187	.024	.211
Projected:												
2026	32,289	.035	.036	.029	.051	.021	.009	.008	.016	.182	.024	.205
2027	33,495	.034	.035	.029	.049	.021	.009	.008	.016	.179	.023	.202
2028	34,730	.034	.034	.029	.048	.021	.009	.007	.016	.176	.023	.199
2029	36,049	.034	.033	.029	.046	.021	.010	.007	.016	.174	.023	.197
2030	37,466	.034	.032	.029	.045	.021	.010	.007	.016	.171	.023	.194
2031	38,956	.033	.032	.029	.044	.020	.010	.007	.016	.168	.023	.191
2032	40,519	.033	.031	.028	.043	.020	.010	.007	.016	.166	.023	.189
2033	42,151	.033	.031	.028	.043	.019	.011	.006	.016	.164	.023	.186
2034	43,845	.032	.030	.028	.042	.019	.011	.006	.016	.161	.023	.184
2035	45,582	.031	.030	.028	.041	.018	.011	.006	.017	.159	.023	.182
2036	47,386	.031	.029	.027	.041	.018	.011	.006	.017	.157	.023	.180
2037	49,255	.030	.029	.027	.040	.017	.011	.006	.017	.155	.023	.178
2038	51,197	.030	.029	.027	.040	.016	.012	.006	.017	.153	.023	.176
2039	53,202	.029	.028	.026	.040	.016	.012	.006	.017	.151	.023	.174
2040	55,285	.028	.028	.026	.040	.015	.012	.006	.017	.149	.023	.171
2041	57,435	.028	.027	.025	.040	.015	.012	.005	.017	.147	.022	.170
2042	59,666	.028	.027	.025	.040	.014	.012	.005	.017	.145	.022	.168
2043	61,972	.027	.026	.024	.040	.014	.011	.005	.017	.144	.022	.166
2044	64,347	.027	.026	.024	.039	.014	.011	.005	.017	.142	.022	.163
2045	66,806	.027	.025	.024	.039	.014	.011	.005	.017	.140	.022	.161
2046	69,351	.026	.025	.023	.038	.014	.011	.005	.017	.138	.021	.159
2047	71,986	.026	.024	.023	.038	.014	.011	.004	.017	.137	.021	.158
2048	74,716	.026	.024	.023	.038	.014	.011	.004	.016	.135	.021	.156
2049	77,542	.026	.023	.023	.037	.014	.011	.004	.016	.133	.021	.154
2050	80,467	.025	.023	.022	.037	.014	.010	.004	.016	.132	.020	.152

[a] Projected values in current dollars based on the intermediate economic assumptions of the 2026 OASDI Trustees Report.

Notes:

1. Components may not sum to totals because of rounding.
2. Historical GDP amounts subject to revision.
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI26.

E. THE SSI PROGRAM'S SHARE OF SSA'S ADMINISTRATIVE COSTS AND BENEFICIARY SERVICES COSTS

When the SSI program began in 1972, the agency's existing field office network and its automated data processing capabilities made it uniquely qualified to administer the program. Because the administration of the SSI and OASDI programs is integrated, it is more practical to fund the administrative expenses for both programs from a single source. The trust funds and the general fund pay their appropriate share of administrative expenses into SSA's Limitation on Administrative Expenses account, which funds the total operating expenses of the agency.[1] A Government Accountability Office approved method of cost analysis is used to determine the appropriate share of administrative expenses borne by each funding source, and a final settlement of costs is made by the end of the subsequent fiscal year.

The SSI program also provides beneficiary services to recipients through State VR agencies and ENs for VR services and payments under the Ticket to Work program. VR strives to help individuals with disabilities achieve and sustain productive, self-supporting work activity.

Table IV.E1.—Selected SSI Costs, Fiscal Years 1980-2026

[Outlays in millions]

Fiscal year	SSI administrative expenses[a]		Beneficiary services[b]
	Amount	As a percentage of total cost[c d]	Amount
1980	$668	-	$33.1
1985	956	-	3.0
1990	1,075	-	28.3
1991	1,230	-	33.1
1992	1,426	-	36.0
1993	1,468	-	32.3
1994	1,780	-	33.8
1995	1,978	-	48.2
1996	1,953	-	71.8
1997	2,055	-	77.3
1998	2,304	-	46.0
1999	2,493	7.4	52.0
2000	2,321	6.8	53.7
2001	2,397	6.7	43.9
2002	2,522	6.7	54.0
2003	2,656	6.8	37.0
2004	2,806	6.9	38.6
2005	2,795	6.6	30.4
2006	2,916	6.6	38.9
2007	2,857	6.2	36.1
2008	2,820	5.8	45.1
2009	3,316	6.3	48.6
2010	3,629	6.7	46.1
2011	3,931	7.0	33.0
2012	3,881	6.7	35.5
2013	3,789	6.3	55.6
2014	3,990	6.5	63.0
2015	4,242	6.9	88.6
2016	4,212	6.8	95.7
2017	4,123	6.7	83.5
2018	4,330	7.0	113.2
2019	4,392	7.0	99.6
2020	4,363	6.9	121.4
2021	4,501	7.2	103.1
2022	4,661	7.3	135.2
2023	4,468	6.6	136.5
2024	4,564	6.5	109.9
2025	5,002	6.9	81.6
2026(projected)	4,829	6.6	101.0

[a] Includes user fees charged to participating States to reimburse SSA for the costs of administering their SSI State supplementation program.

[b] Includes payments for referral and monitoring services for drug addicts and alcoholics through December 1996; these payments were terminated effective January 1997.

[c] Total cost includes administrative and program costs associated with Federally administered SSI payments.

[d] Unavailable prior to fiscal year 1999.

Note: A complete table of historical values is available at www.ssa.gov/OACT/ssir/SSI26

[1] If necessary, section 201(g)(1) of the Act provides that the Social Security trust funds may temporarily finance SSI administrative expenses, including Federal administration of State supplementation payments. General revenues subsequently reimburse the trust funds, including any interest lost.

V. APPENDICES

A. HISTORY OF PROVISIONS

Act

1. Basic Eligibility Requirements

1972
Public Law 92-603, enacted October 30

An individual may qualify for payments on the basis of age, blindness, or disability.

Aged: Any person aged 65 or older (unchanged from requirements under State Old-Age Assistance (OAA) program).

Blind: Any person with central visual acuity of 20/200 or less vision in the better eye with the use of a correcting lens, or with a visual field limitation of 20 degrees or less in the better eye. An individual transferred from a State Aid to the Blind (AB) program to Supplemental Security Income (SSI) is eligible if the person received such State aid in December 1973 and continues to meet the October 1972 State definition of blindness.

Disabled: Any person unable to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months. For a child under age 18, eligibility is based on disability of severity comparable with that of an adult. An individual transferred from a State Aid to the Permanently and Totally Disabled (APTD) program to SSI is also eligible if the person received such State aid in December 1973 and continues to meet the October 1972 State definition of disability.

1973
Public Law 93-233, enacted December 31

Only persons who had received APTD before July 1973 and were on the rolls in December 1973 may receive SSI on the basis of the State definition of disability; those who became eligible for State aid from July to December 1973 must meet the Federal definition of disability.

1980
Public Law 96-265, enacted June 9

A disabled recipient who loses Federal SSI eligibility because of earnings at the SGA level may continue to receive a special benefit under section 1619 and retain eligibility for Medicaid under Title XIX of the Social Security Act. This special benefit status may continue as long as the recipient has the disabling impairment and meets all nondisability SSI eligibility criteria. States have the option of supplementing this special benefit.

This provision of the law was in effect from January 1, 1981, through December 31, 1983. Beginning in January 1984, under a 1-year demonstration project, this provision was continued for persons already eligible for either regular SSI payments or special monthly benefits.

1984
Public Law 98-460, enacted October 9

The special benefit and Medicaid provisions of the 1980 legislation were extended through June 30, 1987 (retroactive to January 1, 1984).

1986
Public Law 99-643, enacted November 10

The special benefit and Medicaid provisions of the 1980 amendments are made permanent. The provisions were amended effective July 1, 1987, with significant modifications to simplify administration and to allow free movement between regular SSI disability payments and either the special cash benefit or Medicaid eligibility under section 1619. The distinction between a disabled per-

Act

son eligible for regular SSI payments and one eligible for 1619(a) is that the latter has several months with gross earnings above the SGA level. Previously, section 1619(a) status required completion of a trial work period and the determination that the work was SGA.

1996
Public Law 104-193, enacted August 22

For individuals under age 18, the "comparable severity" standard is eliminated and replaced with a requirement that a child be considered disabled if the person has a medically determinable impairment that results in "marked and severe functional limitations," and meets the existing statutory duration requirement. The law also eliminates references to "maladaptive behaviors" from the personal/behavioral domain of the mental disorders in the Listing of Impairments for children, and discontinues the use of individualized functional assessments for children.

SSI eligibility is prohibited for an individual in any month during which such an individual is a fugitive felon, fleeing prosecution for a felony, or violating State or Federal conditions of probation or parole.[1] In addition, SSI eligibility is prohibited for 10 years for those convicted of fraudulently claiming residence to obtain benefits simultaneously in two or more States.[2]

2006
Public Law 109-171, enacted February 8

Requires the Commissioner to conduct reviews of a specific percentage of SSI initial disability and blindness cases involving individuals aged 18 or older that are allowed by the State disability determination services (DDS). The provision is phased in as follows—for fiscal year 2006, the Commissioner is required to review 20 percent of DDS allowances; in fiscal year 2007, the requirement is 40 percent; and, for fiscal years 2008 and thereafter, 50 percent of all DDS allowances are required to be reviewed. These reviews are to be made before the allowance decision is implemented.

2. Other Eligibility Provisions

a. Citizenship and U.S. Residency

1972
Public Law 92-603, enacted October 30

The individual must reside within one of the 50 States or the District of Columbia and be a citizen or an alien lawfully admitted for permanent residence or permanently residing in the United States under color of law. Persons living outside the United States for an entire calendar month lose their eligibility for such a month.

1976
Public Law 94-241, enacted March 24

Eligibility for SSI is extended to residents of the Northern Mariana Islands, effective January 9, 1978.

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[1] In 2009, the agency entered into a nationwide class action settlement that limits the felony crime offense codes upon which fugitive felon nonpayments may be based under this statute. In 2012, based on a Federal court order, the agency stopped suspending and denying Title II and Title XVI benefits based solely on a probation or parole violation warrant.

[2] Lawmakers repealed this last provision in the 1999 Public Law 106-169 and replaced it with a provision providing for nonpayment of benefits for up to 24 months for knowingly making false or misleading statements regarding material facts.

Act	
1980	
Public Law 96-265, enacted June 9	The income and resources of the immigration sponsors of aliens applying for SSI are considered in determining eligibility for and the amount of payment. After allowances for the needs of the sponsor and the sponsor's family, the remainder is deemed available for the support of the alien applicant for a 3-year period after admission to the United States for permanent residence. This provision does not apply to those who become blind or disabled after admission, to refugees, or to persons granted political asylum. (See section 2.g of this appendix for subsequent changes to sponsor-to-alien deeming provisions.)
1989	
Public Law 101-239, enacted December 19	SSI eligibility is continued for a disabled or blind child who was receiving SSI benefits while living in the United States and is now living with a parent who is a member of the U.S. Armed Forces assigned to permanent duty ashore outside the United States but not where the parent is stationed in Puerto Rico or the territories and possessions of the United States.
1993	
Public Law 103-66, enacted August 10	Above provision made applicable where the parent is a member of the U.S. Armed Forces and stationed in Puerto Rico or the territories and possessions of the United States.
1996	
Public Law 104-193, enacted August 22	Prohibits SSI eligibility for anyone who is not a U.S. citizen or national unless they are in a "qualified alien" category and meet one of certain exceptions such as lawful permanent residents who earn or can be credited with 40 qualifying quarters of earnings, certain refugee type categories eligible for up to 5 years of time-limited eligibility, or active duty U.S. military or veterans and their spouses and children. Extends eligibility for aliens receiving SSI as of August 22, 1996 (the enactment date of the law) for 1 year after the enactment date for those aliens found ineligible under the new standards.
Public Law 104-208, enacted September 30	Amends Public Law 104-193 to add to the list of "qualified aliens" certain noncitizens (and their children) who have been battered or subjected to extreme cruelty by a spouse or parent or a member of the spouse's or parent's family living in the same household.
1997	
Public Law 105-18, enacted June 12	Extends eligibility for aliens receiving SSI as of August 22, 1996 until September 30, 1997 for those found ineligible under the new alien standards of Public Law 104-193.
Public Law 105-33, enacted August 5	Further amends Public Law 104-193 to add Cuban and Haitian entrants and the child of a parent who has been battered or subjected to extreme cruelty to the list of qualified aliens. Provides that Cuban and Haitian entrants and Amerasian immigrants qualify for time-limited eligibility and increases the time limit from 5 to 7 years for all time-limited categories. Additional exceptions are added for qualified aliens: (1) lawfully residing in the United States and receiving SSI benefits on August 22, 1996; and (2) lawfully residing in the United States on August 22, 1996 and meeting the definition of blind or disabled in the Social Security Act. Certain noncitizen American Indians are excepted from the alien nonpayment provisions of Public Law 104-193. Extends eligibility for "nonqualified aliens" receiving SSI as of August 22, 1996, until September 30, 1998.

Act	
1998	
Public Law 105-306, enacted October 28	Permanently extends eligibility of all remaining "nonqualified aliens" who were receiving SSI benefits when Public Law 104-193 was enacted on August 22, 1996.
2000	
Public Law 106-386, enacted October 28	Noncitizens may be eligible for SSI to the same extent as refugees if they have been certified by the Department of Health and Human Services to be victims of "severe forms of trafficking in persons."
2004	
Public Law 108-203, enacted March 2	Extends SSI eligibility to blind or disabled children who are U.S. citizens living with a parent assigned to permanent U.S. military duty outside of the United States, and who were not receiving SSI benefits while in the United States. Previously, only blind or disabled children who received an SSI benefit for the month before the parent reported for permanent duty abroad were eligible. Effective April 2004 for applications filed after enactment.
2007	
Public Law 110-161, enacted December 26	Provides certain Iraqi and Afghan aliens with special immigrant status as described in section 101(a)(27) of the Immigration and Nationality Act. As special immigrants, these Iraqi and Afghan aliens are eligible for resettlement assistance, entitlement programs, and other benefits available to refugees admitted under section 207 of such Act (admission of refugees in emergency situations) for a period not to exceed 6 months.
2008	
Public Law 110-181, enacted January 28	Provides certain Iraqi aliens who have provided service to the United States with special immigrant status, as described in section 101(a)(27) of the Immigration and Nationality Act. As special immigrants, these Iraqis are eligible for resettlement assistance, entitlement programs, and other benefits available to refugees admitted under section 207 of such Act (admission of refugees in emergency situations) for a period not to exceed 8 months.
Public Law 110-328, enacted September 30	Extends the 7-year SSI eligibility period for certain refugees, asylees, and other humanitarian immigrants (including victims of human trafficking) to 9 years for the period October 1, 2008 through September 30, 2011. Those with naturalization applications pending or awaiting the swearing-in ceremony are exempt from time limitations through September 30, 2011. Also applies to the noncitizens whose SSI had previously ceased due to the expiration of the 7-year period. For these noncitizens, SSI benefits will be paid for months in the period October 1, 2008 through September 30, 2011, for the duration of the noncitizen's re-established eligibility.
2009	
Public Law 111-118, enacted December 19	Eliminates the 8-month time limit on SSI eligibility for certain Iraqi and Afghan refugees who have provided service to the United States. The time-limited eligibility for these individuals is now the same period applicable to other humanitarian refugees.
2021	
Public Law 117-43, enacted September 30	Allows certain citizens or nationals of Afghanistan (or individuals with no nationality who last habitually resided in Afghanistan) to be temporarily eligible for SSI benefits if they:

Act

- were paroled into the United States between July 31, 2021 and September 30, 2022; or
- were paroled into the United States after September 30, 2022 and are either the spouse, child, or parent or legal guardian (of an unaccompanied minor) of a person described in the prior bullet.

To be eligible for SSI benefits, these people would also need to meet the other requirements of the SSI program, such as being at least age 65 or disabled or blind, and having countable income and resources below certain limits. Eligibility for these individuals ends on the later of March 31, 2023 or when the person's parole period ends.

2022

Public Law 117-128, enacted May 21

Allows certain citizens of Ukraine, nationals of Ukraine, or individuals with no nationality who last habitually resided in Ukraine to be eligible for SSI benefits if they were:

- paroled into the United States between February 24, 2022 and September 30, 2022; or
- paroled into the United States after September 30, 2023, and they are a spouse or child of a person who is a Ukrainian citizen or national (or individual with no nationality who last habitually resided in Ukraine) who was paroled into the United States between February 24, 2022 and September 30, 2023; or
- paroled into the United States after September 30, 2023, and they are a parent, legal guardian, or primary caregiver of an unaccompanied minor from Ukraine who is a Ukrainian citizen or national (or individual with no nationality who last habitually resided in Ukraine) who was paroled into the United States between February 24, 2022 and September 30, 2023.

To be eligible for SSI benefits, these parolees would also need to meet the other requirements of the SSI program, such as being at least age 65 or disabled or blind, and having countable income and resources below certain limits. A parolee's eligibility to receive SSI benefits ends if parole status is terminated by the Department of Homeland Security. This law also exempts these parolees from sponsor-to-alien deeming.

Public Law 117-328, enacted December 29

Certain citizens of Afghanistan, nationals of Afghanistan, or individuals who last habitually resided in Afghanistan and were paroled into the United States can be eligible for SSI if they entered the U.S. during a certain period. Section 1501 of the Additional Ukraine Supplemental Appropriations Act, 2023 extends the end of this qualifying period to the end of September 2023.

2024

Public Law 118-42, enacted March 9

Section 209(f) in division G of the Consolidated Appropriations Act, 2024 extended eligibility for SSI benefits to certain individuals from the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau who are residing within one of the 50 states, the District of Columbia, or the Northern Mariana Islands. These individuals include:

- citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, and

Act

- certain spouses or children of citizens of the Federated States of Micronesia or the Republic of the Marshall Islands provided that the Micronesian or Marshallese citizen on which the relationship is based is serving on active duty in any branch of the United States Armed Forces, or in the active reserves.

These individuals may be eligible for SSI benefits provided that they meet all other requirements of the program such as filing an application for benefits, having resources and monthly income below the statutory eligibility limits, and residing within one of the 50 states, the District of Columbia, or the Northern Mariana Islands.

b. Other Benefits

1980
Public Law 96-272, enacted June 17

SSI applicants and recipients are not required as a condition of eligibility to elect to receive Veterans Administration[1] pensions under the Veterans and Survivors' Pension Improvement Act of 1978 if the State of residence lacks a medically needy program under Title XIX.

c. Drug Addiction and Alcoholism

1972
Public Law 92-603, enacted October 30

Any disabled SSI recipient who has been medically determined to be an alcoholic or drug addict must accept appropriate treatment, if available, in an approved facility and demonstrate compliance with conditions and requirements for treatment.

SSI payments are required to be made through a representative payee—another person or public or private agency designated by the Social Security Administration (SSA) to manage the recipient's benefits on their behalf.

1994
Public Law 103-296, enacted August 15

Any individual who is receiving SSI based on a disability where drug addiction or alcoholism is a contributing factor material to the finding of disability must comply with the drug addiction and alcoholism (DAA) treatment requirements. The individual must accept appropriate treatment when it is available and comply with the conditions and terms of treatment. Instances of noncompliance with the requirements result in progressively longer payment suspensions. Before payments can resume, the individual must demonstrate compliance for specific periods: 2 months, 3 months, and 6 months, respectively, for the first, second, and third and subsequent instances of noncompliance. An individual who is not in compliance with the DAA treatment requirements for 12 consecutive months shall not be eligible for payments; however, this does not prevent such individuals from reapplying and again becoming eligible for payments.

SSI disability payments based on DAA are also limited to a total of 36 benefit months (beginning March 1995) regardless of whether appropriate treatment is available. Months for which benefits are not due and received do not count towards the 36-month limit.

[1] The Veterans Administration was replaced by the Department of Veterans Affairs which was established on March 15, 1989.

Act

Payments based on DAA must be made to a representative payee. Preference is required to be given to community-based, nonprofit social service agencies and Federal, State, or local government agencies in representative payee selection. These agencies when serving as payees for individuals receiving payments based on DAA may retain the lesser of 10 percent of the monthly benefit or $50 (adjusted annually after 1995 by the Automatic Cost-of-Living Increase) as compensation for their services.

Establishment of one or more referral and monitoring agencies for each State is required.

1996

Public Law 104-121, enacted March 29

An individual is not considered disabled if DAA is a contributing factor material to a finding of disability.

Applies DAA representative payee requirements enacted under Public Law 103-296 to disabled SSI recipients who have a DAA condition and are incapable of managing their benefits. In addition, these recipients shall be referred to the appropriate State agency administering the State plan for substance abuse treatment.

d. Institutionalization

1972

Public Law 92-603, enacted October 30

An individual who is an inmate of a public institution is ineligible for SSI payments unless the institution is a facility approved for Medicaid payments and is receiving such payments on behalf of the person. Under *regulations*, the Medicaid payment must represent more than 50 percent of the cost of services provided by the facility to the individual.

1976

Public Law 94-566, enacted October 20

An inmate of a publicly operated community residence serving no more than 16 persons may, if otherwise eligible, receive SSI.

1983

Public Law 98-21, enacted April 20

Payments may be made to persons who are residents of public emergency shelters for the homeless for a period of up to 3 months in any 12-month period.

1986

Public Law 99-643, enacted November 10

Effective July 1, 1987, disabled or blind recipients who were receiving special SSI payments or had special SSI recipient status under section 1619 in the month preceding the first full month of institutionalization, may receive payments based on the full Federal benefit rate for the initial 2 full months of institutionalization if they reside in certain public or private Medicaid facilities.

1987

Public Law 100-203, enacted December 22

Effective January 1, 1988, payments may be made to persons who are residents of public emergency shelters for the homeless for up to 6 months in a 9-month period.

Effective July 1, 1988, continued payment of SSI benefits for up to 3 months is permitted, at the rate that was applicable in the month prior to the first full month of institutionalization, for individuals whose expected institutional stay on admission is not likely to exceed 3 months as certified by a physician, and for whom the receipt of benefits is necessary to maintain living arrangements to which they may return.

Act	
1996	
Public Law 104-193, enacted August 22	Effective December 1996, institutionalized children under age 18 whose private health insurance is making payments to the institution may receive no more than $30 per month in Federal SSI.

e. Vocational Rehabilitation and Treatment

1972	
Public Law 92-603, enacted October 30	Blind or disabled individuals receiving Federal SSI benefits who are under age 65 must be referred to the State agency providing services under the Vocational Rehabilitation Act and must accept the services offered. States are reimbursed for the cost of services.
1976	
Public Law 94-566, enacted October 20	Blind or disabled children under age 16 must be referred to the State agency administering crippled children's services or to another agency designated by the State. States are reimbursed for the cost of services. Of funds provided for these services, at least 90 percent must be used for children under age 6 or for those who have never attended public schools.
1980	
Public Law 96-265, enacted June 9	Disabled SSI recipients who medically recover while enrolled in approved vocational rehabilitation (VR) programs of State VR agencies may continue to receive benefits during their participation in such programs if the Commissioner of Social Security determines that continuation in the program will increase the probability that they leave the rolls permanently.
1981	
Public Law 97-35, enacted August 13	Funding no longer provided under Title XVI for medical, social, developmental, and rehabilitative services to disabled or blind children. Reimbursement for the cost of rehabilitation services will be made only if the services result in the recipient's return to work for a continuous period of 9 months. The work must be at the SGA earnings level.
1984	
Public Law 98-460, enacted October 9	Authorizes the reimbursement of States for the cost of VR services provided to individuals who: (1) continue to receive benefits after medical recovery because they are participating in a State VR program; or (2) refuse, without good cause, to continue in or cooperate with the VR program in which they had been participating.
1987	
Public Law 100-203, enacted December 22	Extends the provision for continuation of payments to disabled SSI recipients who have medically recovered while enrolled in an approved VR program to include blind SSI recipients.
1990	
Public Law 101-508, enacted November 5	Reimbursement authorized for the cost of VR services provided in months in which the individual was not receiving Federal SSI payments if: • SSI recipient status for Medicaid eligibility purposes was retained under work incentive provisions; or

Act

- Benefits were in suspense[1] status (for a reason other than cessation of disability or blindness); or
- Federally administered State supplementation was received.

Extends benefit continuation provision to disabled SSI recipients who medically recover while participating in a non-State VR program.

1999
Public Law 106-170, enacted December 17

Establishes a Ticket to Work and Self-Sufficiency program which will provide SSI and Old-Age, Survivors, and Disability Insurance (OASDI) beneficiaries entitled on the basis of disability with a ticket that can be used to obtain VR services, employment services, or other support services, from an Employment Network (EN) of their choice. An EN chooses one of the two EN payment options at the time it submits an application to SSA to become an EN. The chosen payment system will apply to all beneficiaries served. An EN can elect to receive payment under the:

- Outcome payment system, under which it can receive payment for up to 60 outcome payment months, which are defined as months in which SSA does not pay any Federal disability cash benefits to a beneficiary because of work or earnings; or
- Outcome-milestone payment system, under which it can receive payment for one or more milestones in addition to reduced outcome payments, but will receive less in total than under the outcome payment system.

The Commissioner will initially establish and periodically review the amount and duration of the outcome payments and the number and amounts of the outcome-milestone payments.

Also eliminates the requirement that blind or disabled SSI recipients age 16 through 64 be referred to the State VR agency and accept the services offered.

Under the initial regulation, effective January 28, 2002:

- The outcome payment system provided that ENs could receive payment for up to 60 outcome payment months for both OASDI and SSI beneficiaries based on earnings exceeding the SGA level and the beneficiary no longer receiving Federal disability cash benefits because of work or earnings; and
- The outcome-milestone payment system provided that ENs could receive up to four milestone payments in addition to reduced outcome payments. The four milestones were based on gross earnings exceeding the SGA level for specified months. Milestone payments were made only for milestones achieved prior to the first outcome payment month, and outcome payments were reduced by the amount of milestone payments received. Four milestone payments plus 60 months of reduced outcome payments equaled 85 percent of the total that would be available if the EN chose the outcome payment system.

Under the revised regulation, effective July 21, 2008:

[1] Recipients who have lost eligibility for SSI benefits for fewer than 13 consecutive months are generally in suspended payment status.

Act

- The outcome payment system provides that ENs can receive payment for up to 60 outcome payment months for an SSI beneficiary and up to 36 outcome payment months for an OASDI beneficiary (including a concurrent OASDI/SSI disability beneficiary), with the reduction in available number of outcome months for OASDI beneficiaries offset by an increased outcome payment; and
- The outcome-milestone payment system provides that ENs can receive the following milestone payments in addition to outcome payments:
  - Up to four Phase 1 milestones achieved by either an OASDI or SSI beneficiary (including a concurrent OASDI/SSI disability beneficiary); and
  - Up to 11 Phase 2 milestones achieved by an OASDI or concurrent beneficiary or up to 18 Phase 2 milestones achieved by an SSI beneficiary.

Phase 1 milestones are based on gross earnings at or above trial work level for specified months, and Phase 2 milestones are based on gross earnings exceeding the SGA level for specified months. These milestones must occur before the EN enters the first month for which it is eligible for an outcome payment. If an available milestone payment is not paid prior to the outcome period, it is payable in a reconciliation payment when the beneficiary reaches the 12th outcome month. This payment amount is equal to the total amount of unpaid Phase 1 and Phase 2 milestones that were available when the ticket was first assigned. The Phase 1 and Phase 2 milestone payments and outcome payments equal 90 percent of the total that would be available if the EN chose the outcome payment system.

f. Continuing Disability Reviews and Eligibility Redeterminations

1994
Public Law 103-296, enacted August 15

During each of fiscal years 1996, 1997, and 1998, requires SSA to conduct continuing disability reviews (CDRs) on a minimum of 100,000 SSI recipients. In addition, during the same period, requires SSA to redetermine the SSI eligibility of at least one third of all child SSI recipients who reach age 18 after April 1995 during the 1-year period following attainment of age 18. Redeterminations for persons turning age 18 could count toward the 100,000 CDR requirement.

Requires SSA to redetermine an individual's eligibility for benefits if there is a reason to believe that fraud or similar fault was involved in the individual's application for benefits, unless a United States prosecutor or equivalent State prosecutor certifies in writing that there is a substantial risk that such action would jeopardize the criminal prosecution of a person involved in a suspected fraud. When determining eligibility, SSA disregards any evidence if there is a reason to believe that fraud or similar fault was involved in the providing of such evidence. If the redetermination concludes that the evidence does not support eligibility for benefits, SSA may terminate eligibility and treat benefits and payments paid on such evidence as overpayments.

Act

1996

Public Law 104-193, enacted August 22

Repeals the requirement that SSA redetermine the eligibility of at least one third of all child SSI recipients who reach age 18 after April 1995 during the 1-year period following attainment of age 18.

Requires a CDR:

- At least once every 3 years for SSI recipients under age 18 who are eligible by reason of an impairment that is likely to improve, and
- Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability.

Requires eligibility redetermination under the adult disability standard for all child SSI recipients eligible for the month before the month in which they attain age 18.

Requires redetermination of eligibility for children considered disabled based on an individualized functional assessment or consideration of maladaptive behavior.

Requires the representative payee of a child SSI recipient whose continuing eligibility is being reviewed to present evidence that the recipient is receiving treatment that is considered medically necessary and available for the condition that was the basis for providing SSI benefits.

1997

Public Law 105-33, enacted August 5

Modifies provision of Public Law 104-193 to extend from 12 to 18 months the period for redetermining the disability of children under age 18 under the new childhood disability standard.

Modifies provision of Public Law 104-193 to permit SSA to schedule a CDR for a disabled child for whom low birth weight is a contributing factor material to the determination of disability, at a date after the child's first birthday if the Commissioner determines the impairment is not expected to improve within 12 months of the child's birth.

Modifies provision of Public Law 104-193 to provide SSA the authority to make redeterminations of disabled childhood recipients who attain age 18, more than 1 year after the date such recipient attains age 18.

1999

Public Law 106-170, enacted December 17

Prohibits the initiation of a CDR during the period that a recipient is "using a ticket" under the Ticket to Work program.

g. Deeming of Income and Resources

1972

Public Law 92-603, enacted October 30

Deeming occurs when the income and resources of certain family members living in the same household with the SSI recipient are considered in determining the amount of the SSI payment. These family members are the ineligible spouse of an adult recipient and the ineligible parents of a child recipient under age 21. After deduction of personal allocations for the spouse (or parents) and for ineligible children in the home and after application of income exclusions, any remaining income of the spouse (or parents) is added to the income of the eligible person.

Act	
1980	
Public Law 96-265, enacted June 9	Children aged 18 or older are not subject to parental deeming. Sponsor's income and resources deemed to an alien for 3 years.
1989	
Public Law 101-239, enacted December 19	Disabled children receiving home care services under State Medicaid programs who are ineligible for SSI because of deeming of parental income and who received SSI benefits limited to $30 while in a medical treatment facility may receive the $30 monthly allowance that would be payable if the recipient were institutionalized.
1993	
Public Law 103-66, enacted August 10	Considers an ineligible spouse or parent who is absent from the household due to active military service to be a member of the household for deeming purposes.
Public Law 103-152, enacted November 24	Extends the sponsor-to-alien deeming period from 3 years to 5 years, effective January 1, 1994 through September 30, 1996.
1996	
Public Law 104-193, enacted August 22	Deeming of income and resources from an immigration sponsor to a noncitizen continues until citizenship, with exceptions for those who earn, or can be credited with, 40 qualifying quarters of earnings. Effective for those whose sponsor signs a new legally enforceable affidavit of support.
Public Law 104-208, enacted September 30	Amends Public Law 104-193 to add two exceptions to the sponsor-to-alien deeming: • Provides that if the noncitizen is indigent and would be unable to obtain food and shelter without SSI benefits even after receiving support from the sponsor, then only the amount of income and resources actually provided by the sponsor will be counted for a 12-month period after a determination of indigence; and • Provides that in certain cases, deeming would not apply for a 12-month period (with some options for extension) if the noncitizen (or the non-citizen's children) has been battered or subjected to extreme cruelty by family members.
1997	
Public Law 105-33, enacted August 5	Amends Public Law 104-208 to add an additional exception to sponsor-to-alien deeming when the parent of a noncitizen has been battered or subjected to extreme cruelty by family members.
2006	
Public Law 109-163, enacted January 6	Provides that individuals who were made ineligible for SSI because of their spouses or parents being called to active military duty would not have to file a new application for SSI benefits if they again could be eligible for benefits before the end of 24 consecutive months of ineligibility.

Act	
	3. Federal Benefit Payments
	a. Windfall Offset
1980 *Public Law 96-265, enacted June 9*	Prevents a windfall to claimants concurrently entitled to SSI payments and OASDI retroactive benefits for the same period. Retroactive OASDI benefits resulting from an initial award are reduced by the amount of SSI payments that would not have been paid if the OASDI benefits had been paid when due.
1984 *Public Law 98-369, enacted July 18*	Offset provision expanded to allow for reduction of retroactive SSI benefits and to apply in cases of OASDI benefit reinstatement.
	b. Proration of Benefit
1982 *Public Law 97-248, enacted September 3*	Benefit for first month of eligibility to be prorated by the number of days in the month for which an application has been filed and there is eligibility.
1996 *Public Law 104-193, enacted August 22*	Changes the effective date of an SSI application to the first day of the month following the date on which the application was filed or on which the individual first becomes eligible, whichever is later. This change, in effect, eliminates prorated payments in initial claims.
	c. Retrospective Monthly Accounting
1981 *Public Law 97-35, enacted August 13*	Changes the method of computing the SSI payment to one under which the payment amount is computed on a monthly basis and is based on income and other characteristics in the previous (or second previous) month.
1984 *Public Law 98-369, enacted July 18*	Changes the method of computing the SSI benefit to persons receiving OASDI payments. The effect of the increased OASDI income at the time of the cost-of-living increase is not delayed as it otherwise would be.
1987 *Public Law 100-203, enacted December 22*	Provides an exception to retrospective monthly accounting so that amounts received under Aid to Families with Dependent Children, foster care, refugee cash assistance, Cuban-Haitian entrant assistance, or general and child welfare assistance provided by the Bureau of Indian Affairs are counted only in the month received.
1993 *Public Law 103-66, enacted August 10*	Changes the method of computing the SSI benefit to persons receiving the value of the one-third reduction. The effect of the increased value at the time of the cost-of-living increase is not delayed as it otherwise would be. Effective January 1995.
2004 *Public Law 108-203, enacted March 2*	Eliminates triple counting of one-time, nonrecurring income by providing that this income will be counted only for the month that the income is received, and not for any other month during the transition to retrospective monthly account-

Act

ing, which occurs during the first 3 months of an individual's SSI eligibility. Effective April 2005.

d. Uncashed Checks

1981
Public Law 97-35, enacted August 13

States that have federally administered supplements to be credited their share of SSI checks that remain unnegotiated for 180 days.

1987
Public Law 100-86, enacted August 10

SSI checks now unnegotiable after 1 year. States are credited their share of SSI checks after 1 year rather than 180 days.

e. Rounding of Payment Amounts

1982
Public Law 97-248, enacted September 3

Cost-of-living adjustments in the Federal SSI benefit and income eligibility levels are to be rounded to the next lower whole dollar after the adjustment is calculated. Subsequent cost-of-living adjustments will be calculated on the previous year's benefit standard before rounding.

f. Penalties for False or Misleading Statements or Withholding of Information

1999
Public Law 106-169, enacted December 14

Provides for the nonpayment of OASDI and SSI benefits (6, 12, and 24 months, respectively, for the first, second, and third or subsequent violations) for individuals found to have knowingly made a false or misleading statement of material fact for use in determining eligibility for benefits.

2004
Public Law 108-203, enacted March 2

Expands the administrative sanction of nonpayment of benefits to situations where an individual has failed to disclose material information if the person knew or should have known that such failure was misleading.

Authorizes Federal courts to order a defendant convicted of defrauding Social Security, Special Veterans Benefits, or SSI to make restitution to SSA. Restitution funds would be deposited to the trust funds or General Fund of the Treasury as appropriate. Effective with respect to violations occurring on or after the date of enactment.

g. Installment Payments

1996
Public Law 104-193, enacted August 22

Establishes a schedule for paying retroactive SSI payment amounts that exceed 12 times the Federal benefit rate (FBR) plus the State supplement level. Payments would be made at 6-month intervals:

- The first installment would be 12 times the FBR plus any federally administered State supplement.
- Any remaining retroactive benefits would be paid in a second installment (not to exceed the first payment amount).
- All remaining retroactive benefits would be paid in the third installment.

Provides that where an underpaid individual has incurred debts to provide for food, clothing, or shelter; has expenses for disability-related items and services

Act

that exceed the installment amount; or has entered into a contract to purchase a home, the installment payment would be increased by the amount needed to cover those debts, expenses, and obligations.

Provides that full retroactive payments be paid to an individual who is terminally ill or, if currently ineligible, is likely to remain so for the next 12 months.

2006
Public Law 109-171, enacted February 8

Requires that past-due monthly SSI benefits that exceed three times the maximum monthly benefit (FBR plus State supplementation payment amount if any) payable to the individual be paid in up to three installment payments, 6 months apart. Also, limits the amount of the first two installment payments to three times the maximum monthly benefit. All remaining benefits due are to be paid in the third installment. As under current law, the amounts of the installment payments may be increased in certain cases, such as those in which the individual has necessary medical needs or has outstanding debt relating to food, clothing, or shelter.

Effective 3 months after February 8, 2006.

h. Retroactive Payments to Prisoners, Fugitive Felons, and Probation or Parole Violators

2009
Public Law 111-115, enacted December 15

Prohibits the payment of any retroactive SSI benefits to individuals while they are in prison; in violation of conditions of their parole or probation; or fleeing to avoid prosecution, custody, or confinement for a felony or a crime punishable by sentence of more than 1 year.

2018
Public Law 115-123, enacted February 9

Changes the time by which correctional facilities that have signed an Incentive Payment Memorandum of Understanding with SSA must report prison information in order to receive the maximum prisoner incentive payment. Entities that report within 15 days of the recipient's incarceration will receive an incentive payment of $400. If they report more than 15 days but within 90 days of the recipient's incarceration, the incentive payment will be $200. Does not apply to prisoner reports relating to beneficiaries who only receive Title II benefits; however, for cases in which the prisoner receives concurrent benefits, entities that report the incarceration more than 15 days, but within 30 days of incarceration will receive $300.

4. Federal Benefit Rates

The FBR is the standard SSA uses to compute the amount of Federal SSI payments. FBRs differ for individuals and couples living in households and for persons in medical treatment facilities where Medicaid pays more than 50 percent of the cost of care. Individuals or couples living in their own households are eligible for the full FBR. If an individual or couple is living in another person's household and receiving support and maintenance there, we reduce the FBR by one third. We increase the FBR for persons in households annually to reflect increases in the cost of living. There is a summary of legislation affecting the level of FBRs since the inception of the SSI program in table V.A1.

Table V.A1.—Federal Benefit Rates Set by Legislation

Act	Living arrangements [a]	Amount [b]		Conditions
		Individual	Couple	
1972 [c]	Own household [d]	$130.00	$195.00	Was to be effective January 1, 1974; superseded by Public Law 93-233.
1973 [e]	—	140.00	210.00	Was to be effective January 1, 1974; superseded by Public Law 93-233.
1973 [f]	—	140.00	210.00	Effective January 1, 1974.
1973 [f]	—	146.00	219.00	Effective July 1, 1974.
1974 [g]	—	—	—	Mechanism established for providing cost-of-living adjustments coordinated with earlier legislation applying to OASDI cash benefits. SSI payments to be increased by the same percentage as OASDI benefits and at the same time.
	—	[h] 157.70	[h] 236.60	Effective July 1, 1975.
1983 [i]	—	304.30	456.40	Effective July 1, 1983 (general benefit increase).
	—	[h] 314.00	[h] 472.00	Effective January 1, 1984.
1973 [e]	Increment for "essential person" in household	65.00	—	Was to be effective January 1, 1974. For persons transferred from OAA, AB, or APTD programs who were receiving payments in December 1973 under a State plan that took account of "essential persons" in the household.
	—	70.00	—	Was to be effective July 1, 1974.
1973 [f]	—	70.00	—	Effective January 1, 1974.
	—	73.00	—	Effective July 1, 1974.
1974 [g]	—	—	—	Mechanism established for providing cost-of-living adjustments.
	—	[h] 78.90	—	Effective July 1, 1975.
1983 [i]	—	152.50	—	Effective July 1, 1983 (general benefit increase).
	—	[h] 157.00	—	Effective January 1, 1984.
1972 [c]	Receiving institutional care covered by Medicaid	25.00	50.00	Effective January 1, 1974. Must be receiving more than 50 percent of the cost of the care from Medicaid (Title XIX of the Social Security Act).
1987 [j]	—	30.00	60.00	Effective July 1, 1988. Must be receiving more than 50 percent of the cost of the care from Medicaid (Title XIX of the Act).

[a] For those in another person's household receiving support and maintenance there, the FBR is reduced by one third.
[b] For those without countable income. These payments are reduced by the amount of countable income of the individual or couple.
[c] Public Law 92-603, enacted October 30, 1972.
[d] Includes persons in private institutions whose care is not provided by Medicaid.
[e] Public Law 93-66, enacted July 9, 1973.
[f] Public Law 93-233, enacted December 31, 1973.
[g] Public Law 93-368, enacted August 7, 1974.
[h] Subject to automatic provisions, see table IV.A2.
[i] Public Law 98-21, enacted April 20, 1983.
[j] Public Law 100-203, enacted December 22, 1987.

Act

5. Exclusions from Income

a. General Exclusions

1972
Public Law 92-603, enacted October 30

The first $60 of earned or unearned income per calendar quarter for an individual or couple; the next $195 and one half the remainder of quarterly earned income. Unearned income includes Social Security benefits, other government or private pensions, veterans' benefits, and workers' compensation.

1981
Public Law 97-35, enacted August 13

The first $20 of earned or unearned income per month for an individual or couple; the next $65 and one half the remainder of monthly earned income. Unearned income includes Social Security benefits, other government or private pensions, veterans' benefits, and workers' compensation.

2000
Public Law 106-554, enacted December 21

Earnings of persons defined as Social Security statutory employees (i.e., independent contractors who are treated as employees by law for certain employment tax withholdings) are treated as self-employment income for SSI purposes.

b. Special Exclusions

1972
Public Law 92-603, enacted October 30

Any amount of public-agency issued tax rebate that is based on either real property or food purchase taxes.

Grants, scholarships, and fellowships used to pay tuition and fees at an educational institution.

Income required for achieving an approved self-support plan for blind or disabled persons.

Work expenses of blind persons.

For blind persons transferred from State programs to SSI, income exclusions equal to the maximum amount permitted as of October 1972 under the State programs.

Irregularly or infrequently received income totaling $60 or less of unearned income and $30 of earned income in a calendar quarter.

Payment for foster care of an ineligible child residing in recipient's home through placement by a public or private nonprofit child care agency.

One third of any payment received from an absent parent for the support of a child eligible for SSI.

Certain earnings of a blind or disabled child under age 22 regularly attending an educational institution.

State or local government cash payments based on need and designed to supplement SSI payments.

1976
Public Law 94-331, enacted June 30

Disaster assistance from income for 9 months and application of one-third reduction for 6 months for certain victims of disasters occurring between January 1, 1976 and December 31, 1976.

Act	
Public Law 94-566, enacted October 20	Any assistance based on need (including vendor payments) made to or on behalf of SSI recipients that is paid and wholly funded by State or local governments.
	The value of assistance provided under certain Federal housing programs.
1977	
Public Law 95-113, enacted September 29	Food stamps, federally donated food, and the value of free or reduced price food for women and children under the Child Nutrition Act and National School Lunch Act.
Public Law 95-171, enacted November 12	Provisions for exclusions for support and maintenance under the Disaster Relief and Emergency Assistance Act of 1974 extended on a permanent basis. Effective January 1, 1978.
1980	
Public Law 96-222, enacted April 1	Earned income tax credit (EITC) treated as earned income (temporarily excluded from 1975 through 1980).
Public Law 96-265, enacted June 9	Remunerations received in sheltered workshops and work activity centers are considered earned income and qualify for earned income exclusions.
	Impairment-related work expenses paid by the individual (including cost for attendant care, medical equipment, drugs, and services necessary to control an impairment) are deducted from earnings when determining if an individual is engaging in SGA. Impairment-related work expenses are excluded in calculating income for benefit purposes if initial eligibility for benefits exists on the basis of countable income without applying this exclusion.
1981	
Public Law 97-35, enacted August 13	Modifies provision under which irregularly or infrequently received income is excluded to conform to change from quarterly to monthly accounting; amounts excludable: $20 or less of unearned income and $10 of earned income in a month.
1982	
Public Law 97-377, enacted December 21	From December 18, 1982 to September 30, 1983, certain home energy assistance payments are excluded if a State agency certified that they are based on need.
1983	
Public Law 97-424, enacted January 6	Support or maintenance assistance (including home energy assistance) provided in kind by a nonprofit organization or in cash or in kind by certain providers of home energy is excluded if the State determines that the assistance is based on need. Provision is applicable through September 1984.
	Certain home energy assistance payments are excluded if a State agency certified that the assistance is based on need. Provision is applicable through June 1985.
1984	
Public Law 98-369, enacted July 18	The 1983 provisions for support and maintenance and home energy assistance continue to October 1, 1987.
1986	
Public Law 99-498, enacted October 17	Educational assistance used for educational expenses under the Higher Education Act of 1965 as amended.

Act	
1987	
Public Law 100-203, enacted December 22	The 1983 provisions for support and maintenance and home energy assistance made permanent.
	Excludes death payments (e.g., proceeds from life insurance) from SSI income determinations to the extent they were spent on last illness and burial.
	Modifies the 1982 resource exclusion for burial funds to extend the exclusion to any burial fund of $1,500 or less maintained separately from all other assets, thereby allowing interest to be excluded from income if retained in the fund.
1988	
Public Law 100-383, enacted August 10	Restitution payments made to Japanese internees and relocated Aleutians.
1989	
Public Law 101-239, enacted December 19	Interest on agreements representing the purchase of an excluded burial space.
	Payments from the Agent Orange Settlement.
	Value of a ticket for domestic travel received as a gift and not cashed.
1990	
Public Law 101-508, enacted November 5	EITC (including the child health insurance portion).
	Payments received from a State-administered fund established to aid victims of crime.
	Impairment-related work expenses excluded from income in determining initial eligibility for benefits.
	Payments received as State or local government relocation assistance.
	Payments received under the Radiation Exposure Compensation Act.
	Royalties earned in connection with any publication of the individual's work and honoraria received for services rendered redefined as earned income (previously defined as unearned income).
1993	
Public Law 103-66, enacted August 10	Hostile fire pay to members of the uniformed services.
	Payments received as State or local government relocation assistance made permanent.
1994	
Public Law 103-286, enacted August 1	Payments to victims of Nazi persecution.
1998	
Public Law 105-285, enacted October 27	Funds made available to an SSI recipient by a State or local government or a nonprofit organization as part of the Individual Development Account demonstration project.
Public Law 105-306, enacted October 28	In-kind gifts to children with life-threatening conditions by tax-exempt organizations not converted to cash.
	The first $2,000 annually of cash gifts by tax-exempt organizations to, or for the benefit of, individuals under age 18 with life-threatening conditions.

Act	
Public Law 105-369, enacted November 12	Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998.
2000	
Public Law 106-554, enacted December 21	Interest on funds deposited in an Individual Development Account. Any adjustments made to prior payments from other Federal programs to account for the error in the computation of the Consumer Price Index during 1999.
2001	
Public Law 107-16, enacted June 7	The refundable child tax credit is excluded in determining eligibility for means-tested programs, including SSI.
2004	
Public Law 108-203, enacted March 2	Changes the calculation of infrequent or irregular income from a monthly to a quarterly basis. Excludes from the determination of an individual's income all interest and dividend income earned on countable resources. Effective July 2004. Permits the student earned income exclusion to apply to any individual under age 22 who is a student. Therefore, students under age 22 who are married or heads of households would be eligible for the exclusion. Effective April 2005. Excludes from the determination of income any gift to an individual for use in paying tuition or educational fees (just as grants, scholarships, and fellowships for such use are currently excluded from the determination of income). Effective June 2004.
2005	
Public Law 109-64, enacted September 20	Amends the National Flood Insurance Act of 1968 to specify that assistance provided under a program for flood mitigation activities with respect to a property would not be considered income or a resource of the owner of the property when determining eligibility for or benefit levels under any income assistance or resource-tested program (including SSI) that is funded in whole or in part by a Federal agency or by appropriated Federal funds.
2006	
Public Law 109-432, enacted December 20	Extends the present law that allows combat pay to be considered for EITC purposes for one additional year (for taxable years ending before January 1, 2008). For SSI purposes, EITC payments are excluded from income and are not a countable resource for 9 calendar months following the month of receipt.
2008	
Public Law 110-185, enacted February 13	A rebate payment received under the Economic Stimulus Act of 2008 and any other credit or refund under section 6428 of the Internal Revenue Code would not be taken into account as income for purposes of SSI.
Public Law 110-245, enacted June 17	Privatized military housing allowances withdrawn directly from a service member's pay by military payroll and paid to the landlord will be considered in-kind income, and the SSI benefit reduction attributable to the housing allowance will be capped at one third of the FBR. In other cases, housing allowances will be considered earned income. Excludes any cash or in-kind benefits provided under an AmeriCorps program from income consideration. Effective for benefits payable for months beginning 60 days after enactment.

Act	
	Excludes annuity payments paid by a State to a person or their spouse because the State has determined the person is a veteran and blind, disabled, or aged.
2009	
Public Law 111-5, enacted February 17	A one-time economic recovery payment of $250 to SSI recipients will not be taken into account as income for purposes of SSI.
	The Making Work Pay tax credit, which provides a tax credit in the form of decreased withholding by employers, will not be counted as income.
	A one-time payment of $15,000 for eligible Filipino veterans who are citizens of the United States and $9,000 for eligible veterans who are noncitizens will not be taken into account as income for SSI purposes.
2010	
Public Law 111-148, enacted March 23	Excludes incentives an SSI recipient with Medicaid receives for participating in an Incentives for Prevention of Chronic Diseases in Medicaid program from consideration as income.
Public Law 111-255, enacted October 5	Excludes the first $2,000 received during a calendar year by an SSI recipient as compensation for participation in a clinical trial for rare diseases or conditions from consideration as income. The exclusion is effective for a 5-year period from date of enactment.
Public Law 111-291, enacted December 8	Excludes any settlement payments to American Indians under the Claims Resettlement Act of 2010 from consideration as income.
Public Law 111-312, enacted December 17	Excludes Federal tax refunds and advance payment of refundable tax credits received after December 31, 2009 but before January 1, 2013 from consideration as income.
2013	
Public Law 112-240, enacted January 2	Makes permanent the exclusion from income of all refundable Federal advanced tax credits.
2014	
Public Law 113-295, enacted December 19	Modifies the Internal Revenue Code to define a type of tax-advantaged account in which money can be saved for the benefit of certain individuals who became disabled or blind prior to age 26. Contributions to an Achieving a Better Life Experience (ABLE) account are excluded from the income of the account's designated beneficiary. Furthermore, interest and dividends accrued by and retained within an ABLE account are also excluded. Finally, distributions from an ABLE account are not income.[1]
2015	
Public Law 114-63, enacted October 7	Makes permanent the exclusion of the first $2,000 in payments per calendar year that an SSI recipient receives as compensation for participation in certain clinical trials.
2016	
Public Law 114-241, enacted October 7	Excludes from income payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State.

[1] Distributions from an ABLE account for qualified housing-related expenses or non-qualified expenses are considered a countable resource in the month they are used or in a month for which they are intended to be used for such expenses, and not as income.

Act	
2025	
Public Law 119-22, enacted July 7	Excludes certain payments from a settlement trust to an aged, blind, or disabled Alaskan Native or descendant of an Alaskan Native from being used to determine the individual's eligibility for need-based Federal programs (including SSI), for a five-year period beginning on the date of enactment (July 7, 2025 to July 6, 2030).

6. Resources

1972	
Public Law 92-603, enacted October 30	Countable resources limited to $1,500 or less for an individual and to $2,250 or less for a couple.
1984	
Public Law 98-369, enacted July 18	Limit on countable resources raised by $100 a year for individuals and $150 a year for couples beginning in calendar year 1985 through 1989. The respective limits would become $2,000 for an individual and $3,000 for a couple in 1989 and thereafter.
1999	
Public Law 106-169, enacted December 14	Includes generally in the countable resources of an individual the assets of a trust that could be used for the benefit of the individual or spouse.

a. General Exclusions

1972	
Public Law 92-603, enacted October 30	A home of reasonable value—established *by regulation* as not exceeding a fair-market value of $25,000 ($35,000 in Alaska and Hawaii). Personal effects and household goods of reasonable value—established *by regulation* as not exceeding a total market value of $1,500. An automobile of reasonable value—established *by regulation* as not exceeding a market value of $1,200. An automobile may be excluded, regardless of value, if the individual's household uses it for employment or medical treatment or if it is modified to be operated by or for transportation of a person with a disability. Life insurance with face value of $1,500 or less.
1976	
Public Law 94-569, enacted October 20	The recipient's home, regardless of value, is excluded from consideration in determining resources.
1977	
Public Law 95-171, enacted November 12	Assistance received under the Disaster Relief and Emergency Assistance Act of 1974 for 9 months following receipt.
1979	Reasonable value for an automobile increased *by regulation* to $4,500 of current-market value; personal goods and household effects increased to $2,000 of equity value.
1982	
Public Law 97-248, enacted September 3	The value, within prescribed limits, of a burial space for the recipient, spouse, and immediate family is excluded. In addition, $1,500 each (less the value of

Act	
	already excluded life insurance and any amount in an irrevocable burial arrangement) may be set aside for the burial of the recipient and spouse.
1984 *Public Law 98-369, enacted July 18*	The unspent portion of any retroactive OASDI or SSI payment is excluded for 6 months following its receipt, and the individual must be given written notice of the time limit on the exclusion.
1985	*Regulations* permit exclusion, regardless of value, of an automobile needed for essential transportation or modified for a person with a disability. The $4,500 current market value limit applies only if no automobile could be excluded based on the nature of its use.
1987 *Public Law 100-203, enacted December 22*	Provides for suspension of the 1980 transfer of assets provision in any month that it is determined that undue hardship would result. Real property that cannot be sold for the following reasons: it is jointly owned; its sale would cause the other owner(s) undue hardship due to loss of housing; its sale is barred by a legal impediment; or the owner's reasonable efforts to sell have been unsuccessful. Temporarily extends the 1984 exclusion of retroactive OASDI and SSI benefits from 6 months to 9 months (the longer exclusion applies to benefits paid in fiscal years 1988 and 1989).
1988 *Public Law 100-707, enacted November 23*	Removes the time limit for exclusion of disaster assistance.
2004 *Public Law 108-203, enacted March 2*	Increases to 9 months and makes uniform the time period for excluding from resources amounts attributable to payments of past-due Social Security and SSI benefits and earned income and child tax credits. Effective for such payments received on or after the date of enactment.
2005	*Regulations* permit exclusion, regardless of value, of: • One automobile if used for transportation for the recipient or a member of the recipient's household; and • Personal goods and household effects.
	b. Special Exclusions
1972 *Public Law 92-603, enacted October 30*	Resources of a blind or disabled individual that are necessary to an approved plan of self-support. Tools and other property essential to self-support, within reasonable limits. Shares of nonnegotiable stock in regional or village corporations held by natives of Alaska. For persons transferred from State programs to SSI, resource exclusions equal to the maximum amount permitted as of October 1972 under the State program.
1988 *Public Law 100-383, enacted August 10*	Restitution payments made to Japanese internees and relocated Aleutians.

Act	
1989	
Public Law 101-239, enacted December 19	Specifies that no limitation can be placed on property essential to self-support used in a trade or business or by an individual as an employee (including the tools of a tradesperson and the machinery and livestock of a farmer).
	Payments from the Agent Orange Settlement.
1990	
Public Law 101-508, enacted November 5	EITC excluded for the month following the month the credit is received.
	Payments received from a State-administered fund established to aid victims of crime excluded for a 9-month period. Individual not required to file for such benefits.
	Payments received as State or local government relocation assistance excluded for a 9-month period. The provision expired 3 years after its effective date.
	Payments received under the Radiation Exposure Compensation Act.
1993	
Public Law 103-66, enacted August 10	Makes permanent the 9-month exclusion of payments received as State or local government relocation assistance.
1994	
Public Law 103-286, enacted August 1	Payments to victims of Nazi persecution.
1996	
Public Law 104-193, enacted August 22	Dedicated financial institution accounts required to be established for large past-due benefits for disabled individuals under age 18 with a representative payee.
1998	
Public Law 105-285, enacted October 27	Funds made available to an SSI recipient by a State or local government or a nonprofit organization as part of the Individual Development Account demonstration project.
Public Law 105-306, enacted October 28	In-kind gifts to children with life-threatening conditions by tax-exempt organizations not converted to cash.
	The first $2,000 annually of cash gifts by tax-exempt organizations to, or for the benefit of, individuals under age 18 with life-threatening conditions.
Public Law 105-369, enacted November 12	Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998.
2000	
Public Law 106-554, enacted December 21	Funds deposited by an individual in an Individual Development Account and the interest on those funds.
2001	
Public Law 107-16, enacted June 7	The refundable child tax credit in the month of receipt and in the following month.
2004	
Public Law 108-203, enacted March 2	Excludes grants, scholarships, fellowships, or gifts to be used for tuition or educational fees from an individual's countable resources for 9 months after the month of receipt.

Act	
2005	
Public Law 109-64, enacted September 20	Amends the National Flood Insurance Act of 1968 to specify that assistance provided under a program for flood mitigation activities with respect to a property would not be considered income or a resource for SSI purposes.
2008	
Public Law 110-185, enacted February 13	A rebate payment received under the Economic Stimulus Act of 2008 and any other credit or refund under section 6428 of the Internal Revenue Code would not be included as a resource during the month of receipt or the following 2 months.
Public Law 110-245, enacted June 17	Excludes State-provided pensions for aged, blind, or disabled veterans (or their spouses) from resources consideration. Effective for benefits payable for months beginning 60 days after enactment.
2009	
Public Law 111-5, enacted February 17	A one-time economic recovery payment of $250 to SSI recipients will not be taken into account as a resource for the month of receipt and the following 9 months. The Making Work Pay tax credit, which provides a tax credit in the form of decreased withholding by employers, will not be taken into account as a resource for the month of receipt and the following 2 months. A one-time payment of $15,000 for eligible Filipino veterans who are citizens of the United States and $9,000 for eligible veterans who are noncitizens will not be taken into account as a resource for SSI purposes, although interest earned on any such payment may be considered a resource.
2010	
Public Law 111-148, enacted March 23	Excludes incentives an SSI recipient with Medicaid receives for participating in an "Incentives for Prevention of Chronic Diseases in Medicaid" program from consideration as a resource.
Public Law 111-255, enacted October 5	Excludes the first $2,000 received during a calendar year by an SSI recipient as compensation for participation in a clinical trial for rare diseases or conditions from consideration as a resource. The exclusion is effective for a 5-year period from date of enactment.
Public Law 111-291, enacted December 8	Excludes any settlement payments to American Indians under the Claims Resettlement Act of 2010 from consideration as a resource for a period of 12 months from receipt.
Public Law 111-312, enacted December 17	Excludes Federal tax refunds and advance payment of refundable tax credits received after December 31, 2009 but before January 1, 2013 from consideration as a resource for a period of 12 months from receipt.
2013	
Public Law 112-240, enacted January 2	Makes permanent the 12-month resource exclusion of all refundable Federal advanced tax credits.
2014	
Public Law 113-295, enacted December 19	Modifies the Internal Revenue Code to define a type of tax-advantaged account in which money can be saved for the benefit of certain individuals who became disabled prior to age 26. The first $100,000 of the balance of an Achieving a Better Life Experience (ABLE) account is excluded. Additionally, if the amount in excess of $100,000 in an SSI recipient's ABLE account causes the recipient

Act	
	to exceed the SSI resource limit, then the recipient's monthly cash payments are suspended, but the recipient keeps eligibility for Medicaid and SSI.[1] Any distribution for a qualified disability expense that is not housing-related is excluded from resources in the month it is used or in a month for which it is intended to be used for such expenses.
2015	
Public Law 114-63, enacted October 7	Makes permanent the exclusion as a resource of the first $2,000 in payments per calendar year that an SSI recipient receives as compensation for participation in certain clinical trials.
2016	
Public Law 114-241, enacted October 7	Excludes from resources payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State, if the payment is retained by the recipient beyond the month in which it is received.
2017	
Public Law 115-97, enacted December 22	Allows individuals to transfer funds from qualified tuition plans (i.e., 529 plans) to an ABLE account without penalty and without counting against the annual contribution limit. Additionally, allows ABLE account beneficiaries who worked but did not contribute to certain types of retirement plans in a given year to contribute more than the annual limit to the person's ABLE account, subject to established limits. Finally, provides that designated beneficiaries may be eligible for a tax credit for contributions they make to an ABLE account. The rollover change was effective upon enactment. The additional contribution and tax credit changes are effective with tax year 2018 and sunset in January 2026.
2022	
Public Law 117-128, enacted May 21	To be eligible for an ABLE account, a person must have been disabled before a certain age. This provision changes this age from 26 to 46, effective with tax year 2026.
2025	
Public Law 119-21, enacted July 4	Permanently separates the IRS gift tax exclusion amount and the annual contribution limit for ABLE accounts. This provision also provides an additional year of inflation adjustment for the base amount of the limit. Permanently allows designated beneficiaries who make qualified contributions to their ABLE account to qualify for the Saver's Credit. This provision also increases the maximum annual contribution amount eligible for the Saver's Credit from $2,000 to $2,100 for taxable years beginning after December 31, 2026. This provision permanently allows tax-free rollovers of amounts in Section 529 qualified tuition programs to qualified ABLE programs.

[1] In other words, the individual can receive monthly payments again without having to file a new application if the ABLE account balance drops below the limit and the individual continues to meet the other eligibility requirements for the SSI program.

Act

c. Transfer-of-Resources Penalties

1980
Public Law 96-611, enacted December 28
Assets transferred for less than fair market value for the purpose of establishing eligibility for benefits under the Social Security Act are counted as resources for 24 months after transfer.

1988
Public Law 100-360, enacted July 1
Removes the transfer-of-assets penalty for transfers made July 1, 1988 or later.

1999
Public Law 106-169, enacted December 14
Provides a penalty under the SSI program for the disposal of resources at less than fair market value. The penalty is a loss of benefits for up to 36 months. Also provides a formula to determine the number of months.

7. Presumptive and Emergency Payments and Interim Assistance Reimbursement

a. Presumptive Payments

1972
Public Law 92-603, enacted October 30
A person applying on the basis of disability who meets all other criteria of eligibility and is likely to be disabled may receive payments for 3 months pending the disability determination.

1976
Public Law 94-569, enacted October 20
Presumptive payment provision was extended to persons applying on the basis of blindness.

1990
Public Law 101-508, enacted November 5
Extends the period for receipt of presumptive payments to 6 months.

b. Emergency Advance Payments

1972
Public Law 92-603, enacted October 30
Any applicant who can be presumed to meet the criteria of eligibility, but who has not yet been determined eligible and who is faced with a financial emergency, may receive an immediate cash advance of up to $100.

1987
Public Law 100-203, enacted December 22
Increases the maximum emergency advance payment amount to the maximum amount of the regular monthly FBR plus, if any, the federally administered State supplementation payment.

1996
Public Law 104-193, enacted August 22
Applicants who have a financial emergency may receive an emergency advance payment in the month of application, which, effective with this law, is always prior to the first month of eligibility. These advance payments are recouped by proportional reductions in the recipient's first 6 months of SSI benefits.

Act	
	c. Interim Assistance Reimbursement
1974 *Public Law 93-368, enacted August 7*	SSA may enter into agreements with the States to repay them directly for assistance payments made to an SSI applicant while the person's claim is being adjudicated. The repayment is made from the first check due to the individual. This legislation expires June 30, 1976.
1976 *Public Law 94-365, enacted July 14*	The authority to repay the State for interim assistance is made permanent.
1987 *Public Law 100-203, enacted December 22*	Extends interim assistance reimbursement to situations in which payments are made by States or political subdivisions to persons whose SSI payments were suspended or terminated and who subsequently are found to be eligible for such benefits. Also clarifies that the payment from which the interim assistance reimbursement is paid must be the first payment of benefits relating to the interim period.
	8. Medicaid Eligibility
1972 *Public Law 92-603, enacted October 30*	States can provide Medicaid coverage to all recipients of SSI payments. Alternatively, they can limit coverage by applying more restrictive criteria from the State Medicaid plan in effect on January 1, 1972. States can accept SSA determination of eligibility or make their own determination.
1976 *Public Law 94-566, enacted October 20*	Preserves the Medicaid eligibility of recipients who become ineligible for cash SSI payments due to the cost-of-living increases in Social Security benefits.
1980 *Public Law 96-265, enacted June 9*	Blind or disabled recipients under age 65 no longer eligible for either regular or special SSI payments because of their earnings may retain special SSI recipient status for Medicaid eligibility purposes under the following conditions: (1) they continue to have the disabling impairment; (2) they meet all nondisability eligibility criteria except for earned income; (3) they would be seriously inhibited from continuing employment without Medicaid services; and (4) their earnings are insufficient to provide a reasonable equivalent of SSI payments and Medicaid. In States that do not provide Medicaid coverage categorically to all SSI recipients, qualification for Medicaid benefits depends on the State's specific eligibility and program requirements. The Medicaid provision of the 1980 legislation was in effect from January 1, 1981 through December 31, 1983. Under a 1-year demonstration project beginning January 1, 1984, this provision was continued for persons already eligible for regular or special SSI payments or for retention of Medicaid eligibility.
1984 *Public Law 98-460, enacted October 9*	Medicaid provision of 1980 legislation extended through June 30, 1987 (retroactive to January 1, 1984).

Act

1986

Public Law 99-272, enacted April 7

Restores Medicaid eligibility for some disabled widow(er)s who became ineligible for SSI when their OASDI benefits increased in 1984 because of a change in the Social Security disabled widow(er)s benefits reduction factor.

Public Law 99-643, enacted November 10

The SSI recipient status for Medicaid eligibility provision of the 1980 amendments is made permanent.

Effective July 1, 1987, certain expenses are excluded from earnings when determining sufficiency of earnings to establish SSI recipient status eligibility for Medicaid purposes:

- Impairment-related work expenses of disabled persons;
- Work expenses of blind persons;
- Income required for achieving an approved self-support plan; and
- The value of publicly funded attendant care services.

Effective July 1, 1987, preserves the Medicaid eligibility of recipients who become ineligible for SSI payments because of entitlement to, or an increase in, Social Security disabled adult child benefits on or after the effective date.

Effective July 1, 1987, requires all States to provide Medicaid coverage for recipients in special SSI status (either receiving special SSI payments or in the special recipient status described for 1980) if they received Medicaid coverage the month before special SSI status.

1987

Public Law 100-203, enacted December 22

Effective July 1, 1988, restores or preserves the Medicaid eligibility of persons aged 60 or older who are eligible for Social Security benefits as widows or widowers (but not eligible for Medicare) and who become ineligible for SSI payments or State supplementation because of the receipt of Old-Age or Survivors Insurance benefits under Social Security.

1990

Public Law 101-508, enacted November 5

Age limit for retention of SSI recipient status for Medicaid eligibility purposes (1980 and subsequent work incentive provisions above) is eliminated.

Preserves the Medicaid eligibility of SSI recipients who become ineligible for payments when they become entitled to Social Security disabled widow(er)s benefits following the revised definition used for their disability.

1997

Public Law 105-33, enacted August 5

Requires States to continue Medicaid coverage for disabled children who were receiving SSI payments as of August 22, 1996 and would have continued to be eligible for such payments except that their eligibility terminated because they did not meet the revised SSI childhood disability standard established under Public Law 104-193.

2006

Public Law 109-171, enacted February 8

Begins Medicaid coverage for children who are eligible for SSI effective the month the SSI application is filed or the first month of SSI eligibility, whichever is later. (Under prior law, Medicaid eligibility for such children began the month following the month of the SSI application or first eligibility.)

Act

9. State Supplementation

1972

Public Law 92-603, enacted October 30

States are given the option of providing supplementary payments both to recipients transferred from the State program and to those newly eligible for SSI.

States may either administer the payments themselves or have SSA make payments on their behalf. When State supplementation is federally administered, SSA makes eligibility and payment determinations for the State and assumes administrative costs.

"Hold harmless" protection, which limits a State's fiscal liability to its share of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled expenditures for calendar year 1972, is provided to States electing Federal administration of their supplementary plans. This provision applies only to supplementary payments that do not, on average, exceed a State's "adjusted payment level." (The adjusted payment level is the average of the payments that individuals with no other income received in January 1972; it may include the bonus value of food stamps. Adjustments are provided for payments that had been below State standards.)

1973

Public Law 93-66, enacted July 9

Provides for mandatory State supplementation as assurance against reduction of income for persons who received State assistance in December 1973 and were transferred to SSI. These supplementary payments must equal the difference between: (1) the amount of the State assistance payment that the individual received in December 1973 plus other income; and (2) the person's Federal SSI payment plus other income.

1976

Public Law 94-585, enacted October 21

After June 30, 1977, when the Federal SSI payment level is increased by a cost-of-living increase, such an increase will be excluded in calculating the "hold harmless" amount.

Requires States to maintain State supplementation payments at the level of December 1976 ("maintenance of payments") or to continue to pay in supplements the same total annual amounts ("maintenance of expenditures") when the Federal SSI payment level is increased and thereby pass through any increases in Federal benefits without reducing State supplements.

1982

Public Law 97-248, enacted September 3

Begins a 3-year phase out of "hold harmless" protection. Effective with fiscal year 1985, Wisconsin and Hawaii (the only remaining "hold harmless" States) assumed the full cost of their supplementary payments.

1983

Public Law 98-21, enacted April 20

Federal pass-through law is adjusted: (1) by substituting the State supplementation payment levels in effect in March 1983 for those in effect in December 1976 as the levels that States must maintain in complying with the pass-through requirements; and (2) with regard to the $20 (individual) and $30 (couple) increase in the Federal SSI standard in July 1983, by requiring States to pass through only as much as would have been required if the SSI cost-of-living adjustment had been made in July 1983.

Act	
1987	
Public Law 100-203, enacted December 22	Provides for Federal administration of State supplements to residents of medical institutions. Provides for required pass through of $5 increase in Federal rate for persons whose care in institutions is paid in substantial part by Medicaid.
1993	
Public Law 103-66, enacted August 10	Requires States to pay fees for Federal administration of their State supplementation payments. The fees are $1.67 for each monthly supplementary payment in fiscal year 1994, $3.33 in fiscal year 1995, and $5.00 in fiscal year 1996. Fees for subsequent fiscal years will be $5.00 or another amount determined by the Commissioner to be appropriate. The Commissioner may charge the States additional fees for services they request that are beyond the level customarily provided in administering State supplementation payments.
1997	
Public Law 105-33, enacted August 5	Revises the schedule of per-payment fees for Federal administration of State supplementation for fiscal years 1998 ($6.20) through 2002 ($8.50) and provides a formula for determining the fee beyond fiscal year 2002.
1999	
Public Law 106-170, enacted December 17	A State that has an agreement with SSA to administer its supplementation payments must remit both payments and fees prior to the SSI payment date.
2000	
Public Law 106-554, enacted December 21	Changes the effective date of above provision from 2009 to 2001.

10. Overpayment Recovery

1984	
Public Law 98-369, enacted July 18	Limits the rate of recovering overpayments from monthly payments to the lesser of: (1) the monthly payment; or (2) 10 percent of a recipient's monthly income. Permits a higher or lower adjustment at the request of the recipient subject to the agreement of the Commissioner. The limit does not apply if fraud, willful misrepresentation, or concealment of material information was involved on the part of the recipient or spouse in connection with the overpayment. Waives recovery of certain overpayments due to amount of excess resources of $50 or less. Provides authority for the recovery of overpayments from tax refunds.
1998	
Public Law 105-306, enacted October 28	Authorizes SSA to collect SSI overpayments for individuals not currently eligible for SSI cash benefits by offsetting OASDI benefits, with a maximum monthly offset of no more than 10 percent of the Social Security benefit. The limit does not apply if fraud, willful misrepresentation, or concealment of material information was involved on the part of the recipient or spouse in connection with the overpayment.
1999	
Public Law 106-169, enacted December 14	Makes a representative payee liable for an SSI overpayment caused by a payment made to the representative payee on behalf of a recipient after the recipient's death and requires SSA to establish an overpayment control record under the representative payee's Social Security number.

Act	
	Requires SSA to recover SSI overpayments from SSI lump-sum amounts by withholding at least 50 percent of the lump-sum payment or the amount of the overpayment, whichever is less. Extends all of the debt collection authorities currently available for the collection of overpayments under the OASDI program to the SSI program.
2004 *Public Law 108-203, enacted March 2*	Provides for recovery of overpayment of SSI benefits by withholding from OASDI and Special Veterans Benefits up to 100 percent of any underpayment of benefits and 10 percent of ongoing monthly benefits. The 10 percent limit does not apply if fraud, willful misrepresentation, or concealment of material information was involved on the part of the recipient or spouse in connection with the overpayment. Also provides for recovery of overpayment of OASDI or Special Veterans Benefits by withholding from SSI up to 100 percent of any underpayment of benefits but limits any recovery from SSI benefits to the lesser of 100 percent of the monthly benefit or 10 percent of the individual's total monthly income. Effective with respect to overpayments that are outstanding at the time of enactment.
2018 *Public Law 115-165, enacted April 13*	Limits overpayment liability for children in foster care by clarifying that State payees for minors in foster care are responsible for repaying overpayments incurred while the State acted as payee.
	11. Fees for Attorneys and Non-Attorney Representatives
2004 *Public Law 108-203, enacted March 2*	Extends the current OASDI attorney fee withholding process to SSI for a period of 5 years. Also extends OASDI and SSI fee withholding provisions to qualified non-attorneys effective with the implementation of the 5-year demonstration project mentioned below. Authorizes a 5-year demonstration project that extends attorney fee withholding and direct pay procedures to qualified non-attorney representatives.
2010 *Public Law 111-142, enacted February 27*	Permanently extends the OASDI fee withholding and direct pay procedures to attorney and qualified non-attorney representatives of SSI recipients. The prior authority expired February 28, 2010.
	12. Administration of the Program
2015 *Public Law 114-74, enacted November 2*	Authorizes SSA to establish automated information exchanges with payroll data providers. Recipients who give SSA permission to obtain their wages through such an exchange will not be subject to a penalty,[1] under section 1129A of the Social Security Act (Act), for any omission or error with respect to wages reported by the payroll data provider(s). Additionally, we will find good cause

[1] Section 1631(e)(2) of the Social Security Act authorizes SSA to assess a penalty when a recipient fails to report or delays reporting changes relevant to SSI eligibility or payment amount. The amounts of these penalties are $25 for the first failure or delay, $50 for the second failure or delay, and $100 for each subsequent failure or delay.

Act

and not subject individuals to a penalty of monetary deduction from their SSI payments under section 1631(e)(2) of the Act, if they fail or delay to report a change in employer.

2018

Public Law 115-165, enacted April 13

Protects SSI recipients with representative payees by:

- Strengthening oversight of representative payees by increasing the number of performance reviews of payees, requiring additional types of reviews, and improving the effectiveness of reviews;
- Reducing the burden on families by eliminating the requirement to file the annual accounting form for representative payees who are parents of and who live with the minor child recipients they serve, or who are spouses of the recipients they serve;
- Protecting the most vulnerable recipients through improved information-sharing by requiring SSA to identify whether a recipient is in foster care and reassess whether the payee is appropriate, and by directing SSA to study how better to coordinate with Adult Protective Services and with state guardianship courts;
- Enhancing personal control by allowing recipients to make a designation of their preferred payee in advance, and improving payee selection by requiring SSA to assess the appropriateness of the order-of-preference list it uses to select payees; and
- Helping to ensure that no recipient has a barred payee by codifying the policy that bans individuals with certain criminal convictions from serving as payees (including individuals currently serving as payees) and prohibiting individuals who have payees from serving as a payee for others.

B. INCOME AND RESOURCE EXCLUSIONS

1. Earned Income Exclusions

- Any refund of Federal income taxes received under section 32 of the Internal Revenue Code (relating to earned income tax credit (EITC)) and any payment received under section 3507 of the Internal Revenue Code (relating to advance payment of EITC);
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009;
- Any refundable child tax credit;
- The first $30 of earned income in a quarter if it is infrequent or irregular. A payment is infrequent if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters. A payment is irregular if its receipt cannot reasonably be expected;
- Up to $2,410 per month but not more than $9,730 in a calendar year received by a blind or disabled recipient who is a working student under age 22 and regularly attending school;[1]
- Any portion of the monthly $20 exclusion that we did not exclude from unearned income;
- $65 of earned income in a month;
- Amounts used to pay impairment-related work expenses if a recipient is disabled (but not blind) and under age 65 or is disabled (but not blind) and receiving Supplemental Security Income (SSI) (or disability payments under a former State plan) before age 65;[2]
- One half of remaining earned income in a month;
- Earned income used to meet any expenses reasonably attributable to the earning of the income if the recipient is blind and under age 65 or if the person received SSI as a blind person prior to age 65;[2]
- Any earned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65 or is blind or disabled and received SSI as a blind or disabled individual in the month before they attained age 65;
- Cash or in-kind income provided under an AmeriCorps program;[3]
- The amount of the recipient's earned income deposited into an Individual Development Account (IDA); and
- Earned income excluded by other Federal laws. See Federal Regulations Appendix to Subpart K 20 CFR 416.

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[1] Effective January 1, 2026 (90 FR 49047). The student earned income exclusion generally increases yearly based on changes in the cost of living. See table V.E1 for the history of maximum monthly and calendar year exclusion amounts.

[2] Amounts used to pay impairment-related work expenses are deducted before the one half of earned income deduction, whereas amounts used to pay the work expenses of the blind are deducted after the one half of earned income deduction. As a result, amounts of blind work expenses reduce SSI earned income to a greater degree than impairment-related work expenses.

[3] Cash and in-kind income provided under an AmeriCorps program is excluded from both earned and unearned income.

2. Unearned Income Exclusions

- Any public agency's refund of taxes on real property or food;
- Assistance based on need wholly funded by a State or one of its political subdivisions. This exclusion includes State supplementation of Federal SSI benefits but does not include payments under a Federal/State grant program such as TANF;
- Any portion of a grant, scholarship, fellowship, or gift to an individual used for paying tuition, fees, or other necessary educational expenses;[1]
- Food raised by a household if it is consumed by that household;
- Assistance received under the Disaster Relief and Emergency Assistance Act and assistance provided under any Federal statute because of a catastrophe that the President of the United States declares to be a major disaster;
- Assistance received under a program for flood mitigation activities;
- The first $60 of unearned income in a quarter if it is infrequent or irregular. A payment is infrequent if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters. A payment is irregular if its receipt cannot reasonably be expected;
- Any unearned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65, or if the recipient is blind or disabled and received SSI as a blind or disabled individual in the month before they attained age 65;
- Periodic payments made by a State under a program established before July 1, 1973 and based solely on the recipient's length of residence and attainment of age 65;
- Payments for providing foster care to an ineligible child placed in the recipient's home by a public or private nonprofit child placement or child care agency;
- Any interest earned on excluded burial funds and any appreciation in the value of an excluded burial arrangement left to accumulate and become part of the separately identifiable burial fund;
- Certain support and maintenance assistance provided in the form of home energy assistance;
- One third of support payments made by an absent parent if the recipient is a child;
- The first $20 of unearned income in a month other than income in the form of in-kind support and maintenance received in the household of another and income based on need;
- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, Title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Any interest accrued on and left to accumulate as part of the value of an excluded burial space purchase agreement (effective April 1, 1990) and any interest earned on the value of nonexcludable burial funds and burial space purchase agreements is excluded from income (effective July 1, 2004);

[1] Funds used for food or shelter are not exclusions.

- The value of any commercial transportation ticket for travel by a recipient or their spouse among the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands that is received as a gift and is not converted to cash;
- Payments received from a fund established by a State to aid victims of crime;
- State-provided pensions to aged, blind, or disabled veterans (or their spouses);
- Relocation assistance provided by a State or local government that is comparable to assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- Hostile fire pay received from one of the uniformed services pursuant to 37 U.S.C. 310 and other kinds of additional pay received by military personnel in a combat zone;
- Interest or other earnings on a dedicated account excluded from resources;
- In-kind gifts not converted to cash and the first $2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;
- Up to $2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions;
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Amounts received by Medicaid recipients from the "Incentives for Prevention of Chronic Diseases in Medicaid" program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell v. Salazar, et al.* lawsuit settlement as ratified by the Claims Resettlement Act of 2010;
- Refundable tax credits (or advance payment of such credits);
- Cash or in-kind income provided under an AmeriCorps program;[1]
- Amounts deposited into an IDA by a State's TANF program, or by a demonstration project authorized by the Assets for Independence Act;
- Interest earned on amounts deposited into an IDA by the participating individual, a State's TANF program, or a demonstration project authorized by the Assets for Independence Act;
- Unearned income excluded by other Federal laws. See Federal Regulations Appendix to Subpart K 20 CFR 416;
- Generally, all interest and dividend income earned on countable resources;

[1] Cash and in-kind income provided under an AmeriCorps program is excluded from both earned and unearned income.

- Lump sum payments made under the Energy Employees Occupational Illness Compensation Program Act of 2000 (the EEOCIP Act), including reimbursement for medical expenses, are excluded from income for SSI purposes;
- Contributions to an Achieving a Better Life Experience (ABLE) account[1] are excluded for the account's beneficiary. In addition, interest and dividends accrued by and retained within an ABLE account are also excluded;
- Payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State; and
- Payments from a settlement trust to an aged, blind, or disabled Alaskan Native or descendant of an Alaskan Native from being used to determine the individual's eligibility for need-based Federal programs (including SSI), for a five-year period beginning on the date of enactment (July 7, 2025 to July 6, 2030).

3. Resource Exclusions

- The home in which an individual has ownership interest and that serves as the individual's principal place of residence (including the land appertaining thereto);
- Household goods and personal effects;
- One automobile if used for transportation for the recipient or a member of the recipient's household;
- Property used in a trade or business that is essential to self-support;
- Up to $6,000 of nonbusiness property that is essential to self-support;
- Resources of a blind or disabled individual that are necessary to fulfill an approved plan to achieve self-support;
- Stock in regional or village corporations held by natives of Alaska during the 20-year period in which the stock is inalienable pursuant to the Alaska Native Claims Settlement Act;
- Life insurance owned by an individual (and spouse, if any) provided that all life insurance on any person does not exceed a face value of $1,500;
- Restricted allotted Indian lands;
- Disaster relief assistance;
- Assistance received under a program for flood mitigation activities;
- Burial spaces and certain funds up to $1,500 for burial expenses;
- SSI or Old-Age, Survivors, and Disability Insurance retroactive payments for 9 months following the month of receipt;

[1] Contributions, however, do not decrease the countable income of the person contributing. For example, if a parent who is a deemor to an SSI recipient were to deposit $500 of their earnings into the recipient's ABLE account, we would still consider that $500 to be part of the parent's gross wages, unless excluded otherwise. Similarly, if a recipient were to deposit $500 of their earnings into their ABLE account, we would still consider the $500 to be part of their gross wages, unless excluded otherwise.

- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, Title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Refunds of Federal income taxes and advances made by an employer relating to an EITC for 12 months following the month of receipt;[1]
- One-time economic recovery payment received under the American Recovery and Reinvestment Act of 2009, for the month of receipt and the following 9 months;
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009 for the month of receipt and the following 12 months;[2]
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Refundable child tax credit for 12 months following the month of receipt;
- Refundable tax credits or advance payment of such credits for 12 months following the month of receipt;[3]
- Grants, scholarships, fellowships, or gifts to be used for tuition or educational fees for 9 months following the month of receipt;
- Payments received as compensation for replacement or repair of losses, damages, or theft for 9 months following the month of receipt;
- Relocation assistance from a State or local government for 9 months following the month of receipt;
- Payments made from State-provided pensions to aged, blind, or disabled veterans or their spouses;
- Dedicated financial institution accounts for disabled children;
- In-kind gifts not converted to cash and the first $2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;
- Up to $2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions;
- Amounts received by Medicaid recipients from the "Incentives for Prevention of Chronic Diseases in Medicaid" program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell et al. v. Salazar et al.* lawsuit settlement, as ratified by the Claims Resettlement Act of 2010 (for 12 months following the month of receipt);
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;

[1] Lawmakers extended the exclusion period from 9 to 12 months by the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010, for refunds or credits received between January 1, 2010 and December 31, 2012. The American Taxpayer Relief Act of 2012 (Public Law 112-240) made the 12-month exclusion permanent.

[2] Lawmakers extended the exclusion period from 2 to 12 months by the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010, for refunds or credits received between January 1, 2010 and December 31, 2012.

[3] Prior to the enactment of the American Taxpayer Relief Act of 2012 (Public Law 112-240) on January 2, 2013, this resource exclusion applied to such tax credits received between January 1, 2010 and December 31, 2012. Public Law 112-240 made the 12-month resource exclusion permanent.

- Amounts deposited into an IDA by the participating recipient, a State's TANF program, or a demonstration project authorized by the Assets for Independence Act, and interest earned on such amounts;
- Certain trusts (e.g., certain Medicaid trusts that will repay the State, upon the death of the recipient, for the costs of medical assistance provided to that individual);
- Payments or benefits provided under a Federal statute other than Title XVI of the Social Security Act where exclusion is provided by such statute;
- Up to $100,000 held in a qualified ABLE account. Furthermore, any distribution from an ABLE account for a qualified disability expense that is not housing-related is excluded from resources in the month it is used or in a month in which it is intended to be used for such expenses;
- Payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State; and
- Payments from a settlement trust to an aged, blind, or disabled Alaskan Native or descendant of an Alaskan Native from being used to determine the individual's eligibility for need-based Federal programs (including SSI), for a five-year period beginning on the date of enactment (July 7, 2025 to July 6, 2030).

C. HISTORICAL ALLOWANCE DATA

Generally, about 90 percent of Supplemental Security Income (SSI) applications are for benefits based on disability or blindness. Individuals can apply at a local Social Security office, over the telephone, or online in certain circumstances. We send claims requiring an evaluation of disability to the State disability determination services (DDS) for a disability decision.[1] [2] Claimants may appeal unfavorable initial DDS decisions. In general, the appeals process proceeds as follows:[3] [4]

- The State DDS conducts the first level of appeal—the reconsideration appeal step.
- Claimants denied at the reconsideration level can then request a hearing before an administrative law judge (ALJ).
- If dissatisfied with the hearing decision, claimants can request a review by the Appeals Council.
- Those dissatisfied with the Appeals Council's action can seek further relief through the Federal court system.

This process of application and appeal can span several years. Only a longitudinal database of administrative records at all stages of appeal can provide a complete picture of the disability determination process. Each year, SSA's Disability Policy constructs such a longitudinal database, the "Title XVI Disability Research File," to assist our agency in understanding and managing this process. However, as there are inconsistencies in the data collected from all the respective levels of appeal, certain considerations are made during the build process. The following sections present some additional details and qualifications essential to a complete understanding of the resulting data. Following these technical notes, tables V.C1 and V.C2 present the latest available summary of results on disability determinations under Title XVI.

1. Technical Notes on the Disability Research File

Methods used to build the Title XVI Disability Research File—The "base" file for the Title XVI Disability Research File is the Supplemental Security Record, which is the main computerized file for administering the SSI program. We match the "base" file against records from various other administrative sources, including transactions from the disability determination (SSA-831) files, Structured Data Repository (SDR), Social Security number identification records, as well as Hearings and Appeals Council level data.

Creating the Title XVI Disability Research File is a cumbersome process; it involves about 200 steps and generally requires 2 to 4 months to complete. The process is complex because we assemble the file based

[1] A relatively small number of cases are sent for evaluation to Extended Service Team, Flexible Disability Unit, and Disability Processing Branch sites. All references to "State DDS" include these sites as well.

[2] This section uses the term "decision" in a general sense, although SSA usually refers to DDS findings as "determinations" and administrative law judge findings as "decisions."

[3] SSA implemented the Disability Service Improvement (DSI) process in the Boston Region in August 2006 (for the SSI program and disability claims filed under the Social Security program). The DSI process eliminated reconsideration as the first level of appeal of an initial disability determination and introduced review by the Office of the Federal Reviewing Official (OFedRO) in its place. By final rule published in the Federal Register (73 FR 2411), SSA suspended new claims to the OFedRO level; this change was effective March 23, 2008 (correction to 73 FR 2411 in 73 FR 10381). For those initial disability appeals that had not been transferred to OFedRO on or before the effective date, the procedure for the first level of appeal reverted to that which was in place prior to August 2006 (i.e., reconsideration or to an ALJ for a hearing, whichever was applicable in that particular New England State at that time). The DSI regulations also modified administrative appeal of an ALJ's decision or dismissal by: (1) setting requirements on the timeliness for submission of evidence for consideration by the ALJ; and (2) replacing the Appeals Council with the Decision Review Board. By final rule (76 FR 24802), we restored the Appeals Council, although the other modifications concerning when evidence could be submitted remained in effect in the Boston Region and were later expanded to all other regions.

[4] Beginning in the mid-1990s, SSA conducted pilots testing revisions to this process and introduced a modification of this process that 10 States used for applications filed on or after October 1, 1999. The revised process eliminated the reconsideration step, so the first level of appeal of an initial determination was a request for hearing before an ALJ. SSA began reinstating the reconsideration level of appeal in these States via a staged roll-out on January 1, 2019, and completed this process by March 2020.

on filing date cohorts, and many of the source files do not contain a filing date. The basic data sources provide information for the 3 most recent calendar year cohorts. Older calendar year cohorts reflect updated activity since the last time we built the file. Since the process is so time consuming, we update the research file only annually (usually beginning in July); research file data are not yet available for claims filed in 2025.

Methods used for estimating results (through January 2026) for claims filed in 2025—Although decision counts are available for 2025 filers from many of the source files, those counts do not translate directly into the claims/appeals counts in the following tables because we consolidate multiple transactions and apply claims-based tolerance rules when we build the Title XVI Disability Research File.

To prepare preliminary estimates of results through January 2026 for 2025 filers, we started from the latest available transaction data, such as the SSA-831 data, and took into account recent years' experience of the relationship between corresponding earlier transaction data and the resulting claims/appeals data in completed research files. We estimate hearing and Appeals Council appeals activity from a file that tracks individual claimants, rather than individual claims. This results in a slight undercount of hearing and Appeals Council individual claims filed before the agency revoked its subsequent application (i.e., an application filed while an earlier claim is pending at a review level) policy in 2011.

While we believe that these methods are reasonable, we emphasize that the resulting estimates may not be completely reliable, especially because the estimates give results only through January 2026, whereas the final research files will reflect information through at least June 2026. Actual data for 2025 will replace these estimates in the 2027 Annual Report.

2. General Considerations

Some general points that apply to tables V.C1 and V.C2 are as follows:

- Data for 2011-2024 filers are as of June 2025 for decisions at the DDS level. Results for those years' filers include results at the hearing and Appeals Council levels and Federal courts through July 2025.
- Data for 2025 filers are preliminary estimates as of January 2026, and reflect larger numbers of claims still pending. January 2026 data on number of appeals may be too low because larger numbers of claimants are still within the period allowed for filing an appeal (i.e., larger numbers of recently denied claimants who have not yet filed an appeal may appeal before the time limit runs out).
- Remaining appeals will affect the results. Since we usually decide allowances more quickly than denials, we expect that the percent allowed will ultimately be lower when the processing of all cases is complete.
- In certain pilot activities and under the revised process introduced October 1, 1999 in 10 States, individuals could appeal initial denials directly to the hearing level without a separate reconsideration step. As a result, the appeals of initial denials in these tables include cases that did not receive a decision at the reconsideration level. This process was discontinued in 2019-2020, and all appeals of initial denials now go to the reconsideration step.[1]

[1] SSA began reinstating the reconsideration level of appeal in these States via a staged roll-out on January 1, 2019, and completed this process by June 26, 2020.

Table V.C1.—Disabled Adult Claims: *Disposition of Applications for SSI Disability Benefits by Year of Filing[a] and Level of Decision*

Calendar year of filing[b]	Total claims filed	Initial decisions							
			Allowances		Denials		Appeals of initial denials		
		Pending	Number	Percent[c]	Number	Percent[c]	Number[d]	Percent[e]	
2011	1,842,499	—	425,626	23.1	1,416,873	76.9	627,252	44.3	
2012	1,794,616	—	414,620	23.1	1,379,996	76.9	614,999	44.6	
2013	1,633,124	—	382,749	23.4	1,250,375	76.6	573,494	45.9	
2014	1,496,914	—	355,295	23.7	1,141,619	76.3	521,724	45.7	
2015	1,411,989	—	334,641	23.7	1,077,348	76.3	462,256	42.9	
2016	1,324,374	—	322,519	24.4	1,001,855	75.6	424,575	42.4	
2017	1,267,913	—	309,629	24.4	958,284	75.6	390,967	40.8	
2018	1,197,402	—	293,779	24.5	903,623	75.5	371,693	41.1	
2019	1,206,007	—	294,047	24.4	911,960	75.6	366,927	40.2	
2020	1,034,035	—	236,510	22.9	797,525	77.1	315,094	39.5	
2021	962,694	—	219,022	22.8	743,672	77.2	291,500	39.2	
2022	962,556	—	219,682	22.8	742,874	77.2	298,695	40.2	
2023	1,000,337	—	228,459	22.8	771,878	77.2	296,473	38.4	
2024	1,020,790	165,008	198,851	23.2	656,931	76.8	220,241	33.5	
2025	966,297	336,654	203,874	32.4	425,769	67.6	124,777	29.3	

Calendar year of filing[b]	Reconsiderations						Appeals beyond reconsideration[f]			
		Allowances			Appeals of reconsideration denials			Allowances		
	Pending	Number	Percent[c]	Denials	Number[g]	Percent	Pending[h]	Number	Percent[i]	Denials[j]
2011	—	42,102	8.5	451,375	340,922	75.5	—	195,644	41.2	279,053
2012	—	40,786	8.4	444,905	334,240	75.1	—	180,070	38.8	283,478
2013	—	37,169	8.2	415,114	318,483	76.7	—	165,298	37.6	274,396
2014	—	35,411	8.6	376,297	284,934	75.7	—	149,702	37.9	245,248
2015	—	34,105	9.4	330,081	244,308	74.0	—	127,781	37.3	214,597
2016	—	31,831	9.4	306,122	225,712	73.7	—	113,885	36.5	198,449
2017	—	29,221	9.2	287,008	208,880	72.8	—	101,884	35.9	181,734
2018	—	30,509	9.7	282,591	207,908	73.6	1,947	98,052	37.1	166,502
2019	—	36,688	10.4	316,403	228,894	72.3	1,950	92,150	38.3	148,630
2020	—	30,216	9.6	284,827	207,541	72.9	3,124	77,719	38.0	126,749
2021	—	29,720	10.2	261,780	180,321	68.9	7,725	68,122	39.5	104,474
2022	—	32,539	10.9	266,156	180,172	67.7	39,299	56,860	40.4	84,013
2023	—	25,015	8.4	271,458	135,143	49.8	67,298	27,704	40.8	40,141
2024	106,959	9,729	8.6	103,553	59,299	57.3	49,434	3,094	31.4	6,771
2025	70,141	6,243	11.4	48,393	4,855	10.0	4,826	4	13.8	25

Table V.C1.—Disabled Adult Claims: *Disposition of Applications for SSI Disability Benefits by Year of Filing*[a] *and Level of Decision* (Cont.)

Calendar year of filing[b]	Selected summary case information by decision status: *Numbers of cases*					
					Denials	
	Total claims filed	Initial decisions pending	Total initial decisions	Allowances	Appeal decision pending	No appeal pending
2011	1,842,499	—	1,842,499	663,372	—	1,179,127
2012	1,794,616	—	1,794,616	635,476	—	1,159,140
2013	1,633,124	—	1,633,124	585,216	—	1,047,908
2014	1,496,914	—	1,496,914	540,408	—	956,506
2015	1,411,989	—	1,411,989	496,527	—	915,462
2016	1,324,374	—	1,324,374	468,235	—	856,139
2017	1,267,913	—	1,267,913	440,734	—	827,179
2018	1,197,402	—	1,197,402	422,340	1,947	773,115
2019	1,206,007	—	1,206,007	422,885	1,950	781,172
2020	1,034,035	—	1,034,035	344,445	3,124	686,466
2021	962,694	—	962,694	316,864	7,725	638,105
2022	962,556	—	962,556	309,081	39,299	614,176
2023	1,000,337	—	1,000,337	281,178	67,298	651,861
2024	1,020,790	165,008	855,782	211,674	156,393	487,715
2025	966,297	336,654	629,643	210,121	74,967	344,555

Calendar year of filing[b]	Selected summary case information by decision status						
	Numbers as a percentage of total claims filed				Numbers as a percentage of total initial decisions		
			Denials			Denials	
	Initial decision pending	Allowances	Appeal decision pending	No appeal pending	Allowances	Appeal decision pending	No appeal pending
2011	—	36.0	—	64.0	36.0	—	64.0
2012	—	35.4	—	64.6	35.4	—	64.6
2013	—	35.8	—	64.2	35.8	—	64.2
2014	—	36.1	—	63.9	36.1	—	63.9
2015	—	35.2	—	64.8	35.2	—	64.8
2016	—	35.4	—	64.6	35.4	—	64.6
2017	—	34.8	—	65.2	34.8	—	65.2
2018	—	35.3	0.2	64.6	35.3	0.2	64.6
2019	—	35.1	.2	64.8	35.1	.2	64.8
2020	—	33.3	.3	66.4	33.3	.3	66.4
2021	—	32.9	.8	66.3	32.9	.8	66.3
2022	—	32.1	4.1	63.8	32.1	4.1	63.8
2023	—	28.1	6.7	65.2	28.1	6.7	65.2
2024	16.2	20.7	15.3	47.8	24.7	18.3	57.0
2025	34.8	21.7	7.8	35.7	33.4	11.9	54.7

[a] Data for claims filed in 2011-2024 reflect results as of June 2025 at the DDS level and as of July 2025 at the hearing and Appeals Council levels. The numbers of total claims filed for 2022-2024 are subject to change. Data for claims filed in 2025 are preliminary estimates as of January 2026. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

[b] For years prior to 2011, see the supplemental tables available at www.ssa.gov/oact/ssir/SSI26/index.html.

[c] Percentage of decisions at this level.

[d] Includes certain cases that can be appealed directly to the hearing level.

[e] Percentage of denials at this level appealed to next level.

[f] Includes cases appealed to the hearing and Appeals Council levels and cases appealed to the Federal courts.

[g] Number of persons appealing beyond the reconsideration level.

[h] Includes cases remanded to SSA from the Federal courts.

[i] Percentage of decisions at this level. For years in which decisions are still pending, the preliminary percentage shown is expected to ultimately be lower as all cases are processed. This occurs because allowances are generally processed more quickly than denials.

[j] Includes denied claims where the final administrative action was a dismissal of an appeal request (e.g., the appeal was not filed timely or the applicant failed to appear at the scheduled hearing).

Table V.C2.—Disabled Child Claims: *Disposition of Applications for SSI Disability Benefits by Year of Filing[a] and Level of Decision*

Calendar year of filing[b]	Total claims filed	Initial decisions						
			Allowances		Denials		Appeals of initial denials	
		Pending	Number	Percent[c]	Number	Percent[c]	Number[d]	Percent[e]
2011	505,692	—	179,592	35.5	326,100	64.5	82,879	25.4
2012	491,691	—	174,882	35.6	316,809	64.4	80,031	25.3
2013	444,226	—	158,730	35.7	285,496	64.3	69,496	24.3
2014	416,653	—	155,077	37.2	261,576	62.8	60,150	23.0
2015	417,877	—	159,188	38.1	258,689	61.9	54,285	21.0
2016	392,637	—	156,986	40.0	235,651	60.0	49,337	20.9
2017	375,229	—	153,817	41.0	221,412	59.0	46,875	21.2
2018	359,431	—	151,931	42.3	207,500	57.7	42,600	20.5
2019	350,195	—	152,870	43.7	197,325	56.3	37,142	18.8
2020	283,807	—	121,645	42.9	162,162	57.1	28,363	17.5
2021	265,930	—	115,086	43.3	150,844	56.7	27,300	18.1
2022	324,357	—	144,584	44.6	179,773	55.4	29,845	16.6
2023	358,748	—	157,527	43.9	201,221	56.1	30,038	14.9
2024	354,171	75,583	132,249	47.5	146,339	52.5	18,047	12.3
2025	318,165	119,867	124,134	62.6	74,164	37.4	8,475	11.4

Calendar year of filing[b]	Reconsiderations						Appeals beyond reconsideration[f]			
		Allowances			Appeals of reconsideration denials			Allowances		
	Pending	Number	Percent[c]	Denials	Number[g]	Percent	Pending[h]	Number	Percent[i]	Denials[j]
2011	—	7,492	11.3	58,563	27,380	46.8	—	11,748	26.6	32,456
2012	—	7,036	11.0	56,822	26,098	45.9	—	10,553	25.0	31,718
2013	—	6,038	11.0	48,733	22,443	46.1	—	9,522	25.6	27,646
2014	—	5,633	11.9	41,846	18,055	43.1	—	8,267	26.9	22,459
2015	—	5,528	12.9	37,353	15,267	40.9	—	6,788	25.5	19,883
2016	—	5,247	13.2	34,400	13,485	39.2	—	6,122	26.4	17,053
2017	—	4,909	12.9	33,258	12,491	37.6	—	5,751	27.1	15,448
2018	—	5,084	14.1	31,003	11,437	36.9	88	5,208	29.2	12,654
2019	—	5,184	14.4	30,704	11,482	37.4	62	4,193	33.1	8,481
2020	—	4,102	14.5	24,257	8,823	36.4	92	2,934	33.6	5,801
2021	—	3,973	14.6	23,327	7,700	33.0	274	2,632	35.4	4,794
2022	—	5,073	17.0	24,772	8,729	35.2	1,921	2,595	38.1	4,213
2023	—	3,709	12.3	26,329	6,552	24.9	3,547	1,234	41.1	1,771
2024	7,059	1,731	15.8	9,257	2,512	27.1	2,144	106	28.8	262
2025	4,204	939	22.0	3,332	202	6.1	200	1	50.0	1

Table V.C2.—Disabled Child Claims: *Disposition of Applications for SSI Disability Benefits by Year of Filing*[a] *and Level of Decision* (Cont.)

Calendar year of filing[b]	Selected summary case information by decision status: *Numbers of cases*					
					Denials	
	Total claims filed	Initial decisions pending	Total initial decisions	Allowances	Appeal decision pending	No appeal pending
2011	505,692	—	505,692	198,832	—	306,860
2012	491,691	—	491,691	192,471	—	299,220
2013	444,226	—	444,226	174,290	—	269,936
2014	416,653	—	416,653	168,977	—	247,676
2015	417,877	—	417,877	171,504	—	246,373
2016	392,637	—	392,637	168,355	—	224,282
2017	375,229	—	375,229	164,477	—	210,752
2018	359,431	—	359,431	162,223	88	197,120
2019	350,195	—	350,195	162,247	62	187,886
2020	283,807	—	283,807	128,681	92	155,034
2021	265,930	—	265,930	121,691	274	143,965
2022	324,357	—	324,357	152,252	1,921	170,184
2023	358,748	—	358,748	162,470	3,547	192,731
2024	354,171	75,583	278,588	134,086	9,203	135,299
2025	318,165	119,867	198,298	125,074	4,404	68,820

Calendar year of filing[b]	Selected summary case information by decision status						
	Numbers as a percentage of total claims filed				Numbers as a percentage of total initial decisions		
			Denials			Denials	
	Initial decision pending	Allowances	Appeal decision pending	No appeal pending	Allowances	Appeal decision pending	No appeal pending
2011	—	39.3	—	60.7	39.3	—	60.7
2012	—	39.1	—	60.9	39.1	—	60.9
2013	—	39.2	—	60.8	39.2	—	60.8
2014	—	40.6	—	59.4	40.6	—	59.4
2015	—	41.0	—	59.0	41.0	—	59.0
2016	—	42.9	—	57.1	42.9	—	57.1
2017	—	43.8	—	56.2	43.8	—	56.2
2018	—	45.1	[k]	54.8	45.1	[k]	54.8
2019	—	46.3	[k]	53.7	46.3	[k]	53.7
2020	—	45.3	[k]	54.6	45.3	[k]	54.6
2021	—	45.8	0.1	54.1	45.8	0.1	54.1
2022	—	46.9	.6	52.5	46.9	.6	52.5
2023	—	45.3	1.0	53.7	45.3	1.0	53.7
2024	21.3	37.9	2.6	38.2	48.1	3.3	48.6
2025	37.7	39.3	1.4	21.6	63.1	2.2	34.7

[a] Data for claims filed in 2011-2024 reflect results as of June 2025 at the DDS level and as of July 2025 at the hearing and Appeals Council levels. The numbers of total claims filed for 2022-2024 are subject to change. Data for claims filed in 2025 are preliminary estimates as of January 2026. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

[b] For years prior to 2011, see the supplemental tables available at www.ssa.gov/oact/ssir/SSI26/index.html.

[c] Percentage of decisions at this level.

[d] Includes certain cases that can be appealed directly to the hearing level.

[e] Percentage of denials at this level appealed to next level.

[f] Includes cases appealed to the hearing and Appeals Council levels and cases appealed to the Federal courts.

[g] Number of persons appealing beyond the reconsideration level.

[h] Includes cases remanded to SSA from the Federal courts.

[i] Percentage of decisions at this level. For years in which decisions are still pending, the preliminary percentage shown is expected to ultimately be lower as all cases are processed. This occurs because allowances are generally processed more quickly than denials.

[j] Includes denied claims where the final administrative action was a dismissal of an appeal request (e.g., the appeal was not filed timely or the applicant failed to appear at the scheduled hearing).

[k] Less than 0.05 percent.

D. HISTORICAL NON-MEDICAL REDETERMINATION AND MEDICAL CONTINUING DISABILITY REVIEW DATA

1. Non-medical Redeterminations

Non-medical redeterminations are reviews of all of the non-medical factors of eligibility to determine whether a recipient is still eligible for Supplemental Security Income (SSI) and still receiving the correct payment amount. There are two types of these redeterminations: scheduled and unscheduled. All recipients are subject to scheduling for a non-medical redetermination at the discretion of the Social Security Administration (SSA). Every year SSA schedules non-medical redeterminations for the cases most likely to have payment error, but the agency can also schedule reviews for cases unlikely to have payment error. SSA completes unscheduled redeterminations on an as-needed basis when recipients report, or we discover, certain changes in circumstances that could affect the continuing SSI payment amount. The numbers of non-medical redeterminations completed fluctuate from year to year due to variation in: (1) the numbers of unscheduled redeterminations completed; and (2) the numbers of scheduled redeterminations that we are able to complete during the fiscal year because of limitations on administrative resources and the impact of other workload requirements on the field offices. Non-medical redeterminations that we cannot complete in the scheduled fiscal year carry over into the next fiscal year.

Between scheduled redeterminations, SSA uses the limited issue process to detect situations that have the potential to affect the continuing eligibility of SSI recipients and SSI payment amounts. SSA conducts periodic computer matches between its own systems and the systems of other Federal and State agencies to determine if the income and resources information on SSI recipients' records conflicts with data that we obtain from the other systems. We post an indicator to the individual's Supplemental Security Record[1] when a match detects conflicting information. We select these limited issue cases for field office review of the issues for which we posted indicators. Non-medical redetermination completions reported in SSA's Agency Financial Report[2] include limited issue completions.

Table V.D1 provides historical data on numbers of non-medical redeterminations and limited issues by fiscal year. A more detailed discussion of non-medical redeterminations can be found in the annual Report on Supplemental Security Income Non-medical Redeterminations.[3]

Table V.D1.—SSI Non-medical Redeterminations[a] and Limited Issues Completed, Fiscal Years 1986-2025

[In thousands]

Fiscal year	Numbers of completions		
	Redeterminations	Limited issues	Total
1986	2,278	[b]	[b]
1987	2,244	[b]	[b]
1988	1,997	[b]	[b]
1989	2,226	[b]	[b]
1990	2,103	[b]	[b]
1991	2,138	[b]	[b]
1992	2,321	[b]	[b]
1993	2,223	[b]	[b]
1994	[c]1,900	[b]	[b]
1995	[d]1,597	[b]	[b]
1996	1,763	[b]	[b]
1997	1,773	[b]	[b]
1998	1,853	[b]	[b]
1999	2,122	751	2,873
2000	2,182	582	2,764
2001	2,316	589	2,905
2002	2,311	582	2,894
2003	2,450	472	2,921
2004	2,279	248	2,527
2005	[e]1,725	737	2,462

[1] The main administrative file for the SSI program.

[2] Available at www.ssa.gov/finance.

[3] The most recent such report can be found at www.ssa.gov/legislation/assets/materials/fy2022-ssi-redetermination-report.pdf

Table V.D1.—SSI Non-medical Redeterminations[a] and Limited Issues Completed, Fiscal Years 1986-2025 (Cont.)
[In thousands]

Fiscal year	Numbers of completions		
	Redeterminations	Limited issues	Total
2006	[e]1,071	348	1,418
2007	[e]692	346	1,039
2008	[e]900	321	1,221
2009	[e]1,390	341	1,731
2010	2,248	218	2,466
2011	[f]2,223	[f]234	[f]2,457
2012	2,408	216	2,624
2013	2,437	197	2,634
2014	2,447	181	2,628
2015	2,084	183	2,267
2016	[f]2,348	[f]182	[f]2,530
2017	2,401	189	2,590
2018	2,631	282	2,913
2019	2,466	200	2,666
2020	[g]1,873	280	2,153
2021	1,963	404	2,367
2022	[f]1,692	[f]511	[f]2,203
2023	1,804	712	2,516
2024	1,857	693	2,550
2025	1,647	837	2,484

[a] Effective fiscal year 2007, total non-medical redeterminations reported by SSA include limited issues.

[b] Data not available.

[c] Decrease in number of non-medical redeterminations completed in fiscal year 1994 due to low-error profile redeterminations not being completed from January through September 1994.

[d] Effective fiscal year 1995, we selected approximately 200,000 fewer non-medical redeterminations annually due to a change from a 3-year to a 6-year redetermination cycle for low-error profile cases.

[e] We selected fewer non-medical redeterminations in fiscal years 2005-09 due to limitations on administrative funding.

[f] Includes non-medical redeterminations completed during the 53 operating weeks in fiscal years 2011, 2016, and 2022.

[g] We completed fewer non-medical redeterminations in fiscal year 2020 because of various effects at least partially attributable to the COVID-19 pandemic.

Note: Components may not sum to totals because of rounding.

2. Medical Continuing Disability Review

Following enactment of the Social Security Disability Amendments of 1980, section 221(i) of the Social Security Act (Act) generally requires SSA to review the continuing eligibility of Old-Age, Survivors, and Disability Insurance (OASDI) disabled beneficiaries at least every 3 years in order to ensure that such beneficiaries continue to meet the definition of disability. No legislation required the same review process for disabled SSI recipients at that time. Although the Committee on Finance of the Senate stated in its report on this legislation that the same medical continuing disability review (CDR) procedures should apply to both the OASDI and SSI programs, no new legislation amended Title XVI to accomplish this. Section 1614(a)(4) of the Act gives SSA discretionary authority to conduct periodic CDRs on SSI recipients. On September 28, 1994, SSA issued a Federal Register notice that periodic SSI CDRs would begin on October 1, 1994. In 1994 and again in 1996 Congress enacted new legislation adding some mandates for CDRs under the SSI program.

Public Law 103-296 required SSA to conduct CDRs on a minimum of 100,000 SSI recipients during each of fiscal years 1996, 1997, and 1998. In addition, during the same period, the law required SSA to redetermine the medical eligibility, using the adult initial eligibility criteria, of at least one third of all SSI child recipients who reached age 18 after April 1995 within 1 year of attainment of age 18. Such medical redeterminations for persons turning age 18 could count toward the 100,000 CDRs required by the law.

Public Law 104-193 required SSA to redetermine the medical eligibility of all SSI child recipients who attain age 18 based on the adult initial eligibility criteria. This law also required that SSA perform a CDR:

- At least once every 3 years for SSI recipients under age 18 who are eligible by reason of an impairment that is likely to improve; and
- Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability.

Public Law 105-33 provided SSA some additional flexibility in the scheduling of these categories of CDRs.

Beginning in 1993, SSA developed a screening process for OASDI cases scheduled for a CDR in order to handle the large CDR workload mandated by these various provisions. The screening process included a mailer questionnaire for selected cases. In 1996, SSA extended this profiling process to SSI adults who were scheduled for a CDR. In fiscal year 2025, we deferred full medical reviews for 451,871 adult SSI recipients scheduled for a CDR as a result of the screening process, including recipients concurrently receiving an OASDI benefit.

In 2007, SSA implemented a streamlined failure to cooperate (FTC) process for medical CDRs. Under this process, recipients who fail to comply with the field office requests for information necessary for processing their medical CDRs have their benefits suspended. After 12 consecutive months of suspension for noncompliance, SSA terminates their eligibility for disability benefits. SSA initially terminated 362 centrally initiated medical CDRs involving SSI recipients in fiscal year 2025 as a result of the streamlined FTC process. A more detailed discussion of CDRs can be found in the Annual Report on Medical Continuing Disability Reviews.[1]

For individuals who receive both OASDI and SSI benefits on the basis of their own disability, SSA initiates CDRs as Title II CDRs, and the results of the review affect eligibility for benefits under both programs.[2] Table V.D2 presents the numbers of centrally initiated periodic medical CDRs of SSI recipients we performed under Titles II and XVI since 1993. Tables V.D3 and V.D4 present the latest available detailed results[3] on CDRs of SSI recipients performed in the most recent 15 years.[4] These tables include only cases for which we conducted a full medical review. In particular, they do not include:

- Cases for which the individual completed a mailer but for which we deferred a full medical review;
- Administrative closures—cases for which we curtail development for technical reasons;
- Streamlined FTC terminations;
- CDRs initiated as the result of work activity on the part of the beneficiary/recipient; and
- Miscellaneous other CDRs processed by the State disability determination services (DDS) but not as part of the normal CDR scheduling process (e.g., voluntary and third-party reports of medical improvement, post-transplant end-stage renal disease cases, and rehabilitation reports).

In contrast with the allowance data presented in section V.C, we tabulate the CDR data on a cohort basis by the date of initial CDR decision.

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[1] The most recent such report can be found at www.ssa.gov/legislation/assets/materials/2020-medical-cdr-report.pdf.

[2] Individuals concurrently receiving OASDI and SSI benefits where the OASDI benefit is not based on the individual's disability are initiated as Title XVI CDRs. The results of the review only affect the individual's eligibility for SSI benefits.

[3] We included in these tables the SSI recipients whose benefits terminate as a result of medical CDRs. We report estimates of Federal SSI program savings resulting from the cessation of benefits to Congress in the Annual Report on Medical Continuing Disability Reviews. The most recent such report presented estimates of the effects of CDRs conducted in fiscal year 2020.

[4] See the most recent Annual Report on Medical Continuing Disability Reviews for the summary of results for all years since 1993.

Table V.D2.—SSI Continuing Disability Full Medical Reviews[a] by Year of Initial Decision, Fiscal Years 1993-2025

[In thousands]

Fiscal year of initial DDS decision	Disabled adults			Disabled children				
	Reviews of concurrent Title II/XVI cases initiated under Title II	Title XVI initiated reviews	Total SSI adult reviews	Reviews of low-birth-weight children	Redeterminations at age 18	All other reviews of SSI disabled children	Total SSI children reviews	Total full medical reviews
1993	1	—	1	—	—	—	—	1
1994	11	—	11	1	—	—	1	12
1995	17	4	21	4	[b]	4	8	29
1996	27	55	82	6	13	1	19	101
1997	51	70	121	7	49	[b]	56	177
1998	81	75	156	18	41	91	150	306
1999	81	140	221	10	50	183	243	464
2000	106	173	279	10	52	141	203	482
2001	110	144	254	9	49	96	154	408
2002	104	173	276	13	55	164	231	508
2003	72	213	285	7	54	127	189	474
2004	85	221	306	12	53	103	169	474
2005	81	110	191	14	55	61	130	321
2006	72	41	112	8	41	19	68	181
2007	26	18	45	3	71	4	79	124
2008	40	19	59	5	69	5	79	138
2009	42	29	71	13	101	11	124	195
2010	40	35	74	22	87	17	126	201
2011	38	33	71	19	93	25	138	209
2012	51	46	97	16	82	65	163	260
2013	52	35	87	19	92	53	164	251
2014	62	50	112	18	86	89	193	305
2015	74	157	231	14	84	224	322	554
2016	75	180	255	15	81	261	357	612
2017	86	203	289	15	86	209	310	598
2018	84	195	279	17	82	229	328	607
2019	69	168	237	12	68	174	253	491
2020[c]	42	110	152	7	44	107	158	310
2021	40	115	155	10	62	136	209	364
2022	46	131	178	11	69	148	229	406
2023	44	114	158	9	67	127	203	361
2024	28	86	114	9	53	81	143	257
2025	30	95	125	7	69	75	152	277

[a] Excludes reviews conducted outside of the centrally initiated CDR scheduling process.

[b] Fewer than 500.

[c] We completed fewer CDRs in fiscal year 2020 because of various effects at least partially attributable to the COVID-19 pandemic.

Note: Components may not sum to totals because of rounding.

Table V.D3.—SSI Disabled Adult Reviews: *Disposition*[a] *of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2011-2025*

Fiscal year of initial DDS decision[b]	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent[c]	Number	Percent[c]	Number	Percent[d]
Reviews of concurrent Title II/XVI cases initiated under Title II							
2011	37,799	33,194	87.8	4,605	12.2	2,947	64.0
2012	50,715	43,409	85.6	7,306	14.4	4,803	65.7
2013	51,844	44,924	86.7	6,920	13.3	4,867	70.3
2014	62,400	53,478	85.7	8,922	14.3	6,462	72.4
2015	74,422	61,183	82.2	13,239	17.8	9,362	70.7
2016	74,680	62,151	83.2	12,529	16.8	8,790	70.2
2017	85,992	71,560	83.2	14,432	16.8	9,804	67.9
2018	84,090	70,155	83.4	13,935	16.6	9,137	65.6
2019	69,338	58,336	84.1	11,002	15.9	7,026	63.9
2020	41,825	36,194	86.5	5,631	13.5	3,328	59.1
2021	39,571	32,301	81.6	7,270	18.4	4,189	57.6
2022	46,389	38,850	83.7	7,539	16.3	4,494	59.6
2023	43,886	35,827	81.6	8,059	18.4	5,076	63.0
2024	28,447	23,396	82.2	5,051	17.8	3,163	62.6
2025	30,339	25,215	83.1	5,124	16.9	3,037	59.3
Title XVI initiated reviews							
2011	33,460	30,291	90.5	3,169	9.5	2,191	69.1
2012	46,439	39,954	86.0	6,485	14.0	4,338	66.9
2013	34,941	30,850	88.3	4,091	11.7	2,861	69.9
2014	49,810	43,552	87.4	6,258	12.6	4,536	72.5
2015	156,987	132,651	84.5	24,336	15.5	17,177	70.6
2016	179,901	152,339	84.7	27,562	15.3	18,827	68.3
2017	202,608	168,443	83.1	34,165	16.9	23,396	68.5
2018	194,626	165,687	85.1	28,939	14.9	19,303	66.7
2019	168,055	140,343	83.5	27,712	16.5	16,992	61.3
2020	110,265	96,162	87.2	14,103	12.8	8,248	58.5
2021	115,239	93,969	81.5	21,270	18.5	11,755	55.3
2022	131,276	109,976	83.8	21,300	16.2	12,328	57.9
2023	113,765	93,148	81.9	20,617	18.1	12,584	61.0
2024	85,839	70,990	82.7	14,849	17.3	9,100	61.3
2025	95,095	78,283	82.3	16,812	17.7	9,836	58.5
Total reviews, SSI disabled adults							
2011	71,259	63,485	89.1	7,774	10.9	5,138	66.1
2012	97,154	83,363	85.8	13,791	14.2	9,141	66.3
2013	86,785	75,774	87.3	11,011	12.7	7,728	70.2
2014	112,210	97,030	86.5	15,180	13.5	10,998	72.5
2015	231,409	193,834	83.8	37,575	16.2	26,539	70.6
2016	254,581	214,490	84.3	40,091	15.7	27,617	68.9
2017	288,600	240,003	83.2	48,597	16.8	33,200	68.3
2018	278,716	235,842	84.6	42,874	15.4	28,440	66.3
2019	237,393	198,679	83.7	38,714	16.3	24,018	62.0
2020	152,090	132,356	87.0	19,734	13.0	11,576	58.7
2021	154,810	126,270	81.6	28,540	18.4	15,944	55.9
2022	177,665	148,826	83.8	28,839	16.2	16,822	58.3
2023	157,651	128,975	81.8	28,676	18.2	17,660	61.6
2024	114,286	94,386	82.6	19,900	17.4	12,263	61.6
2025	125,434	103,498	82.5	21,936	17.5	12,873	58.7

Table V.D3.—SSI Disabled Adult Reviews: *Disposition*[a] *of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2011-2025 (Cont.)*

Fiscal year of initial DDS decision[b]	Reconsiderations						Appeals beyond reconsideration[e]			
		Continuations			Appeals to beyond reconsideration			Continuations		
	Pending	Number	Percent[c]	Cessations	Number[f]	Percent[d]	Pending	Number	Percent	Cessations
Reviews of concurrent Title II/XVI cases initiated under Title II										
2011	—	1,770	60.1	1,177	897	76.2	—	263	29.3	634
2012	—	2,882	60.0	1,921	1,477	76.9	—	445	30.1	1,032
2013	—	2,944	60.5	1,923	1,357	70.6	—	399	29.4	958
2014	—	3,873	59.9	2,589	1,876	72.5	—	557	29.7	1,319
2015	—	5,597	59.8	3,765	2,656	70.5	—	719	27.1	1,937
2016	—	5,452	62.0	3,338	2,321	69.5	—	614	26.5	1,707
2017	—	6,334	64.6	3,470	2,216	63.9	—	626	28.2	1,590
2018	—	6,026	66.0	3,111	1,748	56.2	—	529	30.3	1,219
2019	—	4,583	65.2	2,443	1,323	54.2	—	442	33.4	881
2020	—	2,193	65.9	1,135	675	59.5	—	241	35.7	434
2021	—	2,819	67.3	1,370	819	59.8	—	313	38.2	506
2022	1	3,038	67.6	1,455	920	63.2	7	297	32.5	616
2023	20	3,529	69.8	1,527	954	62.5	61	290	32.5	603
2024	57	2,191	70.5	915	490	53.6	127	123	33.9	240
2025	810	1,748	78.5	479	50	10.4	35	3	20.0	12
Title XVI initiated reviews										
2011	—	1,498	68.4	693	554	79.9	—	184	33.2	370
2012	—	2,686	61.9	1,652	1,271	76.9	—	410	32.3	861
2013	—	1,784	62.4	1,077	779	72.3	—	227	29.1	552
2014	—	2,705	59.6	1,831	1,304	71.2	—	385	29.5	919
2015	—	10,016	58.3	7,161	5,001	69.8	—	1,292	25.8	3,709
2016	—	11,525	61.2	7,302	5,010	68.6	—	1,325	26.4	3,685
2017	—	14,503	62.0	8,893	5,758	64.7	—	1,472	25.6	4,286
2018	—	12,619	65.4	6,684	3,759	56.2	—	1,068	28.4	2,691
2019	—	11,030	64.9	5,962	3,043	51.0	—	901	29.6	2,142
2020	1	5,327	64.6	2,920	1,624	55.6	—	549	33.8	1,075
2021	4	7,795	66.3	3,956	2,338	59.1	5	761	32.6	1,572
2022	16	8,194	66.6	4,118	2,565	62.3	27	795	31.3	1,743
2023	56	8,534	68.1	3,994	2,469	61.8	195	705	31.0	1,569
2024	174	6,050	67.8	2,876	1,549	53.9	471	297	27.6	781
2025	2,534	5,520	75.6	1,782	214	12.0	121	26	28.0	67
Total reviews, SSI disabled adults										
2011	—	3,268	63.6	1,870	1,451	77.6	—	447	30.8	1,004
2012	—	5,568	60.9	3,573	2,748	76.9	—	855	31.1	1,893
2013	—	4,728	61.2	3,000	2,136	71.2	—	626	29.3	1,510
2014	—	6,578	59.8	4,420	3,180	71.9	—	942	29.6	2,238
2015	—	15,613	58.8	10,926	7,657	70.1	—	2,011	26.3	5,646
2016	—	16,977	61.5	10,640	7,331	68.9	—	1,939	26.4	5,392
2017	—	20,837	62.8	12,363	7,974	64.5	—	2,098	26.3	5,876
2018	—	18,645	65.6	9,795	5,507	56.2	—	1,597	29.0	3,910
2019	—	15,613	65.0	8,405	4,366	51.9	—	1,343	30.8	3,023
2020	1	7,520	65.0	4,055	2,299	56.7	—	790	34.4	1,509
2021	4	10,614	66.6	5,326	3,157	59.3	5	1,074	34.1	2,078
2022	17	11,232	66.8	5,573	3,485	62.5	34	1,092	31.6	2,359
2023	76	12,063	68.6	5,521	3,423	62.0	256	995	31.4	2,172
2024	231	8,241	68.5	3,791	2,039	53.8	598	420	29.1	1,021
2025	3,344	7,268	76.3	2,261	264	11.7	156	29	26.9	79

Table V.D3.—SSI Disabled Adult Reviews: *Disposition*[a] *of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2011-2025 (Cont.)*

Fiscal year of initial DDS decision[b]	Total initial decisions	Selected summary case information by decision status as of February 2026					
		Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Reviews of concurrent Title II/XVI cases initiated under Title II							
2011	37,799	35,227	—	2,572	93.2	—	6.8
2012	50,715	46,736	—	3,979	92.2	—	7.8
2013	51,844	48,267	—	3,577	93.1	—	6.9
2014	62,400	57,908	—	4,492	92.8	—	7.2
2015	74,422	67,499	—	6,923	90.7	—	9.3
2016	74,680	68,217	—	6,463	91.3	—	8.7
2017	85,992	78,520	—	7,472	91.3	—	8.7
2018	84,090	76,710	—	7,380	91.2	—	8.8
2019	69,338	63,361	—	5,977	91.4	—	8.6
2020	41,825	38,628	—	3,197	92.4	—	7.6
2021	39,571	35,433	—	4,138	89.5	—	10.5
2022	46,389	42,185	8	4,196	90.9	[g]	9.0
2023	43,886	39,646	81	4,159	90.3	0.2	9.5
2024	28,447	25,710	184	2,553	90.4	.6	9.0
2025	30,339	26,966	845	2,528	88.9	2.8	8.3
Title XVI initiated reviews							
2011	33,460	31,973	—	1,487	95.6	—	4.4
2012	46,439	43,050	—	3,389	92.7	—	7.3
2013	34,941	32,861	—	2,080	94.0	—	6.0
2014	49,810	46,642	—	3,168	93.6	—	6.4
2015	156,987	143,959	—	13,028	91.7	—	8.3
2016	179,901	165,189	—	14,712	91.8	—	8.2
2017	202,608	184,418	—	18,190	91.0	—	9.0
2018	194,626	179,374	—	15,252	92.2	—	7.8
2019	168,055	152,274	—	15,781	90.6	—	9.4
2020	110,265	102,038	1	8,226	92.5	[g]	7.5
2021	115,239	102,525	9	12,705	89.0	[g]	11.0
2022	131,276	118,965	43	12,268	90.6	[g]	9.3
2023	113,765	102,387	251	11,127	90.0	.2	9.8
2024	85,839	77,337	645	7,857	90.1	.8	9.2
2025	95,095	83,829	2,655	8,611	88.2	2.8	9.1
Total reviews, SSI disabled adults							
2011	71,259	67,200	—	4,059	94.3	—	5.7
2012	97,154	89,786	—	7,368	92.4	—	7.6
2013	86,785	81,128	—	5,657	93.5	—	6.5
2014	112,210	104,550	—	7,660	93.2	—	6.8
2015	231,409	211,458	—	19,951	91.4	—	8.6
2016	254,581	233,406	—	21,175	91.7	—	8.3
2017	288,600	262,938	—	25,662	91.1	—	8.9
2018	278,716	256,084	—	22,632	91.9	—	8.1
2019	237,393	215,635	—	21,758	90.8	—	9.2
2020	152,090	140,666	1	11,423	92.5	[g]	7.5
2021	154,810	137,958	9	16,843	89.1	[g]	10.9
2022	177,665	161,150	51	16,464	90.7	[g]	9.3
2023	157,651	142,033	332	15,286	90.1	.2	9.7
2024	114,286	103,047	829	10,410	90.2	.7	9.1
2025	125,434	110,795	3,500	11,139	88.3	2.8	8.9

[a] Data reflect the best available information as of February 2026. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

[b] For years prior to 2011, see the most recent Annual Report on Medical Continuing Disability Reviews.

[c] Percentage of decisions at this level.

[d] Percentage of cessations at this level appealed to next level.

[e] We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The experience in the Federal courts has a minimal impact on the number of continuations.

[f] Number of persons appealing beyond the reconsideration level.

[g] Less than 0.05 percent.

Table V.D4.—SSI Disabled Child Reviews: *Disposition*[a] *of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2011-2025*

Fiscal year of initial DDS decision[b]	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent[c]	Number	Percent[c]	Number	Percent[d]
Reviews of low-birth-weight children							
2011	19,359	7,608	39.3	11,751	60.7	3,794	32.3
2012	16,416	6,487	39.5	9,929	60.5	3,020	30.4
2013	19,299	7,672	39.8	11,627	60.2	3,948	34.0
2014	18,126	7,174	39.6	10,952	60.4	3,919	35.8
2015	14,321	5,840	40.8	8,481	59.2	2,987	35.2
2016	15,283	6,403	41.9	8,880	58.1	2,913	32.8
2017	14,921	6,648	44.6	8,273	55.4	2,679	32.4
2018	17,346	7,937	45.8	9,409	54.2	2,970	31.6
2019	11,706	5,279	45.1	6,427	54.9	1,950	30.3
2020	7,312	3,710	50.7	3,602	49.3	935	26.0
2021	10,296	4,852	47.1	5,444	52.9	1,318	24.2
2022	11,465	5,640	49.2	5,825	50.8	1,522	26.1
2023	9,269	4,479	48.3	4,790	51.7	1,332	27.8
2024	8,570	4,182	48.8	4,388	51.2	1,127	25.7
2025	7,297	3,478	47.7	3,819	52.3	1,024	26.8
Redeterminations at age 18							
2011	93,256	42,772	45.9	50,484	54.1	26,498	52.5
2012	81,568	36,585	44.9	44,983	55.1	22,865	50.8
2013	91,519	40,507	44.3	51,012	55.7	27,540	54.0
2014	85,708	37,022	43.2	48,686	56.8	26,482	54.4
2015	84,499	36,463	43.2	48,036	56.8	25,049	52.1
2016	81,025	34,924	43.1	46,101	56.9	23,256	50.4
2017	86,378	39,771	46.0	46,607	54.0	23,322	50.0
2018	81,662	38,857	47.6	42,805	52.4	21,205	49.5
2019	67,512	32,704	48.4	34,808	51.6	16,556	47.6
2020	43,754	22,644	51.8	21,110	48.2	8,962	42.5
2021	62,431	29,913	47.9	32,518	52.1	12,677	39.0
2022	69,134	33,670	48.7	35,464	51.3	14,545	41.0
2023	66,668	32,021	48.0	34,647	52.0	15,431	44.5
2024	53,248	25,260	47.4	27,988	52.6	12,539	44.8
2025	69,028	32,254	46.7	36,774	53.3	16,095	43.8
All other reviews of SSI disabled children							
2011	25,166	17,157	68.2	8,009	31.8	3,932	49.1
2012	64,834	41,269	63.7	23,565	36.3	12,308	52.2
2013	52,998	33,760	63.7	19,238	36.3	10,556	54.9
2014	88,993	57,060	64.1	31,933	35.9	18,959	59.4
2015	223,607	150,118	67.1	73,489	32.9	42,795	58.2
2016	261,185	183,221	70.1	77,964	29.9	44,669	57.3
2017	208,500	150,827	72.3	57,673	27.7	32,151	55.7
2018	229,341	177,077	77.2	52,264	22.8	29,342	56.1
2019	173,923	137,898	79.3	36,025	20.7	19,567	54.3
2020	106,636	86,795	81.4	19,841	18.6	9,718	49.0
2021	136,371	106,714	78.3	29,657	21.7	13,337	45.0
2022	148,027	117,658	79.5	30,369	20.5	14,641	48.2
2023	127,294	99,892	78.5	27,402	21.5	13,856	50.6
2024	80,968	65,485	80.9	15,483	19.1	7,616	49.2
2025	75,337	58,459	77.6	16,878	22.4	7,676	45.5
Total reviews, SSI disabled children							
2011	137,781	67,537	49.0	70,244	51.0	34,224	48.7
2012	162,818	84,341	51.8	78,477	48.2	38,193	48.7
2013	163,816	81,939	50.0	81,877	50.0	42,044	51.4
2014	192,827	101,256	52.5	91,571	47.5	49,360	53.9
2015	322,427	192,421	59.7	130,006	40.3	70,831	54.5
2016	357,493	224,548	62.8	132,945	37.2	70,838	53.3
2017	309,799	197,246	63.7	112,553	36.3	58,152	51.7
2018	328,349	223,871	68.2	104,478	31.8	53,517	51.2
2019	253,141	175,881	69.5	77,260	30.5	38,073	49.3
2020	157,702	113,149	71.7	44,553	28.3	19,615	44.0
2021	209,098	141,479	67.7	67,619	32.3	27,332	40.4
2022	228,626	156,968	68.7	71,658	31.3	30,708	42.9
2023	203,231	136,392	67.1	66,839	32.9	30,619	45.8
2024	142,786	94,927	66.5	47,859	33.5	21,282	44.5
2025	151,662	94,191	62.1	57,471	37.9	24,795	43.1

Table V.D4.—SSI Disabled Child Reviews: *Disposition*[a] *of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2011-2025*

Fiscal year of initial DDS decision[b]	Reconsiderations						Appeals beyond reconsideration[e]			
		Continuations			Appeals to beyond reconsideration			Continuations		
	Pending	Number	Percent[c]	Cessations	Number[f]	Percent[d]	Pending	Number	Percent	Cessations
Reviews of low-birth-weight children										
2011	—	1,068	28.1	2,726	1,680	61.6	—	234	13.9	1,446
2012	—	868	28.7	2,152	1,222	56.8	—	159	13.0	1,063
2013	—	1,095	27.7	2,853	1,570	55.0	—	221	14.1	1,349
2014	—	1,166	29.8	2,753	1,420	51.6	—	192	13.5	1,228
2015	—	909	30.4	2,078	1,052	50.6	—	125	11.9	927
2016	—	1,001	34.4	1,912	962	50.3	—	147	15.3	815
2017	—	957	35.7	1,722	820	47.6	—	129	15.7	691
2018	—	1,043	35.1	1,927	801	41.6	—	142	17.7	659
2019	—	714	36.6	1,236	470	38.0	—	93	19.8	377
2020	—	329	35.2	606	230	38.0	—	37	16.1	193
2021	—	552	41.9	766	328	42.8	—	72	22.0	256
2022	—	620	40.7	902	411	45.6	6	76	18.8	329
2023	12	568	43.0	752	329	43.8	26	50	16.5	253
2024	23	468	42.4	636	208	32.7	75	23	17.3	110
2025	379	316	49.0	329	24	7.3	15	2	22.2	7
Redeterminations at age 18										
2011	—	6,494	24.5	20,004	13,415	67.1	—	2,669	19.9	10,746
2012	—	5,641	24.7	17,224	11,107	64.5	—	2,084	18.8	9,023
2013	—	6,201	22.5	21,339	12,651	59.3	—	2,124	16.8	10,527
2014	—	5,939	22.4	20,543	11,776	57.3	—	1,929	16.4	9,847
2015	—	5,721	22.8	19,328	10,803	55.9	—	1,635	15.1	9,168
2016	—	6,123	26.3	17,133	9,432	55.1	—	1,412	15.0	8,020
2017	—	6,776	29.1	16,546	8,630	52.2	—	1,392	16.1	7,238
2018	—	6,459	30.5	14,746	6,620	44.9	—	1,211	18.3	5,409
2019	2	5,111	30.9	11,443	4,789	41.9	—	993	20.7	3,796
2020	1	2,740	30.6	6,221	2,783	44.7	1	621	22.3	2,161
2021	2	4,159	32.8	8,516	4,092	48.1	7	1,013	24.8	3,072
2022	12	5,197	35.8	9,336	4,743	50.8	59	1,160	24.8	3,524
2023	90	5,649	36.8	9,692	4,918	50.7	342	1,185	25.9	3,391
2024	302	4,459	36.4	7,778	3,311	42.6	1,023	578	25.3	1,710
2025	5,257	4,374	40.4	6,464	614	9.5	431	43	23.5	140
All other reviews of SSI disabled children										
2011	—	1,306	33.2	2,626	1,807	68.8	—	345	19.1	1,462
2012	—	3,717	30.2	8,591	5,948	69.2	—	960	16.1	4,988
2013	—	3,094	29.3	7,462	4,729	63.4	—	663	14.0	4,066
2014	—	5,610	29.6	13,349	8,436	63.2	—	1,258	14.9	7,178
2015	—	14,421	33.7	28,374	17,347	61.1	—	2,770	16.0	14,577
2016	—	16,391	36.7	28,278	16,672	59.0	—	2,742	16.4	13,930
2017	—	13,062	40.6	19,089	10,525	55.1	—	1,961	18.6	8,564
2018	—	12,790	43.6	16,552	8,362	50.5	—	1,771	21.2	6,591
2019	—	8,924	45.6	10,643	4,895	46.0	—	1,262	25.8	3,633
2020	—	4,392	45.2	5,326	2,475	46.5	—	631	25.5	1,844
2021	1	6,733	50.5	6,603	3,360	50.9	4	835	24.9	2,521
2022	6	7,719	52.7	6,916	3,525	51.0	45	905	26.0	2,575
2023	45	7,429	53.8	6,382	3,214	50.4	215	720	24.0	2,279
2024	152	3,996	53.5	3,468	1,421	41.0	425	249	25.0	747
2025	2,205	3,170	57.9	2,301	258	11.2	170	16	18.2	72
Total reviews, SSI disabled children										
2011	—	8,868	25.9	25,356	16,902	66.7	—	3,248	19.2	13,654
2012	—	10,226	26.8	27,967	18,277	65.4	—	3,203	17.5	15,074
2013	—	10,390	24.7	31,654	18,950	59.9	—	3,008	15.9	15,942
2014	—	12,715	25.8	36,645	21,632	59.0	—	3,379	15.6	18,253
2015	—	21,051	29.7	49,780	29,202	58.7	—	4,530	15.5	24,672
2016	—	23,515	33.2	47,323	27,066	57.2	—	4,301	15.9	22,765
2017	—	20,795	35.8	37,357	19,975	53.5	—	3,482	17.4	16,493
2018	—	20,292	37.9	33,225	15,783	47.5	—	3,124	19.8	12,659
2019	2	14,749	38.7	23,322	10,154	43.5	—	2,348	23.1	7,806
2020	1	7,461	38.0	12,153	5,488	45.2	1	1,289	23.5	4,198
2021	3	11,444	41.9	15,885	7,780	49.0	11	1,920	24.7	5,849
2022	18	13,536	44.1	17,154	8,679	50.6	110	2,141	25.0	6,428
2023	147	13,646	44.8	16,826	8,461	50.3	583	1,955	24.8	5,923
2024	477	8,923	42.9	11,882	4,940	41.6	1,523	850	24.9	2,567
2025	7,841	7,860	46.4	9,094	896	9.9	616	61	21.8	219

Table V.D4.—SSI Disabled Child Reviews: *Disposition*[a] *of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2011-2025*

Fiscal year of initial DDS decision[b]	Total initial decisions	Selected summary case information by decision status as of February 2026					
		Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Reviews of low-birth-weight children							
2011	19,359	8,910	—	10,449	46.0	—	54.0
2012	16,416	7,514	—	8,902	45.8	—	54.2
2013	19,299	8,988	—	10,311	46.6	—	53.4
2014	18,126	8,532	—	9,594	47.1	—	52.9
2015	14,321	6,874	—	7,447	48.0	—	52.0
2016	15,283	7,551	—	7,732	49.4	—	50.6
2017	14,921	7,734	—	7,187	51.8	—	48.2
2018	17,346	9,122	—	8,224	52.6	—	47.4
2019	11,706	6,086	—	5,620	52.0	—	48.0
2020	7,312	4,076	—	3,236	55.7	—	44.3
2021	10,296	5,476	—	4,820	53.2	—	46.8
2022	11,465	6,336	6	5,123	55.3	0.1	44.7
2023	9,269	5,097	38	4,134	55.0	.4	44.6
2024	8,570	4,673	98	3,799	54.5	1.1	44.3
2025	7,297	3,796	394	3,107	52.0	5.4	42.6
Redeterminations at age 18							
2011	93,256	51,935	—	41,321	55.7	—	44.3
2012	81,568	44,310	—	37,258	54.3	—	45.7
2013	91,519	48,832	—	42,687	53.4	—	46.6
2014	85,708	44,890	—	40,818	52.4	—	47.6
2015	84,499	43,819	—	40,680	51.9	—	48.1
2016	81,025	42,459	—	38,566	52.4	—	47.6
2017	86,378	47,939	—	38,439	55.5	—	44.5
2018	81,662	46,527	—	35,135	57.0	—	43.0
2019	67,512	38,808	2	28,702	57.5	[g]	42.5
2020	43,754	26,005	2	17,747	59.4	[g]	40.6
2021	62,431	35,085	9	27,337	56.2	[g]	43.8
2022	69,134	40,027	71	29,036	57.9	.1	42.0
2023	66,668	38,855	432	27,381	58.3	.6	41.1
2024	53,248	30,297	1,325	21,626	56.9	2.5	40.6
2025	69,028	36,671	5,688	26,669	53.1	8.2	38.6
All other reviews of SSI disabled children							
2011	25,166	18,808	—	6,358	74.7	—	25.3
2012	64,834	45,946	—	18,888	70.9	—	29.1
2013	52,998	37,517	—	15,481	70.8	—	29.2
2014	88,993	63,928	—	25,065	71.8	—	28.2
2015	223,607	167,309	—	56,298	74.8	—	25.2
2016	261,185	202,354	—	58,831	77.5	—	22.5
2017	208,500	165,850	—	42,650	79.5	—	20.5
2018	229,341	191,638	—	37,703	83.6	—	16.4
2019	173,923	148,084	—	25,839	85.1	—	14.9
2020	106,636	91,818	—	14,818	86.1	—	13.9
2021	136,371	114,282	5	22,084	83.8	[g]	16.2
2022	148,027	126,282	51	21,694	85.3	[g]	14.7
2023	127,294	108,041	260	18,993	84.9	.2	14.9
2024	80,968	69,730	577	10,661	86.1	.7	13.2
2025	75,337	61,645	2,375	11,317	81.8	3.2	15.0
Total reviews, SSI disabled children							
2011	137,781	79,653	—	58,128	57.8	—	42.2
2012	162,818	97,770	—	65,048	60.0	—	40.0
2013	163,816	95,337	—	68,479	58.2	—	41.8
2014	192,827	117,350	—	75,477	60.9	—	39.1
2015	322,427	218,002	—	104,425	67.6	—	32.4
2016	357,493	252,364	—	105,129	70.6	—	29.4
2017	309,799	221,523	—	88,276	71.5	—	28.5
2018	328,349	247,287	—	81,062	75.3	—	24.7
2019	253,141	192,978	2	60,161	76.2	[g]	23.8
2020	157,702	121,899	2	35,801	77.3	[g]	22.7
2021	209,098	154,843	14	54,241	74.1	[g]	25.9
2022	228,626	172,645	128	55,853	75.5	.1	24.4
2023	203,231	151,993	730	50,508	74.8	.4	24.9
2024	142,786	104,700	2,000	36,086	73.3	1.4	25.3
2025	151,662	102,112	8,457	41,093	67.3	5.6	27.1

[a] Data reflect the best available information as of February 2026. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

[b] For years prior to 2011, see the most recent Annual Report on Medical Continuing Disability Reviews.

[c] Percentage of decisions at this level.

[d] Percentage of cessations at this level appealed to next level.

[e] We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The experience in the Federal courts has a minimal impact on the number of continuations.

[f] Number of persons appealing beyond the reconsideration level.

[g] Less than 0.05 percent.

E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION

1. Work Incentives

Since the beginning of the Supplemental Security Income (SSI) program, a number of disabled or blind recipients have worked and received SSI payments. Initially, the program contained a basic earned income exclusion that recognized the additional costs associated with employment. In addition, the law contained a number of special income exclusions designed to encourage work. The income exclusion for blind work expenses (BWE), plan to achieve self-support (PASS), and student earned income exclusion (SEIE) were among these provisions.

In the 1980 amendments to the Social Security Act, Congress provided additional incentives to help SSI disabled recipients become self-supporting. These incentives included:

- Providing for an earned income exclusion for impairment-related work expenses (IRWE);
- Changing the treatment of sheltered workshop earnings from unearned income to earned income, thereby qualifying sheltered workshop earnings for the earned income exclusion;
- Providing for the continuation of SSI payments for certain disabled individuals enrolled in vocational rehabilitation (VR) programs whose disability ceased due to medical recovery (extended to SSI blind recipients, effective April 1988);
- Establishing section 1619, which provides the following:
  - 1619(a) allows us to continue to provide cash payments when the recipient earns above substantial gainful activity (SGA), an earnings level that would have previously made them ineligible for any payment; and
  - 1619(b) allows recipients to remain eligible for Medicaid when their earnings reduce their cash payment to $0.

Table V.E1 presents the historical SGA and SEIE amounts.

Table V.E1.—SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974-2026

Year	SGA level[b]	SEIE[a]	
		Monthly exclusion	Maximum exclusion for calendar year
1974 to 1975	$200	$400	$1,620
1976	230	400	1,620
1977	240	400	1,620
1978	260	400	1,620
1979	280	400	1,620
1980 to 1989	300	400	1,620
1990 to 1998	500	400	1,620
1999 to 2000	[c]700	400	1,620
2001	740	1,290	5,200
2002	780	1,320	5,340
2003	800	1,340	5,410
2004	810	1,370	5,520
2005	830	1,410	5,670
2006	860	1,460	5,910
2007	900	1,510	6,100
2008	940	1,550	6,240
2009	980	1,640	6,600
2010	1,000	1,640	6,600
2011	1,000	1,640	6,600
2012	1,010	1,700	6,840
2013	1,040	1,730	6,960
2014	1,070	1,750	7,060

Table V.E1.—SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974-2026 (Cont.)

Year	SGA level[b]	SEIE[a] Monthly exclusion	SEIE[a] Maximum exclusion for calendar year
2015	$1,090	$1,780	$7,180
2016	1,130	1,780	7,180
2017	1,170	1,790	7,200
2018	1,180	1,820	7,350
2019	1,220	1,870	7,550
2020	1,260	1,900	7,670
2021	1,310	1,930	7,770
2022	1,350	2,040	8,230
2023	1,470	2,220	8,950
2024	1,550	2,290	9,230
2025	1,620	2,350	9,460
2026	1,690	2,410	9,730

[a] Under current regulations, this amount increases yearly based on changes in the cost of living.

[b] According to regulation, SSA bases increases in 2001 and subsequent years on increases in the national average wage index. SGA rules do not apply to blind recipients under the SSI program.

[c] Increased to $700 in July 1999.

We discuss the incentives for work and opportunities for rehabilitation in more detail in section III.E. In the following tables, we provide historical information on participation by SSI recipients in work incentive programs.[1]

a. Numbers of Participants in Work Incentive Programs

In this section, we present historical data on participation by SSI recipients in work incentive programs. Table V.E2 presents historical numbers of SSI recipients categorized according to their section 1619 status. Figure V.E1 presents this information in graphical form.

Table V.E2.—SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2025

Year	In current-payment status: 1619(a) workers[a]	In current-payment status: Other workers[b]	1619(b) workers[c]	Total workers
1987	14,559	142,664	15,632	172,855
1988	19,920	153,599	15,625	189,144
1989	25,655	161,928	18,254	205,837
1990	13,994	182,421	23,517	219,932
1991	15,531	186,824	27,264	229,619
1992	17,603	199,665	31,649	248,917
1993	20,028	210,322	35,299	265,649
1994	24,315	217,478	40,683	282,476
1995	28,060	223,573	47,002	298,635
1996	31,085	225,310	51,905	308,300
1997	34,673	228,093	57,089	319,855
1998	37,271	229,662	59,542	326,475
1999	25,528	245,825	69,265	340,618
2000	27,542	249,313	83,572	360,427
2001	22,100	247,555	76,455	346,110
2002	17,271	241,462	82,177	340,910
2003	17,132	235,453	71,097	323,682
2004	17,114	237,409	73,681	328,204
2005	17,621	240,744	78,205	336,570
2006	17,394	242,676	89,350	349,420
2007	16,939	242,854	97,551	357,344
2008	16,142	240,138	99,482	355,762
2009	11,900	236,741	91,534	340,175
2010	11,305	234,481	72,751	318,537
2011	11,763	235,248	65,768	312,779
2012	11,813	233,915	67,927	313,655
2013	12,054	232,196	67,818	312,068
2014	12,757	231,922	70,233	314,912

[1] More detailed information on participation by SSI recipients in work incentive programs is provided in the *SSI Annual Statistical Report. Pub. No. 13-11827,* prepared by the Office of Research, Evaluation, and Statistics, Social Security Administration.

Table V.E2.—SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2025 (Cont.)

Year	In current-payment status		1619(b) workers[c]	Total workers
	1619(a) workers[a]	Other workers[b]		
2015	13,098	238,577	76,333	328,008
2016	13,480	242,778	80,579	336,837
2017	15,210	238,117	88,890	342,217
2018	14,443	232,895	94,708	342,046
2019	14,368	225,763	102,076	342,207
2020	11,049	187,902	93,295	292,246
2021	13,020	186,177	99,790	298,987
2022	13,820	197,714	113,524	325,058
2023	12,409	195,650	116,684	324,743
2024	11,388	173,803	115,024	300,215
2025	10,781	213,927	118,311	343,019

[a] Includes disabled workers whose earnings are above SGA level.

[b] Includes blind workers in current-payment status and disabled workers whose earnings are at or below SGA level.

[c] 1619(b) recipients are not in current-payment status but retain SSI recipient status for Medicaid purposes.

Figure V.E1.—SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2025

[In thousands]

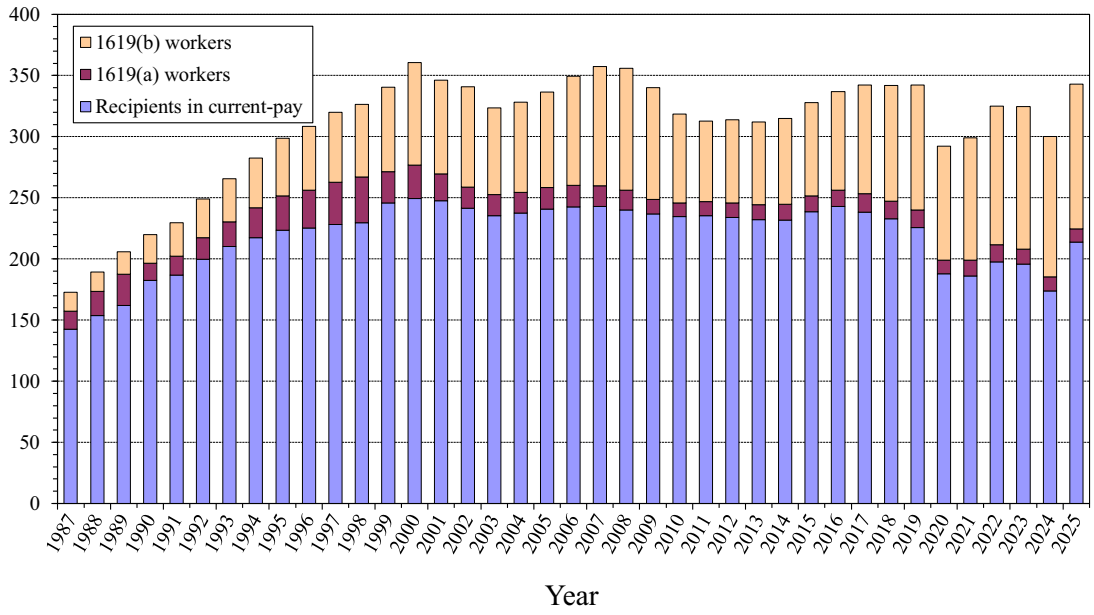

Table V.E3 presents historical numbers of SSI recipients who benefit from other selected work incentive provisions: (1) PASS; (2) IRWE; and (3) BWE. These recipients may be benefiting from more than one of these selected work incentive provisions. This information is available only for calendar years 1990 and later.

Table V.E3.—SSI Federally Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2025

Year	PASS[a]			IRWE	BWE
	Non-workers	Workers	Total		
1990	1,215	1,040	2,255	5,384	4,385
1991	1,969	1,601	3,570	6,546	4,330
1992	3,189	2,658	5,847	7,813	4,454
1993	4,528	3,602	8,130	8,629	4,406
1994	5,842	4,487	10,329	9,484	4,380
1995	5,719	4,603	10,322	9,940	4,433
1996	2,760	1,944	4,704	9,799	4,230
1997	1,290	708	1,998	9,637	4,116
1998	712	362	1,074	9,301	3,802
1999	698	347	1,045	9,520	3,971
2000	862	520	1,382	9,422	3,895
2001	1,024	576	1,600	8,798	3,642
2002	1,150	571	1,721	8,047	3,386
2003	1,181	524	1,705	7,604	3,074
2004	1,112	486	1,598	6,874	2,827
2005	1,089	493	1,582	6,310	2,552
2006	1,098	485	1,583	5,650	2,370
2007	1,003	512	1,515	5,161	2,142
2008	1,074	485	1,559	4,572	1,925
2009	1,037	420	1,457	3,862	1,643
2010	1,001	392	1,393	3,491	1,847
2011	882	405	1,287	3,339	1,570
2012	760	356	1,116	3,157	1,410
2013	612	336	948	2,982	1,284
2014	545	317	862	3,040	1,145
2015	480	341	821	3,188	1,161
2016	433	259	692	3,128	1,068
2017	363	272	635	3,065	1,022
2018	332	236	568	2,942	955
2019	295	185	480	2,941	876
2020	267	134	401	2,191	653
2021	206	117	323	1,913	576
2022	149	121	270	1,831	568
2023	144	96	240	1,734	517
2024	139	101	240	1,526	486
2025	119	104	223	1,350	440

[a] For years 1990 through 1996, data do not include PASS plans that exclude only resources.

Note: Working recipients participating in these other work incentives may be 1619(a) recipients, 1619(b) recipients, or other working recipients.

b. Average Earnings of Participants in Work Incentive Programs

In this section, we present historical data on average earnings of SSI working recipients. Table V.E4 presents average earnings of SSI recipients categorized according to their section 1619 status.

Table V.E4.—Average Monthly Earnings of SSI Federally Administered Blind or Disabled Working Recipients, as of December, 1987-2025

Year	Blind or disabled workers with SSI recipient status			
	In current-payment status			Total workers
	1619(a) workers[a]	Other workers[b]	1619(b) workers[c]	
1987	$494	[d]$124	$739	[d]$211
1988	522	[d]127	721	[d]218
1989	518	[d]131	712	[d]231
1990	712	145	746	245
1991	724	148	780	262
1992	726	150	781	271
1993	728	153	784	280
1994	746	157	803	301
1995	754	160	834	322
1996	764	162	881	344
1997	772	164	932	367
1998	772	182	954	390
1999	926	207	980	418
2000	945	239	1,048	481
2001	1,004	252	1,043	475
2002	1,043	253	1,094	495
2003	1,059	241	1,081	469
2004	1,076	246	1,070	474
2005	1,111	255	1,118	500
2006	1,166	258	1,193	542
2007	1,193	262	1,267	581
2008	1,235	259	1,340	605
2009	1,262	252	1,327	577
2010	1,260	244	1,266	513

Table V.E4.—Average Monthly Earnings of SSI Federally Administered Blind or Disabled Working Recipients, as of December, 1987-2025 (Cont.)

Year	Blind or disabled workers with SSI recipient status			
	In current-payment status			
	1619(a) workers[a]	Other workers[b]	1619(b) workers[c]	Total workers
2011	$1,265	$248	$1,261	$499
2012	1,298	257	1,318	526
2013	1,321	266	1,374	548
2014	1,332	284	1,431	582
2015	1,358	306	1,468	618
2016	1,384	337	1,484	654
2017	1,397	362	1,544	715
2018	1,453	396	1,631	783
2019	1,492	418	1,750	860
2020	1,529	417	1,848	916
2021	1,579	479	1,940	1,015
2022	1,696	556	2,120	1,151
2023	1,796	599	2,288	1,251
2024	1,875	619	2,471	1,376
2025	1,933	610	2,533	1,315

[a] Workers' earnings are above the SGA level. See table V.E1 for yearly SGA levels.

[b] Disabled workers' earnings are at or below the SGA level.

[c] 1619(b) recipients are not in current-payment status but retain SSI recipient status for Medicaid purposes.

[d] Estimated.

2. Vocational Rehabilitation and the Ticket to Work Program

Provisions designed to make VR services available to SSI blind or disabled recipients have been part of the SSI program since its inception. From the beginning, the Social Security Administration (SSA) referred SSI recipients to State VR agencies, which provided services to those recipients they accepted as clients. Prior to 1981, SSA made block grants to VR agencies to fund services to disabled beneficiaries. The 1981 amendments changed this and established a "cost" reimbursement provision. Under this provision, we reimburse VR agencies for the cost of VR services furnished to blind or disabled SSI recipients who are successful in returning to work. For reimbursement purposes, we consider recipients to have "successfully" returned to work if they achieve SGA-level earnings for 9 continuous months; or 9 of 12 months if the reason for the non-SGA months was beyond the recipient's control and not related to their impairment.

The 1984 amendments authorized reimbursement for cases where the recipient medically recovers while engaged in a program of rehabilitation services approved by SSA and SSA determines that continuation or completion of such a program would increase the likelihood the individual will permanently leave the rolls.[1] The 1990 amendments authorized reimbursement for the cost of services the VR agencies provide in months in which the individual is not receiving Federal SSI benefits if the individual:

- Has special SSI recipient status for Medicaid purposes under section 1619(b) of the Social Security Act;
- Receives a federally administered State supplementation payment; or
- Temporarily loses eligibility for SSI benefits for fewer than 13 consecutive months for a reason other than cessation of disability or blindness.

In 1994, SSA amended the regulations to include reimbursement to alternate private and non-State public VR providers ("alternate participants") that provided VR services to recipients that a State VR agency had not accepted as clients. The Ticket to Work and Work Incentives Improvement Act of 1999 subsequently

[1] The 1980 amendments provided for benefit continuation for such SSI recipients who were continuing in a VR program after their disability ended. Lawmakers extended the provision to blind recipients effective April 1988.

replaced the alternate provider program with the Ticket to Work and Self-Sufficiency program (Ticket to Work program).

Under the Ticket to Work program, a disabled beneficiary may obtain VR, employment, and other support services from qualified private or public providers—"Employment Networks" (EN). The Ticket to Work program authorizes the Commissioner to provide payments to ENs under either an outcome payment system or a milestone-outcome payment system.[1] By expanding the pool of providers and giving the providers incentives for achieving success, this program provides access to these services for persons with disabilities to assist them in finding, entering, and retaining employment as well as reducing their reliance on cash benefits.

Beginning in February 2002, SSA implemented the Ticket to Work program on a State-by-State basis and completed implementation in September 2004. As we implemented the Ticket to Work program in each State, we eliminated the alternate provider and the traditional VR referral process described earlier, yet retained VR cost reimbursement. SSA provides eligible individuals who receive SSI and Social Security Disability Insurance (SSDI) benefits due to blindness or disability in such a State with access to employment support services. Ticket-eligible beneficiaries may use the Ticket to obtain VR services, employment services, and other support services needed to return to work or go to work for the first time from ENs or their State VR agencies. Individuals not eligible for a Ticket may still request services from a State VR agency; the VR agency continues to decide whether each beneficiary is eligible for services under the Rehabilitation Act of 1973.

The Ticket to Work program legislation required that SSA establish a corps of work incentives specialists to disseminate accurate information about work incentives. In addition, the Social Security Protection Act of 2004 mandated that SSA provide a work report receipt to the beneficiary. SSA responded to these mandates with the following actions:

- Most field offices have a Work Incentive Liaison (WIL) who works with outside organizations that serve disabled and blind people. WILs are field office points of contact that are considered subject matter experts and can assist a recipient with their needs when returning to work.

- In fiscal year 2003, SSA established the Area Work Incentives Coordinator (AWIC) position and trained a total of 58 AWICs, assigning at least one AWIC to each Area Director's Office. We created the AWIC position to improve the quality of employment support services provided to beneficiaries through training, outreach, and better coordination of support services. As of fiscal year 2026, there were 50 AWICS on duty.

- In fiscal year 2004, SSA released eWork, a web-based design application that provides a uniform electronic system to process and control Old-Age, Survivors, and Disability Insurance (OASDI) return to work cases. Since eWork does not communicate with any SSI systems, SSA developed a web-based application, the SSI Monthly Wage Verification (SSIMWV), to process and control SSI work reports. The SSIMWV allows SSA employees to issue the mandated work report receipt in addition to processing the wage report. We released SSIMWV nationally in November 2006.

- In fiscal year 2006, SSA awarded cooperative agreements in all States, the District of Columbia, and U.S. territories under the new Work Incentives Planning and Assistance (WIPA) program, which replaced and enhanced the former Benefits Planning, Assistance, and Outreach program. The WIPA program provides accurate information about work incentive programs and other employment support services, as well as planning and assistance services, to beneficiaries with disabilities to support

[1] State VR agencies may elect on a case-by-case basis to receive payment under the traditional VR reimbursement system or as an EN under the outcome or outcome-milestone payment system.

and facilitate their transition into the workforce. Funding for the WIPA program terminated in the summer of 2012. We reinstated the WIPA program in August 2013. When the program restarted, some of the prior awardees were not available to provide services. SSA negotiated with some of the prior WIPA awardees to increase their coverage areas so that the program would continue to provide full coverage across the country. Ninety-five WIPAs received funding that expired July 31, 2015. SSA hosted a full and open WIPA competition in the spring of 2015 and awarded a new cadre of 83 WIPAs on August 1, 2015. SSA held a subsequent full and open WIPA competition in the spring of 2021 and awarded a cadre of 74 WIPAs on August 1, 2021.

- In fiscal year 2008, we implemented the Supplemental Security Income Telephone Wage Reporting (SSITWR) system nationally to help reduce wage-related improper payments and facilitate timely and accurate wage reporting. SSITWR is an automated system that uses a toll-free dedicated telephone number, with touch-tone entry and voice-recognition software. It allows SSI recipients, their representative payees, and deemors to report gross wages from the prior month over the phone. Beginning in fiscal year 2014, wage reporters use the SSITWR on any day of the month to successfully report wages for the prior month. SSITWR posts successful wage reports to the SSI record without intervention from an SSA employee and adjusts subsequent SSI payment amounts before we issue the payment. The system also issues an automated receipt to the SSI recipient and the representative payee for each successful wage report as required by section 202 of the Social Security Protection Act of 2004.

- In fiscal year 2013, we implemented the Supplemental Security Income Mobile Wage Reporting (SSIMWR) system nationally. SSIMWR is the first transactional mobile application available in the Google Play Store and Apple App Store for SSI recipients, deemors, and representative payees to report monthly wages using either Android or Apple smartphone platforms. A successful submission automates the wage reporting process and posts the gross amount to the SSR, reducing improper payments and field office handling. In fiscal year 2022, we enhanced the SSIMWR application to improve usability and functionality. The enhancements included the ability for users to take a picture or upload a file of their pay stubs into the application. We also changed the name of the application to SSA Mobile Wage Reporting (SSAMWR).

- In fiscal year 2017, SSA released myWageReport (myWR). myWR is an online wage reporting tool which fulfilled Section 826 of the Bipartisan Budget Act of 2015 that required the Agency to implement a system that would allow Social Security disability beneficiaries and representative payees to report wages through electronic means and automatically issue a receipt. In fiscal year 2018, SSA expanded the use of myWR to SSI recipients, deemors, and representative payees. It allows wage reporters to report wages via desktop, laptop, or mobile device. Successful wage reports post to the SSI record without intervention from SSA employees and adjust subsequent SSI payments before we issue the payment. The tool also generates a receipt that can be viewed, printed, and saved on the reporter's device.

- On December 31, 2024, we published the Final Rule *Use of Electronic Payroll Data To Improve Program Administration* outlining our intent to obtain wage data electronically from a payroll data provider. We began receiving data through the exchange on April 7, 2025. Data from the exchange will be used to update SSI records timely. This increases the accuracy of payment amounts, reduces time field office technicians spend verifying wages and manually entering data, and reduces reporting responsibilities for individuals who earn income that could affect their eligibility or payment amount.

- AWICs have also been very active in participating in outreach activities in their local areas and continue to be the primary point of contact for public information outreach in the communities. They have strengthened the relationship with our Ticket to Work program partners. AWICs also work closely with the regional PASS cadres in SSA to make joint educational presentations to the community about our employment support programs. The partnership has strengthened support of one of the

objectives of the Ticket to Work program, which is to educate the public about the benefits of returning to work and becoming self-sufficient. We have made presentations directly to persons with disabilities and organizations that provide services to this target group, including presentations at:

- Work Incentives Seminar Events[1]
- Disability Employment Fairs
- Disability Forums and Expos
- Technical Colleges
- Universities
- Disability Resource Centers
- One-Stop Career Centers (now called American Job Centers)
- Small Business Administration Groups
- Workforce Investment Fairs
- Independent Living Councils' Conferences
- United Way Agencies
- State Advocacy Groups

In 2008, we revised the Ticket to Work regulations to enhance beneficiary choice and improve the effectiveness of the program. The revisions extended the program to all adult OASDI disabled and SSI blind or disabled beneficiaries, removed disincentives for Employment Networks to participate in the program, provided incentives for them to support beneficiaries through a more gradual return to work, and positioned them to better support ongoing retention of employment.

See section V.G.1.c for information on the evaluation of the Ticket to Work program.

Table V.E5 provides historical data on the number of VR agency reimbursement claims allowed and the amount of such awards for SSI recipients.

In the broader context of helping people with disabilities remain in the workforce, the Bipartisan Budget Act of 2015 renewed SSA's authority to conduct demonstration projects involving the Disability Insurance program through calendar year 2022. These new demonstrations affected the SSI program since there are a large number of SSI recipients who concurrently receive Disability Insurance benefits. One demonstration using this authority is the Ohio Direct Referral Demonstration, which tests the effect of SSA sharing the contact information of youth SSI recipients undergoing an age-18 redetermination and new youth SSI and Disability Insurance applicants ages 18 or 19 with the Ohio State VR agency. Congress removed SSA's authority to refer individuals to State VR agencies when it enacted the Ticket to Work Program and this demonstration will provide evidence on the effectiveness of these referrals for youth not eligible for the Ticket program. See section V.G for information on our return-to-work demonstrations. The final analysis and report is expected to be completed in 2026.

[1] Work Incentives Seminar Events are now hosted via a national monthly webinar format rather than as local, in-person events.

Table V.E5.—Vocational Rehabilitation Reimbursement Claims Allowed, Fiscal Years 1987-2025

	Concurrent Title II/XVI claims		Title XVI only claims		Total claims	
Fiscal year	Number	Amount[a] (in thousands)	Number	Amount (in thousands)	Number	Amount[a] (in thousands)
1987	[b]	[b]	1,493	$10,010	[b]	[b]
1988	[b]	[b]	1,720	14,831	[b]	[b]
1989	[b]	[b]	1,871	18,366	[b]	[b]
1990	1,267	$3,290	2,819	22,832	4,086	$26,122
1991	1,445	4,325	2,171	20,615	3,616	24,940
1992	1,634	5,312	2,834	28,276	4,468	33,588
1993	1,928	6,670	2,158	22,264	4,086	28,934
1994	1,880	7,057	2,074	23,400	3,954	30,457
1995	2,140	7,761	2,229	26,402	4,369	34,162
1996	2,033	6,518	2,138	24,334	4,171	30,852
1997	2,735	8,541	2,914	31,532	5,649	40,073
1998	3,329	10,089	3,446	36,313	6,775	46,402
1999	3,572	11,403	4,046	42,281	7,618	53,684
2000	3,260	11,357	3,589	40,793	6,849	52,150
2001	2,388	9,590	2,763	34,842	5,151	44,432
2002	3,241	12,201	3,474	43,244	6,715	55,445
2003	2,139	8,110	1,993	25,238	4,132	33,348
2004	1,999	7,759	2,150	26,390	4,149	34,149
2005	1,883	7,420	1,692	21,866	3,575	29,286
2006	2,581	10,382	2,257	28,597	4,838	38,979
2007	2,037	8,407	1,871	26,468	3,908	34,875
2008	2,743	11,229	2,515	35,732	5,258	46,961
2009	2,567	11,046	2,373	34,801	4,940	45,847
2010	2,337	9,431	2,109	32,511	4,446	41,942
2011	1,300	6,551	1,407	23,196	2,707	29,747
2012	1,418	6,046	1,540	24,351	2,958	30,397
2013	2,788	12,847	2,636	40,167	5,424	53,014
2014	2,649	11,946	2,707	45,689	5,356	57,635
2015	3,070	14,296	3,843	65,298	6,913	79,593
2016	3,165	14,368	4,069	67,323	7,234	81,691
2017	2,586	6,010	3,422	25,268	6,008	31,278
2018	4,140	18,173	6,250	79,064	10,390	97,237
2019	3,498	15,155	5,816	70,521	9,314	85,677
2020	4,195	17,946	7,311	87,225	11,506	105,171
2021	3,464	15,029	5,936	73,373	9,400	88,403
2022	4,271	19,060	7,503	98,563	11,774	117,623
2023	4,334	18,674	7,461	97,581	11,795	116,255
2024	3,092	15,399	5,558	75,801	8,650	91,200
2025	1,892	9,245	3,689	54,833	5,581	64,078

[a] For concurrent Title II/XVI claims, amounts shown represent Title XVI portion of claim.

[b] For fiscal years 1987-89, data on Title II reimbursement claims involving concurrent Title XVI reimbursement claims are not available.

Note: Components may not sum to totals because of rounding.

Table V.E6 provides historical data on the number of Employment Network payments allowed and the amount of such payments for SSI recipients.

Table V.E6.—Employment Network Payments Allowed, Fiscal Years 2002-2025[a]

	Concurrent Title II/XVI payments		Title XVI only payments		Total payments	
Fiscal year	Number[b]	Amount[c] (in thousands)	Number[b]	Amount (in thousands)	Number[b]	Amount[c] (in thousands)
2002	[d]	$1	[d]	[e]	[d]	$1
2003	138	19	260	$47	398	66
2004	245	35	674	127	919	162
2005	692	105	1,292	251	1,984	356
2006	975	137	1,648	317	2,623	454
2007	1,259	181	1,713	334	2,972	515
2008	1,827	274	2,524	520	4,351	794
2009	2,575	594	3,282	1,310	5,857	1,904
2010	3,461	864	3,819	1,704	7,280	2,568
2011	4,565	1,145	5,879	2,789	10,444	3,934
2012	5,577	1,359	6,257	2,971	11,834	4,330
2013	5,579	1,375	6,262	3,185	11,841	4,560
2014	7,627	2,029	8,683	5,023	16,310	7,052
2015	10,822	2,637	11,819	5,974	22,641	$8,611
2016	19,642	5,373	21,446	13,224	41,088	18,597
2017	16,496	4,216	20,735	11,978	37,231	16,194
2018	17,090	4,190	21,344	11,458	38,434	15,648
2019	16,182	3,157	21,704	10,314	37,886	13,831
2020	14,535	3,605	23,045	12,518	37,580	16,123
2021	13,611	3,295	22,920	11,381	36,531	14,676
2022	13,760	3,594	25,661	13,998	39,421	17,592
2023	16,109	4,164	31,131	16,077	47,240	20,241
2024	13,119	3,505	28,325	15,281	41,444	18,786
2025	10,600	3,069	26,260	14,460	36,860	17,529

[a] Does not include reimbursements to State VR agencies for Tickets assigned under the VR cost-reimbursement option.

[b] Beginning in 2016, reflects a revised process used to identify payments to Employment Network service providers.

[c] For concurrent Title II/XVI payments, amounts shown represent Title XVI portion of the payments.

[d] Less than 10.

[e] Less than $500.

Note: Components may not sum to totals because of rounding.

F. INVOLVEMENT OF SSI RECIPIENTS IN OTHER PROGRAMS

In this appendix, we present statistics on Supplemental Security Income (SSI) recipients' participation in other programs using data from the Supplemental Security Record (SSR), the main administrative file for the SSI program. We develop summary data on: (1) current participation by SSI recipients in other programs from a 100 percent extract of the SSR; and (2) previous participation by SSI recipients in other programs from a 10 percent extract of the SSR. Both sets of summary data are representative of the overall SSI recipient population.

Since the amount of an individual's income affects both the eligibility for and the amount of the person's SSI benefit, the SSR must contain information on participation by SSI recipients in certain other programs that may provide countable income to the SSI recipient. A significant number of SSI recipients are Social Security beneficiaries whose total countable income, including Old-Age, Survivors, and Disability Insurance (OASDI) benefits, is less than the Federal benefit rate plus the amount of applicable federally administered State supplementation payment. A smaller number of SSI recipients participate in other programs and receive income such as workers' compensation benefits or disability cash benefits from the Department of Veterans Affairs.

SSA does not maintain complete information concerning the involvement of SSI recipients in other assistance programs because under the law payments from such programs are not countable income attributable to the individual. We do, however, have some data with regard to entitlement to benefits under two other programs—Temporary Assistance for Needy Families (TANF) (which replaced Aid to Families with Dependent Children (AFDC)) and State Interim Assistance Reimbursement—at the point that the individual applied for SSI benefits. TANF (and AFDC previously) is a State program funded under Part A of Title IV of the Social Security Act. Interim assistance is assistance a State gives to SSI applicants in cash or vendor payments for meeting basic needs while they are awaiting the outcome of the SSI eligibility determination process.

Table V.F1 presents percentages of SSI recipients who: (1) concurrently receive payments from certain other selected programs; or (2) have previously received TANF/AFDC benefits or Interim Assistance Reimbursement.

Table V.F1.—Percentage of SSI Federally Administered Recipients in Current-Payment Status with Participation[a] in Selected Programs Based on SSA Administrative Records, December 2025

	Age groups			
	0-17	18-64	65 or older	All
Number of Federally administered recipients, December 2025 (in thousands)	1,016	3,864	2,512	7,392
Program	(In percent)			
Program participation by SSI recipients, December 2025				
Federal SSI	99.9	98.9	96.7	98.3
Federally administered State SSI supplementation	11.0	13.6	27.1	17.8
OASDI	5.5	27.4	57.1	34.5
Black Lung	—	[b]	[b]	[b]
Railroad retirement	[b]	[b]	[b]	[b]
Veterans Affairs disability cash benefits	.9	.5	.4	.5
Workers' compensation	[b]	[b]	[b]	[b]
Previous program participation by SSI recipients at SSI application, December 2025				
TANF/AFDC	15.4	24.4	15.5	20.1
Interim Assistance Reimbursement	.9	9.4	11.1	8.8

[a] SSI recipients or households of SSI recipients may participate in more than one of these programs.

[b] Less than 0.05 percent of SSI recipients in this age grouping participate in the program.

Note: Total numbers of recipients do not necessarily equal the sums of components due to rounding.

There are other potential sources for information on SSI recipients when that information is not available on the SSI administrative files. These sources include the three surveys described below:

- The Survey of Income and Program Participation, a U.S. Census Bureau sample survey, is comprised of a continuous series of national panels that collect information, such as the source and amount of income, asset holdings, program participation, and general demographic characteristics for the U.S. civilian noninstitutionalized population.
- The Current Population Survey (CPS), a U.S. Census Bureau sample survey conducted monthly by the Bureau of the Census for the Bureau of Labor Statistics is the primary source of information on the labor force characteristics of the U.S. population. The CPS March Supplement (the Annual Social and Economic Supplement), collects (in addition to the usual monthly labor force data) information on income, noncash benefits, program participation, and general demographic characteristics for the U.S. resident noninstitutionalized population.
- The Health and Retirement Study, a survey sponsored by the National Institute on Aging and conducted by the University of Michigan, is a biennial survey that collects information such as health status, health care utilization, income, asset holdings, program participation, and general demographic characteristics for the U. S. population over age 50.

G. RESEARCH ON RELATED TOPICS

The legislative mandate for this report requires inclusion of information about relevant research on the Supplemental Security Income (SSI) program by the Social Security Administration (SSA) and others. Section 1 of this appendix describes SSA's major recent and ongoing projects. Section 2 presents a bibliography of studies regarding SSI payment levels, recipients, and reform proposals published in the past 10 years by both public and private entities. See previous editions for information on prior SSI-related research available at https://www.ssa.gov/oact/ssir/index.html.

1. Recent and Ongoing Research

a. SSI Research through the Retirement and Disability Research Consortium

The Retirement and Disability Research Consortium (RDRC) was an interdisciplinary extramural research program funded by SSA through cooperative agreements with research centers at Boston College; the City University of New York; the University of Maryland, Baltimore County; the University of Michigan; the National Bureau of Economic Research; and the University of Wisconsin-Madison. The centers organized experts from around the country to produce research on Social Security programs and related topics. The RDRC was terminated in early 2025 to comply with Executive Order 14151.

One goal of the RDRC was to research and evaluate topics related to SSI and other Federal policies. RDRC working papers funded in FY 2022 include the following: Grooms, L'Esperance, and Smeeding (2022) simulate how the expanded Child Tax Credit affects the income and poverty of SSI child beneficiaries as well as adult beneficiaries. Costanzo et al. (2022) consider the responsibilities of parents of disabled children during their prime working years and later, incorporating a variety of benefits that SSA provides for such families. Berger et al. (2022) evaluate the effect of various SSA benefits on multigenerational households.

Studies for FY 2021 include the following: Bitler et al. (2022) examine the effect of food stamp eligibility on the economic security of SSI recipients. Livermore, Shenk, and Sevak (2021) examine how benefit suspension and overpayments affect SSI and SSDI beneficiaries. Swensen and Urban (2021) determine the effects of openings (and closings) of county mental health treatment facilities on SSI and SSDI applications and subsequent awards.

RDRC research funded in previous fiscal years included the following: Deshpande (2020) analyzes the channels through which SSI participation by children affects their outcomes as adults. Hembre and Urban (2020) collect data on local housing assistance policies—including whether they prioritize households facing disabilities—and examine the effects of these policies on SSI applications and participation. Hamman (2020) explores the shift toward community-based living (and away from nursing homes) since the 1980s, and the impact this shift has had on the SSI and the Medicaid long-term care programs. Hyde, Schwabish, O'Leary, and Luca (2021) document the local-area predictors of flows onto the SSDI and SSI programs and flows out of these programs due to work in order to understand the drivers of benefit application, benefit receipt prevalence, and beneficiary employment milestones. Dizon-Ross and Deshpande (2022) explore the effects of beliefs about the likelihood of SSI removal at age 18 on human capital investment.

b. Analytic Studies

Researchers within SSA, at other Federal agencies, and at academic institutions have conducted a number of studies that provide a better understanding of the SSI program, the elderly and disabled target populations, program interactions, and the role of the SSI program in the United States social safety net. Levere, Hemmeter, and Wittenburg (2025) examine the factors that influenced the decline in SSI applications

during the COVID-19 pandemic, including administrative changes and economic stabilization initiatives. By contrast, for declines in child SSI applications, Levere, Hemmeter, and Wittenburg (2024) consider the effect of school closings during the pandemic. Weaver (2024) analyzes mortality rates among current and former SSI and SSDI program participants during the pandemic. Nicholas (2013) estimates the prevalence, characteristics, and poverty status of SSI recipients living with others on SSI (who are not an eligible spouse) in the context of their individual, family, and household units. Nicholas and Hale (2021) examine SSI and SSDI applicants and recipients who faced homelessness during 2007 to 2017. Rupp (2012) analyzes factors affecting initial disability allowance rates for the SSDI and SSI programs and finds that demographic and diagnostic characteristics of applicants and the local unemployment rate substantially affect the initial allowance rate. Wixon and Strand (2013) document how DDS data can be used to analyze outcomes at each step of the disability determination process. Bailey and Hemmeter (2014, 2015) used the 2008 SIPP matched to SSA administrative records to examine the characteristics of SSDI and SSI program participants. Messel and Trenkamp (2022) provide an update of participant characteristics based on CPS data. Another study used our administrative records from August 2005 through August 2007 to analyze SSI recipients who lived in counties and parishes affected by Hurricanes Katrina and Rita (Davies and Hemmeter 2010).

Another series of research studies examines the subsequent participation in the SSDI and SSI programs by individuals whose eligibility for those programs ceased through a continuing disability review because of medical improvements (Hemmeter and Bailey 2015). Hemmeter, Levere, and Wittenberg (2024, 2025) look at the role of childhood continuing disability reviews in explaining trends in child SSI enrollment.

Several studies examine the effect of information on SSI application and participation. Hemmeter et al. (2025) test the effects of providing additional information on potential eligibility on take up rates. More generally, Messel, Oluwole, and Rogofsky (2022) explore how well informed the general public is about the two disability programs administered by SSA.

Several studies focus on the long-term experiences of children and youth receiving SSI. Rupp, Hemmeter, and Davies (2015) looked at SSI children by year and age at award and analyzed transitions (e.g., onto SSDI, off SSDI and SSI, mortality) as they age into adulthood. Hemmeter et al. (2021) explore the longitudinal patterns of SSDI and SSI participation and mortality of child SSI awardees. Hemmeter et al. (2015) compare the outcomes of participants in the Marriott Foundation for People with Disabilities Bridges from School to Work program with non-participating SSI recipients. Hemmeter (2015) looks at the entry of youth onto the SSI program at age 18. Hemmeter, Mann, and Wittenburg (2017) look at State variation in post-age-18 redetermination outcomes. The Department of Labor's Office of Disability Employment Policy conducted their SSI Youth Solutions project to identify ways to improve the outcomes for transition-age youth. Several of the proposals built on experiences from the Youth Transition Demonstration and the Promoting Readiness of Minors in SSI projects. Contreary and Honeycutt (2021) summarize the resulting 12 proposals, Honeycutt, Contreary, and Livermore (2021) compare and contrast them, and Honeycutt et al. (2021) provide evaluation options for each. Musse, Honeycutt, and Hemmeter (2024) look at how the Workforce Innovation and Opportunity Act of 2014 affected the employment and work incentive use of youth receiving SSI.

Several studies have focused on the participation and outcomes of specific diagnostic or eligibility groups. Hemmeter and Davies (2019) document the mortality of infant SSI applicants. Guldi et al. (2018) and Hawkins et al. (2025) look at the relationship between low birthweight, SSI, and childhood outcomes. Woodford Martin (2019) compares the SSI receipt of low birthweight infants in two States. Guldi et al. (2024) look at maternal employment and low birthweight SSI receipt. SSA also sponsored a National Academies of Science, Engineering, and Medicine study on low birthweight and SSI (NASEM 2023). Anderson et al. (2020, 2021) compare trends in SSI awards to, and participation by, adults with autism, and Patnaik, Hemmeter, and Mamun (2021) examine the effect of the Promoting Readiness of Minors in SSI interventions on participants with autism. Messel, Swensen, and Urban (2023) address the growing

number of people suffering severe mental illness by studying the relationship between mental health services and SSI and SSDI applications and awards. Costanzo, Vogel, and Hostetter (2025) examine families where a retired parent cares for a child with a disability.

Levere, Wittenburg, and Hemmeter (2022) explore the relationship between local area deprivation and child SSI participation. Meseguer (2018) considers how primary and secondary diagnoses are related in SSA's disability programs. Koudou and Dely (2022) provide a descriptive analysis of the Quick Disability Determination process used by SSA in determining disability for selected types of disability applicants.

Several studies highlight interactions between the SSI program and other Federal and State programs. Rupp and Riley (2016) focus on the effect of State variations in Medicaid enrollment policies for SSI recipients on Medicaid coverage and expenditures. Martin, Honeycutt, and Hemmeter (2020) document the earnings and SSA benefit outcomes after vocational rehabilitation applications of youth. Brucker and Garrison (2021) explore the connection between SSDI, SSI, and Federal rental housing assistance programs while Urban and Javapregasham (2021) look at the relationship between local public housing authorities and SSI participation. Muchomba and Kaushal (2021) look at the connection between Medicaid expansions and non-citizen SSI participation. Weathers, Kelly, and Hemmeter (2024) look at the use of Achieving a Better Life Experience (ABLE) accounts by SSI recipients. Pollack, Levere, and Guglielmo (2024) and Kim (2024) discuss the role of ABLE accounts for people with disabilities.

Additional studies have utilized data available from SSA's Disability Analysis File (DAF) and National Beneficiary Survey (NBS). The DAF was a research file compiled annually from 2004-2025 (and called the Ticket Research File through 2012) that brought together the agency's disparate administrative data resources for child and working-age adult beneficiaries who have received disability cash benefits from SSI; Old-Age, Survivors, and Disability Insurance (OASDI); or both programs since 1996. In 2025, we published a new chartbook based on DAF data titled, "DI & SSI Program Participants: Characteristics & Employment, 2021" (https://www.ssa.gov/policy/docs/chartbooks/di-ssi-employment/index.html). This chartbook examines the work activity of working-age adult Social Security Disability Insurance (SSDI) beneficiaries and SSI recipients before and after disability award. It covers work activity, employment expectations and characteristics, employment services, and factors affecting employment.

Through the NBS, we collected information that is not available from our administrative records from a representative sample of SSI and OASDI disability beneficiaries. Key items of interest in the NBS include work attitudes and work-related activities, health and functional status, education, health insurance, household composition, and sources of income. We implemented the first four rounds between 2004 and 2010, with a particular focus on the Ticket to Work program. More recent rounds in 2015, 2017, 2019, and 2023 added emphasis on beneficiaries who work, especially those who have experienced employment success to the point of benefit suspension. In 2025, we published a compendium of disability statistics from the 2019 NBS, "National Beneficiary Survey: Disability Statistics, 2019" (https://www.ssa.gov/policy/docs/statcomps/nbs/index.html). The publications provide descriptive statistics on the health, program and service participation, employment interest and activity, job characteristics, and benefits and employment interaction of SSI recipients and SSDI beneficiaries. We are developing an updated version of this publication using data from the 2023 NBS.

Other researchers and policy analysts within SSA and at other Federal agencies and academic institutions use the DAF and the NBS for general disability research. Research using DAF or NBS data includes several of the analyses described above as well as the following studies: Wittenburg et al. (2018) examine differences between survey and administrative data based estimates of employment and earnings for SSI and SSDI beneficiaries; Walker and Roessel (2019) analyze the characteristics of adult SSDI and SSI disability program beneficiaries with multiple impairments; Livermore et al. (2019) examine changes in SSI and DI beneficiary characteristics and employment-related experiences from 2005 to 2015; Cox (2019) studies

the reasonable accommodation needs of SSI and SSDI beneficiaries; Anand and Honeycutt (2019) examine the relationship between receiving support for postsecondary education (college or vocational training) from State VR agencies and long-term outcomes for youth with mental health conditions; Baller et al. (2020) provide a follow-up assessment of the long-term impact of the Mental Health Treatment Study; and Layton et al. (2022) examine the effect of a specific Medicare reform in Texas on the quality of care received and the health of SSI beneficiaries. O'Leary and Roessel (2023) synthesize the previous evaluations of the Ticket to Work program and extend them by using the DAF to estimate the effects of services on program participants in relation to program costs, as is also described in the following section. Hyde and Harrati (2023) examine the alignment between self-reported disability receipt identified in the Health and Retirement Study and administrative data in the DAF. Bronchetti and McInerney (2023) examine the impact of work-related inquiries and illnesses on the timing of SSI, DI, and Workers' Compensation and Ho et al. (2025, preprint) used DAF data in combination with other SSA data to compare the outcomes of individuals who participated in the Ticket to Work program to beneficiaries who did not, concluding that individuals participating in the program were more likely to reduce dependency on SSA benefits after controlling for confounding factors.

In 2021, SSA held a meeting to discuss the lessons from its portfolio of demonstrations. The meeting included over 30 experts providing analysis and commentary on several SSI and SSDI demonstrations and lessons from other programs. Nichols, Hemmeter, and Goetz Engler (2021) compiled the papers from that meeting. Nichols and Hemmeter (2021) provide an introduction and overview of SSA's policies and demonstrations. Barnow and Greenberg (2021) discuss the design of evaluations, Weathers and Nichols (2021) provide recommendations to improve the use of demonstrations, and von Wachter (2021) discuss heterogeneity in impact estimation. Gregory and Moffitt (2021) provide lessons related to return-to-work programs while Hollenbeck (2021) provides an overview of early-intervention policies. Wittenburg and Livermore (2021) discuss issues related to youth transition and the SSI program. Sundar (2021) provides lessons related to case management and benefits counseling and Wood and Goetz Engler (2021) cover implementation lessons.

c. Evaluation of the Ticket to Work Program

The Ticket to Work and Work Incentives Improvement Act of 1999 (the Ticket Act) required the Commissioner of Social Security to provide independent evaluations to assess the effectiveness of the Ticket to Work program. We completed our first evaluation of the Ticket to Work in 2013 through an independent evaluation contractor, Mathematica Policy Research, Inc. As part of this evaluation, Mathematica produced a range of research, which was grouped into seven reports.

Overall, the original Ticket to Work evaluation found that beneficiaries who use Ticket to Work (TTW) generally like the program, that the program has increased use of return-to-work services, and those who participate in Ticket to Work have better outcomes than those who return to work without the help of SSA-financed employment services. However, we also found that the increase in service use and better outcomes by participants had not translated into measurable net increases in benefit suspension or termination for work or a measurable increase in the number of months spent in suspension or termination for work. This suggests that, at that time, the Ticket to Work primarily extended the types of services that were available under the program that preceded Ticket to Work, where services were offered only through State vocational rehabilitation agencies, and achieved the same level of success as before Ticket to Work. More beneficiaries are getting these services under TTW, but the success rate had not measurably changed.

We extended our original evaluation of the TTW program in several ways after 2013. In 2018, we completed a study to determine the administrative cost of TTW by examining the cost of SSA staffing and contract resources for the TTW program. We conducted a workload assessment to determine the number

and grade level of staff working on TTW and to allocate the time of each staff member between TTW specific activities. We then developed fully loaded salaries for each staff position to estimate the actual costs of administrative workloads for TTW, then combined those costs with TTW contracting costs to estimate the total staffing cost (O'Leary and Roessel 2018).

We also collaborated with researchers from the General Services Administration to test new Ticket mailings that notify beneficiaries of their eligibility to participate in the TTW program. We mail TTW notices to beneficiaries approximately 2 months after the award and at the 12-month and 36-month anniversary dates post-award. The TTW Notice Optimization project sought to increase participation in the TTW program by developing an evidence-based approach to target eligible beneficiaries. The project tested changes to Ticket notices including the types of notices sent, the language used, and the timing of notices. The notices were mailed over 18 months, from September 2020 through February 2022. Neither the redesigned notices, nor the changes to the intervals when notices were mailed to beneficiaries, had a statistically significant effect on Ticket assignments. However, these changes had a statistically significant effect on the number of telephone inquiries to our Ticket Program Manager about the TTW program.

More recently, we completed a study assessing the return on investment for the TTW program (O'Leary and Roessel, 2023). This analysis provides a summary of prior findings relative to TTW goals and adds new graphical and regression analyses of TTW outcomes and impacts vs. costs. More specifically, this analysis compares TTW findings to goals as described in the TTW legislation, clarifies the findings from the 2013 evaluation regarding the net impact of the TTW program, provides the cost and outcome information requested by those with TTW oversight, and refines the outcome analysis by using regression techniques with selection bias adjustments.

We funded a new independent evaluation in 2023 to assess the extent to which the TTW program is effective and efficient and to identify opportunities for program improvements. We are analyzing existing SSA data and will collect new data through a survey of all Ticket Act service providers and beneficiary interviews. The current evaluation is scheduled to be completed in 2027.

d. Youth Transition Demonstration

The Youth Transition Demonstration (YTD) established partnerships to improve employment outcomes for youths age 14-25 who receive (or could receive) SSI or OASDI payments based on their own disability. The YTD projects included service delivery systems and a broad array of services and supports to assist youth with disabilities in their transition from school to employment and to help them gain economic self-sufficiency.

YTD began in 2003, with seven projects in six States. In 2007, we piloted new projects in five States, choosing three new projects in Florida, Maryland, and West Virginia. These three projects joined three (Colorado; Bronx County, New York; and Erie County, New York) of the original seven projects in a random assignment study. This study will produce the first evaluation of the empirical evidence of the effects of youth transition programs and modified SSI work incentives.

The modified SSI program rules that we tested under the YTD included five program waivers.

- Despite the finding of a continuing disability review or an age-18 medical redetermination that an individual is no longer eligible for benefits, we continued paying benefits for as long as the individual continued to be a YTD participant.
- The student earned income exclusion (section 1612(b)(1) of the Social Security Act (Act)), which normally applies only to students who are age 21 or younger, applied to all participants who met school attendance requirements.

- The general earned-income exclusions (section 1612(b)(4) of the Act) permit the exclusion of $65 plus half of what an individual earns in excess of $65. For the YTD, we excluded the first $65 plus three-fourths of any additional earnings.
- We extended the SSI program's treatment of federally supported Individual Development Accounts (IDA) to IDAs that do not involve Federal funds.
- Ordinarily, a plan to achieve self-support (PASS) must specify an employment goal that refers to getting a particular kind of job or starting a particular business. For the YTD, we approved an otherwise satisfactory PASS that had either career exploration or postsecondary education as its goal. Income and resources that an individual used for PASS expenses did not count when we determined SSI eligibility and payment amount.

The YTD projects in Colorado and New York ended in 2010. The Florida, Maryland, and West Virginia projects ended in 2012. We have released the 12-month, post-random-assignment reports for all the sites to the public.

Two of the six projects showed an increase in employment three years after random assignment. Florida and Bronx, New York showed positive impacts on paid employment during the year after participants entered the evaluation. In Florida, 23 percent of participants in the program group worked for pay during that year, compared with just 13 percent of control group members. Because several youths took advantage of the modified program rules (listed in bullets above), participants of five of the six projects had higher total income from earnings and disability benefits in the third year after random assignment. These impacts ranged from $1,010 higher total income in West Virginia to $1,729 higher in Bronx, New York. The YTD showed that substantial doses of well-designed service to youth with disabilities can improve key transition outcomes in the medium term.

In 2018, three follow up analyses were completed and published. One paper summarized the effects of the YTD interventions three years after random assignment (Fraker et al. 2018). The second paper examined implementation and outcomes in one specific site, the West Virginia Youth Works site (Cobb, Wittenburg, and Stepanczuk 2018). This examination provides a potential case study for other States interested in expanding services to youths with disabilities. The effects at this site were large relative to those of previous SSA demonstrations. Mamun et al. (2018) used YTD data to show that early work experience increases the probability of being employed two years later. We will follow participants using administrative data and conduct cost-benefit analyses at specified periods to test the longer-term outcomes of these projects.

Our findings from YTD influenced the development of the Promoting Readiness of Minors in SSI (PROMISE) project, a joint initiative of SSA and the Departments of Education, Health and Human Services, and Labor that funds model demonstration projects in several States to promote positive outcomes for children with disabilities who receive SSI and their families (described in section g).

e. Occupational Information System

To determine whether adult disability applicants qualify for benefits, our adjudicators follow a sequential five-step evaluation process. At steps four and five, where we decide many of our claims, we require information about work in the national economy to determine whether claimants' impairment-related limitations would prevent them from working. Currently, we base these medical-vocational decisions primarily on the occupational information found in the Department of Labor's (DOL) Dictionary of Occupational Titles (DOT) and its companion volume, the Selected Characteristics of Occupations. Although DOL did not design the DOT for our use, we incorporated many of its concepts and definitions into our regulations and policy. DOL stopped updating the DOT in 1991 and later replaced it with the Occupational Informa-

tion Network (O*NET), a system that was developed as a career exploration tool. Because O*NET does not measure strength and physical requirements in the way that the DOT does and SSA disability rules require, it is not a replacement for the DOT in SSA's disability adjudication process. We could not identify any other existing Occupational Information System (OIS) that would meet our unique needs.

In July 2012, we signed an Interagency Agreement with the Bureau of Labor Statistics (BLS) to test the feasibility of using the National Compensation Survey (NCS) platform to collect updated occupational information about the skill level, physical, environmental, and mental and cognitive requirements of work. With input from SSA, BLS ultimately developed the Occupational Requirements Survey (ORS) to collect the updated occupational data that SSA needs. This information, along with specified information from other occupational sources, will provide us with updated data about work for disability adjudication and inform current and future vocational policy.

In FY 2013 and 2014, BLS conducted feasibility testing and worked with us to improve the survey tools and testing protocols. In FY 2015, we began developing the web-based IT platform, the Vocational Information Tool (VIT), to house and allow adjudicators use of the occupational data. BLS also conducted a nationwide pre-production test, and, at the end of the fiscal year, began production data collection using the ORS. In FY 2016, BLS completed the first year of ORS data collection and continued testing to resolve any issues raised by earlier data collection. In May 2016, BLS began the second year of collection.

In FY 2017, BLS completed the second year of data collection. BLS released the first-year ORS estimates in December 2016 and the combined first- and second-year estimates in November 2017. In FY 2018, BLS completed the initial three-year data collection wave (Wave 1), which they published in February 2019. In FY 2019, BLS completed the first year of the first five-year wave update (Wave 2), using a new sample design that better captures information across occupations. After each publication, SSA analyzed the public ORS estimates and, in FY 2019, began analyzing BLS microdata extensively. Microdata are unit-level data from each respondent to the ORS before the data is aggregated, summarized, and published as occupational estimates. SSA is using the analysis—as well as research on the residual functional capacity (RFC)—to evaluate the feasibility of updating its disability policy. RFC describes the most an individual is able to do, despite functional limitations resulting from a medically determinable impairment(s) and impairment-related symptoms. It is an administrative determination of an individual's capacity to perform work-related physical and mental activities.

In FY 2020, BLS completed the second year and published estimates from the first year of Wave 2. SSA and BLS discussed and determined joint program development activities to ensure that the ORS estimates published by BLS meet SSA's needs. At the end of FY 2020, BLS began data collection for the third year of Wave 2. SSA activities related to VIT development included developing functionality that will facilitate matching claimant limitations to ORS requirements to assist adjudicators in determining whether work exists in the national economy in significant numbers that an individual can perform.

In FY 2021, BLS completed the third year and began the fourth year of Wave 2 data collection. In December 2020, BLS published ORS estimates for the combined first and second-year data collection samples. VIT development included upgrading the system's architecture to comply with SSA's new user experience framework and conducting detailed user experience testing.

In FY 2022, BLS completed data collection for the fourth year and began collecting the fifth and final year of Wave 2. BLS published estimates for the combined first, second, and third years of ORS data collection samples in November 2021. SSA and BLS assessed the results of BLS testing and research on previously proposed Wave 3 measurement changes and came to an agreement on the final changes to be implemented for Wave 3. SSA and BLS worked together to develop the Wave 3 sample design methodology and SSA continued its analysis of the ORS microdata.

In FY 2023, BLS completed Wave 2 data collection and began collecting the first year of Wave 3 collection. In November 2022, BLS published data from the combined first four years of Wave 2. BLS also completed and submitted the Wave 3 OMB clearance package after SSA review. The 60-day notice seeking public comments related to the ORS third wave was published in the Federal Register in December 2022. OMB approved the ORS clearance for the third wave in June 2023.

In FY 2024, BLS published the final Wave 2 data collection set, substantially increasing the number of estimates as compared to Wave 1. The occupations represented in the estimates accounted for 93 percent of civilian workers in the national economy. The agencies reached agreement on final measurement objectives and detailed requirements for supplemental ORS estimates in June 2024 and BLS published two supplemental data products for SSA in August. BLS also completed and published the first year of Wave 3 data collection and began collecting data for the second year.

In FY 2025, BLS completed the second year and began the third year of Wave 3 data collection. In November 2024, BLS published data from the first year of Wave 3. On January 6, 2025, SSA published SSR 24-3p: Titles II and XVI: Use of Occupational Information and Vocational Specialist and Vocational Expert Evidence in Disability Determinations and Decisions. This SSR rescinded and replaced SSR 00-4p by removing the requirement for our adjudicators to identify and resolve conflicts between the occupational information provided by Vocational Specialists (VSs) and Vocational Experts (VEs) and the information in the DOT and explains in detail that the agency will allow VSs and VEs to rely on more recent vocational resources, including the Occupational Requirements Survey (ORS).

In FY 2026, BLS will publish the third year of Wave 3 data collection and begin collecting data for the fourth year. In January 2026, BLS published data from the combined first two years of Wave 3.

f. Homeless with Schizophrenia Presumptive Disability Pilot Demonstration

The goal of the Homeless with Schizophrenia Presumptive Disability (HSPD) Pilot Demonstration is to improve the economic well-being of adult SSI applicants who are both homeless and diagnosed with schizophrenia or schizoaffective disorder. We partnered with clinicians and case managers in California from the Health Services Agencies of San Francisco and Santa Cruz counties, the Department of Public Health of the City of San Francisco, and the Department of Mental Health of Los Angeles County, who are actively assisting their clients to navigate the SSI application process and have established relationships with patients diagnosed with schizophrenia and schizoaffective disorder who are also homeless. There were two main features of the project: (1) the SSI application assistance; and (2) the use of presumptive disability (PD). The clinicians and case managers assisted these individuals with gathering supporting medical evidence, coordinating medical appointments, and submitting the SSI application. Along with the SSI application, a Presumptive Disability Recommendation Form, created for this pilot demonstration, was also submitted. Clinicians from the community agencies certified that the applicant met the SSA criteria for a diagnosis of schizophrenia or schizoaffective disorder. To provide economic relief to the applicant while we processed the application, we awarded up to 6 months of SSI payments to the applicant based on PD. Applicants were not required to pay back these payments if we ultimately denied their applications, as long as we did not deny the applications for non-medical reasons; therefore, there must be a high degree of probability that the applicant was disabled when we conferred PD SSI payments. Our field offices generally make PD findings only for specific disability categories, which do not include schizophrenia or schizoaffective disorder.

Project implementation began in April 2012, with a goal of recruiting at least 200 participants. We met this enrollment goal and completed the implementation phase in April 2014. The community partners identified 260 individuals to assist through the SSI application process. Among the 238 we are using for our evaluation, we approved 223 of these applicants, denied 14, and 1 had no decision.

In our evaluation (Bailey, Engler, and Hemmeter 2016), we examined whether the program improves the administration of the SSI application and determination process. The evaluation is based on a quasi-experimental design, in which we compared outcomes for applicants who receive assistance and PD payments with applicants from a previous period and applicants in surrounding areas. Within this framework, we examined differences in initial allowance rates, appeals, failure-to-cooperate denials, processing times, total payments, exits from SSI, mortality, and the need for consultative exams. Relative to the comparison groups chosen in the surrounding geographic areas, in an earlier period, and in the same locations, we found that the pilot led to higher allowance rates at the initial adjudicative level, fewer requests for consultative examinations, and reduced time to award.

g. Promoting Readiness of Minors in SSI

Promoting Readiness of Minors in SSI (PROMISE) was a joint project between SSA and the Departments of Education (ED), Labor, and Health and Human Services. The goals of the project were to improve the provision and coordination of services and supports for children with disabilities who receive SSI and their families in order to achieve improved education and employment outcomes. The targeted outcomes included completing postsecondary education and job training to obtain competitive employment in an integrated setting that may result in long-term reductions in the child recipient's reliance on SSI. In 2013, ED funded model demonstration projects in five individual States (Arkansas, California, Maryland, New York, and Wisconsin) and one consortium of States (Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah, collectively referred to as Achieving Success by Promoting Readiness for Education and Employment, or ASPIRE) for 5 years. SSA was responsible for evaluating PROMISE.

Each PROMISE project enrolled at least 2,000 youths ages 14-16. The projects provided youths randomly assigned into the treatment group services including: case management; benefits counseling; career and work-based learning experiences; and parent/guardian training and information. Youths randomly assigned to a control group received the services usually available in their communities.

The PROMISE evaluation included process, impact, and cost-benefit analyses. Enrollment began in April 2014 and ended in April 2016. All projects stopped providing services by September 2019. Project-specific process analyses (Anderson et al. 2018; Honeycutt, Gionfriddo, Kauff et al. 2018; Kauff et al. 2018; Matulewicz et al. 2018; McCutcheon et al. 2018; Selekman et al. 2018) and eight special topic reports (Honeycutt, Gionfriddo, and Livermore 2018; Honeycutt and Livermore 2018; Levere et al. 2020; Patnaik, Harrati, and Musse 2022; Farid et al. 2022; Hill, Patnaik, and Musse 2022; Dale et al. 2023) describe how the projects were implemented, describe how PROMISE compares with and uses other transition policies and practices, describe how families' service use is related to early youth outcomes, explore the pathways participants took toward education and employment, describe the education and work experiences of participants, show how COVID-19 affected the findings, describe how youth used Medicaid services, and summarize the lessons from PROMISE. An interim impact and services report was released in 2019 (Mamun et al. 2019). Livermore et al. (2020) summarize the lessons learned from these reports. Additional summaries and analyses from the interim report are also included in Patnaik et al. (2021). Patnaik et al. (2022) presents the longer-term impacts and cost-benefit analyses of PROMISE. Overall, the interventions only improved a few of the primary outcomes. Two programs increased youth employment rates and three increased youth income; there were no reductions in SSI payments over the evaluation period. There were some improved labor market outcomes for youth with intellectual disabilities and in families where parents also received SSI or SSDI. Over the five-year evaluation period, net benefits for all programs' overall costs exceeded the measured benefits.

The individual projects and partners also produced research on the projects. A special edition of the *Journal of Vocational Rehabilitation* included a number of project-specific articles produced by the projects. Schlegelmilch et al. (2019) describe the relationship between work incentive benefits counseling and work in Wisconsin. Golden et al. (2019) describe the community of practice model used in New York State. Hartman et al. (2019) look at employment rates in Wisconsin. Ipsen et al. (2019) look at engagement in

services at ASPIRE. Crane et al. (2019) describe the engagement strategies used in Maryland. Williams et al. (2019) look at the predictors of work activities in Arkansas. Luecking et al. (2019) report on lessons about intervention fidelity from Maryland. Enayati and Shaw (2019) estimate bounds on the return on investment for PROMISE projects. Tucker et al. (2019) describe the parent and guardian interventions implemented in California. Saleh et al. (2019) describe the characteristics of effective partnerships in New York State. Chambless et al. (2019) report on the implementation of self-determination training in ASPIRE. Gold et al. (2019) discuss general strategies for recruiting participants across the projects. Anderson, Schlegelmilch, and Hartman (2019) illustrate a cost-benefit analysis in Wisconsin. Anderson and Golden (2019) provide an overview of the special edition.

Emenheiser et al. (2020) provide an overview of PROMISE. Schlegelmilch et al. (2020) provide a qualitative analysis of several case studies in Wisconsin. Anderson et al. (2021) describe the vocational rehabilitation counselors' use of technology in the Wisconsin PROMISE project. Hartman et al. (2021) look at the relationship of PROMISE and vocational rehabilitation in Wisconsin. Livermore et al. (2020) describe how PROMISE can provide insights to the transition system. Golden et al. (2021) provides a taxonomy of case management strategies based on the New York State PROMISE project. Jones et al. (2019) examines the relationships between individual development accounts and various elements of the Wisconsin PROMISE project and its participants. Patnaik, Hemmeter, and Mamun (2021) compare the experiences of PROMISE participants with and without a diagnosis of autism spectrum disorder.

h. Supported Employment Demonstration

The Supported Employment Demonstration (SED) evaluated whether offering evidence-based packages of integrated vocational, medical, and mental health services to recently denied disability applicants promotes employment, self-sufficiency, and improved mental health and quality of life. The project focused on individuals aged 18 to 50 who expressed a desire to work and who had recently been denied disability benefits (SSDI or SSI) while alleging a mental illness.

With the cooperation of 30 community health centers across the country, SED enrolled and randomly assigned 3,000 participants into one of three groups: 1) The Full-Service Treatment Group; 2) The Basic-Service Treatment Group; or 3) The Control Group (usual services). Participants assigned to the Full-Treatment Group received Individual Placement and Support (IPS) services, a nurse care coordinator, systematic medication management, and assistance with cost sharing for medications and behavioral health and work-related expenses. Participants assigned to the Basic-Service Treatment Group also received the IPS services and assistance with behavioral health and work-related expenses, but did not receive the services of a nurse care coordinator providing medication management support. Participants assigned to the control group could use all standard behavioral health or employment-related services available at the community health center and received a local community resources information book.

SED's 15-month recruitment and participant enrollment began in early FY 2018. Participants received 36 months of intervention services after entry. Field operations ended in FY 2022 and included technical assistance, training, and data collection activities for process and outcome evaluations.

The demonstration ended in 2023. The Final Impact and Cost-Benefit Analysis Report revealed that Full-Service and Basic-Service treatment groups had significantly higher employment rates than control group participants. Treatment group members worked more and earned more during the study compared to usual services recipients. Cost-benefit findings showed the benefits did not outweigh costs during the intervention period for either the Full-Service or Basic-Service participants. However, analyses do suggest that the net benefit figure may not adequately capture the net benefits of the intervention, given findings that showed declining trends in service costs and increasing trends in earnings over time. A longer follow-up period would facilitate confirmation of this dynamic. Final analyses of application or entry into SSDI/SSI

programs found no significant differences in SSDI/SSI allowance rates among the Full-Service, Basic-Service, or Usual Services groups; Allowance rates were roughly 15% in each of the three study groups during the study and appeals to denials were documented for nearly 50% of participants in each of the three study groups. A number of journal articles have been published about the demonstration thus far (Borger et al. 2021; Metcalfe and Drake 2021; Riley et al. 2021; Taylor et al. 2021; Metcalfe and Drake 2024). SSA and external researchers continue to explore possible follow-up analyses.

i. Behavioral Studies

SSA partnered with the Office of Evaluation Science (OES) at the General Services Administration and its predecessor in the White House's Social and Behavioral Science Team (SBST) to test "nudge"-style behaviorally informed notices. In 2015, SSA partnered with the SBST to test whether a new notice could encourage SSI recipients to report changes to their earnings in a more accurate and timely manner. The researchers found that SSI recipients receiving the letters were 34 percent more likely to have reported earnings for the previous months (Zhang et al. 2023).

Several research studies indicate that a large number of low-income seniors do not receive SSI even though they are potentially eligible for payments. In FY 2017, SSA, in partnership with OES, conducted a pilot to identify what specific language, if any, has the greatest effect on SSI participation among potentially eligible low-benefit OASDI beneficiaries. In September 2017, we sent one of four differently worded notices to randomly selected groups of low-benefit OASDI beneficiaries meeting the study criteria. We used program records on the rates of SSI applications and awards to measure the effect of the notices on SSI applications as compared to a control group, who did not receive a notice (Hemmeter et al. 2025). We found the letters increased applications by about 5 percentage points (a relative increase of over 1000 percent) and increased awards by about 1.5 percentage points (a relative increase of over 860 percent). External researchers are analyzing the data to determine if there are downstream health effects.

As noted in the Ticket to Work Evaluation section, the Ticket to Work Notice Optimization project sought to increase participation in the Ticket to Work program. Jilke et al. (2020) tested whether behaviorally informed changes to the notices SSA sends to Title II Disability Insurance beneficiaries and SSI recipients to inform them about the Ticket to Work program and changing the timing of those notices resulted in increased Ticket assignments with Employment Networks or vocational rehabilitation agencies. SSA began sending the new notices at revised intervals to the treatment groups in September 2020 and completed the mailings in February 2022. SSA worked with the General Services Administration to assess the impact on Ticket to Work participation over the 18 months following each mailing cohort.

j. Promoting Work through Early Interventions Project

The Promoting Work through Early Interventions Project (PWEIP) is a collaborative initiative between SSA and the Administration for Children and Families (ACF) within HHS. The goal of the PWEIP is to identify, select, and evaluate programs likely to improve the employment and economic outcomes for individuals who have current or foreseeable disabilities. This includes those who are tied to U.S. safety net programs, have little or no work history, and have not yet applied for SSI or SSDI. Evaluations of these programs will include impact assessments and implementation research, with a select number of evaluations which will also include a cost analysis. In FY 2019, we developed a jointly financed cooperative arrangement with ACF and transferred $25 million to support the evaluation of and service provisions for selected intervention programs. PWEIP plans include rigorous evaluations of programs and analyses of outcomes related to employment, earnings and benefit receipt.

In FY 2020, we worked with ACF to identify and select programs to participate in ACF's Building Evidence on Employment Strategies (BEES) and Next Generation of Enhanced Employment Strategies (NextGen) projects, both of which received approval for PWEIP.

In FY 2021-FY 2022, ACF proposed ten programs to SSA for consideration; eight of these programs were approved. The four programs under BEES use the evidence-based Individual Placement and Support (IPS) model of supported employment as the key intervention. The approved programs (along with their participating states) include IPS: for individuals using Federally Qualified Health Center services (IL and NH); for individuals with Substance Use Disorders (OK and OH); for participants receiving TANF and SNAP assistance (WA); and for justice involved individuals within 30 days of re-entering communities (IA, TN, OK, SC, and IL). The other four approved programs include the Central City Concern (OR), the Mental Outreach for Mother program (MA), Bridges from School to Work (GA, MD, TX, NY, CA, PA, and DC); and Community Integrated Services (PA). The Central City Concern program, part of the BEES project, is a large housing and employment center with an outpatient clinic providing general healthcare and employment, housing, and recovery services for individuals with substance use disorders who enter from a detoxification center. The Mental Outreach for Mothers program, under the NextGen project, utilizes an evidence-based practice (EBP) model to provide employment services. It focuses on teaching self-regulation skills and stress management techniques to women who have mental illnesses and are caregivers for children under the age of 18.

The Community Integrated Services program (PA), under the NextGen project, assists employers in adopting employment practices that allow workers with mental or physical disabilities to be productive. It assesses the interests and capabilities of job seekers, helps match them with jobs available with the employer, provides support during the hiring and onboarding process, and continues to offer assistance as needed. The final NextGen project, Bridges, is an employer-driven program that delivers job readiness instruction, placement, and post-placement support for young adults with disabilities in eight urban areas.

Due to COVID-19, all eight programs experienced delays in implementation. Some programs adapted by scheduling later start dates for enrollment, while others expanded their referral pool for prospective participants. ACF and SSA agreed to expand enrollment timeframes by at least three months for programs in the recruitment phase. As a result of the pandemic, the overall timeline for the standing programs was adjusted, delaying implementation and extending the recruitment period. The enrollment phase for all jointly funded programs ended December 2024. Final evaluations of the projects are expected in FY 2027.

k. Analyzing Relationships between Disability, Rehabilitation and Work Graduate Student Research Program

The Analyzing Relationships between Disability, Rehabilitation and Work (ARDRAW) Graduate Student Research Program provided one-year stipends to graduate-level students to conduct supervised independent research on rehabilitation, work, and disability topics. The objective of the program was to generate innovative research with fresh perspectives on disability and to cultivate new scholars in the disability research fields. The ARDRAW program consisted of two parts: an award for program management services and the individual stipend awards to students (the program management piece is necessary since SSA cannot make research awards to individuals). In FY 2025, SSA awarded the Board of Regents of the University of Wisconsin System to manage the ARDRAW program. The awardee planned to work with SSA to hold the competition for student researchers, make stipend awards, and host a series of webinars to promote the program to prospective applicants and their mentors. However, SSA terminated the ARDRAW program in FY 2025 to comply with Executive Order 14222 *Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative*.

l. Interventional Cooperative Agreement Program

SSA began the Interventional Cooperative Agreement Program (ICAP) in 2021. ICAP funded cooperative agreements to collaborate with States, foundations, and other non-Federal groups and organizations who had the interest and ability to identify, operate, and evaluate interventional research. The research and

interventions under this program targeted: 1) promoting self-sufficiency by helping people enter, stay in, or return to the labor force, including youth; and 2) coordinating planning between private and public welfare agencies to improve the administration and effectiveness of the SSDI, SSI, and related programs.

We made the first round of cooperative agreement awards in September 2021 to the Kessler Foundation and the State of Georgia Criminal Justice Coordinating Council (CJCC). The Kessler Foundation was awarded $3 million to conduct a randomized controlled trial of the Vocational Resource Facilitation Demonstration (VRFD) employment intervention for adults who have experienced a brain injury or spinal cord injury in New Jersey. VFRD enrollment began in 2023, and the project is scheduled to end in 2026. The CJCC was awarded $1.3 million to conduct a feasibility study of the implementation of the SSI/SSDI Outreach, Access, and Recovery (SOAR) in Georgia County Jails Pilot (SGCJP) with inmates with serious and persistent mental illness. SGCJP enrollment began in 2024, and the project is scheduled to end in 2026.

We made the second round of awards in January 2023 to Mathematica and Westat. Mathematica was awarded $3 million to conduct the Youth Transition Exploration Demonstration (YTED), a randomized controlled trial to assess the impact of an employment intervention for youth with disabilities who are transitioning into the adult workforce in the Greater Philadelphia area of Pennsylvania. YTED enrollment began in 2025, and the project is scheduled to end in 2027. Westat was awarded $3 million to conduct the Supportive Housing and Individual Placement and Support (SHIPS) Study, a randomized controlled trial to assess the impact of combining supportive housing with Individual Placement and Support (IPS) supported employment services for recently homeless people experiencing a range of disabilities and mental health conditions. SHIPS recruitment began in 2024 and the project is scheduled to end in 2027.

We made the third round of awards in September 2023. We made two awards, one to the State of Colorado Department of Labor and Employment (CDLE), and one to the University of Chicago. The CDLE was awarded $3 million to conduct the Interagency Cooperative Action Network (ICAN) Demonstration, a randomized controlled trial to evaluate the impact of assisting potentially eligible individuals in their efforts to acquire SSI or SSDI benefits while they are actively engaged in employment or actively seeking employment. The University of Chicago was awarded $3 million to conduct a three-phased randomized controlled trial to evaluate the impact of promoting the take-up and use of Achieving a Better Life Experience (ABLE) account for SSI recipients to improve their financial security and self-sufficiency, and ultimately their employment outcomes. This study was called the Developing Opportunities for ABLE Account Holders (DOABLE) Demonstration. These projects were terminated by the government for convenience in 2025.

We made the fourth round of awards in September 2024 to the Maryland Department of Disabilities, which was awarded $4.5 million to conduct the Assisting Children to SSI (ACTS) demonstration project. The ACTS intervention team planned to utilize a predictive model to identify and select Maryland children receiving Medicaid who had a high probability of being eligible for SSI but were not already receiving SSI. They planned to provide the participants with different levels of assistance and measure SSI-related outcomes based on the level of assistance provided. This project was terminated by the government for convenience in 2025.

m. Ohio Direct Referral Demonstration

The Ohio Direct Referral Demonstration (ODRD) is a joint demonstration with the Ohio State agency, Opportunities for Ohioans with Disabilities (OOD). The goal of ODRD is to test the effectiveness of providing direct referrals to vocational rehabilitation services for 18 and 19 year-olds who are, or may become, SSI or SSDI beneficiaries. Participants in the demonstration include individuals ages 18 and 19 at the time of enrollment, who are either (1) applying for SSDI or SSI or (2) undergoing an age-18 redetermi-

nation of SSI eligibility. OOD's Division of Disability Determination (DDD) and the Bureau of Vocational Rehabilitation (BVR) will share information to conduct ODRD. OOD and SSA will each contribute staff time to the demonstration and SSA will not incur additional costs.

The Ohio DDD began recruitment in January 2020. Recruitment has ended. The final report is expected to be completed in 2026.

n. Blanket Purchase Order Agreement for Time Sensitive Research Projects

In FY 2018, SSA awarded a Blanket Purchase Agreement (BPA) aimed at providing an alternate research channel for policy and program assessments and studies including research on SSI program related topics.

In FY 2019, SSA awarded two studies relevant to the SSI program through the BPA:

- Research to identify evidence and recommendations to design policy changes to support employment for youth with disabilities; and
- Research describing the current community-based service and support landscape for youth with disabilities.

In FY 2020, SSA awarded two studies relevant to the SSI program through the BPA:

- Research to Identify Performance Indicators for Use in the Representative Payee Program based on the Nursing Home Compare Database; and
- Research to Identify New Performance Factors for Creditor Payees & for Using Credit Data of Payee Organizations.

We received the final reports on these studies in July 2021.

In FY 2021, SSA did not award any relevant studies through the BPA.

In FY 2022, SSA awarded research for two studies (final reports received in FY 2023):

- The Functional Limitations project provides medical and vocational experts insight into identifying evidence that supports findings of extreme limitations in functional abilities required for most work in the national economy (as indicated by the Occupational Requirements Survey (ORS) published by the Bureau of Labor Statistics (BLS)). We plan to use the study report to inform development of sub-regulatory guidance to support a future Occupational Information System regulation.
- A review of the Quick Disability Determination (QDD) predictive model that screens disability applications and identifies cases for which a favorable disability determination is highly likely and medical evidence is readily available. The purpose of this study was to identify any potential bias in the QDD predictive model. We included relevant recommendations as part of our investigation for the FY 2024 re-estimation of the QDD models.

In FY 2024, SSA awarded a new 5-year BPA contract to allow us to more quickly award multiple research projects simultaneously to support policy and program assessment, to include SSI related programs, and studies related to social science, medical, or vocational rehabilitation topics.

In FY 2024, we funded the following project:

- Legal Assistance During the Age-18 Redetermination Technical Expert Panel - to secure expert insight on the policy, resource, and evaluation needs for a study of legal representation during the age-18 redetermination process outcomes. SSA terminated this project in FY 2025 to comply with Executive Order 14222 *Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative.*

In FY 2025, we funded the following project (contract currently underway):

- Supplemental Nutrition Assistance Program (SNAP) Time Study - to improve study design and metrics for estimating SNAP screening time for Supplemental Security Income (SSI) applicants and recipients across SSA field offices nationwide. The study is used to estimate the workload of SSA field offices across the country to screen SSI applicants and recipients for SNAP status and support their application if they meet certain criteria and choose to proceed.

In FY 2026 we are funding the following project (contract currently out for solicitation):

- Data Quality Review (DQR) - to review data assets and products that are intended for public dissemination. The purpose of the DQR process is to create DQR standards, protocols, and training material for data owners and reviewers on best practices for disseminated data products and assets to increase utility, objectivity, and trust in SSA data.

o. Beyond Benefits Study

The Beyond Benefits Study analyzed the services and support needs for successfully returning to work (or staying at work) for individuals who exited or were likely to exit SSI or SSDI due to medical improvement. In addition to in-depth interviews and focus group with participants, a large survey collected responses from 4,000 individuals in this cohort about these issues. Additionally, a small motivational interviewing program focused on reducing ambivalence or alleviating barriers to employment, was piloted and completed with 50 participants to provide context for the study. The BBS contract ended in FY 2025. SSA staff will conduct an analysis of the data in 2026 and 2027.

p. Guaranteed Income Financial Treatment Trial (GIFTT)

The GIFTT tests the effect of providing privately funded guaranteed income (GI) payments to adults with cancer in active treatment. It will inform SSA's understanding of how prespecified and recurring charitable payments affect individuals with cancer who may apply for or already receive SSI, including any changes to health outcomes, earnings, and reliance on SSA benefits. We have a no-cost cooperative agreement with the University of Pennsylvania and Humanity Forward Foundation to implement and evaluate GIFTT. One Family Foundation funded the GI payments. Humanity Forward Foundation administered the GI payments and provides benefits counseling. The University of Pennsylvania recruited participants and is conducting the evaluations.

Enrollment for GIFTT began in April 2023 and was completed in September 2024. At enrollment, all participants were required to have an annual household income at or below 200 percent of the Federal Poverty Line, be in active cancer treatment in the Philadelphia area, and reside in certain counties in Pennsylvania.

Participation is voluntary and individual participants provided informed consent. The control group did not receive GIFTT payments; they receive the typical supports available to patients with cancer at their hospital, including a referral to a social worker or navigator. The intervention group received GIFTT payments of $1,000 per month for 12 months, along with benefits counseling. To implement this intervention, we are waiving certain program rules for treatment group participants and their spouses and children in the

same household including: 1) exclusion of GIFTT payments from income when determining eligibility and payments, and 2) exclusion of GIFTT payments from resources for up to four years, during the 12 months of receipt of GIFTT payments plus a period of three years after receipt of the final GIFTT payment.

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H. GLOSSARY

Achieving a Better Life Experience (ABLE) Account. An ABLE account is a type of tax-advantaged account that can be used to save funds for the qualified expenses of someone who became blind or disabled before age 46.[1] This person is the account's "designated beneficiary." An ABLE account can only be established through a program established by a State, State agency, or instrumentality thereof. The law generally limits the maximum total annual contribution amount, which the Internal Revenue Service periodically increases.[2] The maximum balance in an ABLE account varies for each State program. An individual can be the designated beneficiary of only one ABLE account, and account contributions are excluded from the person's income.[3] The Social Security Administration (SSA) will exclude up to $100,000 of the balance in an ABLE account from consideration as a resource for Supplemental Security Income (SSI) purposes. Consequently, any account balance over the limit would count toward the beneficiary's SSI resource limit. If the designated beneficiary's resources exceed the SSI limit due to the excess account balance, SSA will suspend the SSI payment for that month, but the individual remains eligible for Medicaid.[4] Additionally, SSA excludes any ABLE account distribution for a qualified disability expense that is not housing related from resources in the month it is used, or in a month the beneficiary intends to use the funds for such expenses. Upon the death of a designated beneficiary, any funds remaining in their ABLE account are used to repay the Medicaid benefits received in their life.

Administrative Expenses (or Costs). Expenses SSA incurs in administering the SSI program. Such expenses are paid from the General Revenue Fund of the Treasury.

Affidavit of Support. A contract under which a United States citizen or legal resident agrees to provide support to maintain (i.e., to sponsor) an immigrant as a condition of the immigrant's admission into the United States.

Aged. Individuals aged 65 or older.

Aid—Old-Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Permanently and Totally Disabled (APTD). The former Federal-State programs of adult cash assistance under Titles I, X, and XVI respectively. The SSI program replaced these programs in the 50 States and the District of Columbia in 1974. The United States Department of Health and Human Services administers these programs in Guam, the Virgin Islands, and Puerto Rico.

Alien Lawfully Admitted for Permanent Residence. A noncitizen lawfully accorded the privilege of residing permanently in the United States. Such individuals may obtain immigrant visas overseas from the Department of State or be adjusted to permanent resident status while living in the United States by the U.S. Citizenship and Immigration Services (USCIS).

Appeal Rights Process. Includes administrative appeals and judicial review. SSA follows an administrative review process in determining an individual's rights under the Act that typically consists of several steps: (1) reconsideration; (2) hearing; and (3) Appeals Council review. Individuals dissatisfied with the outcome of the administrative review process may request judicial review by filing a complaint in the U.S.

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[1] Section 124 of the Secure 2.0 Act of 2022 adjusted the age requirements for individuals who wish to establish an Achieving a Better Life Experience (ABLE) account from 26 to 46 effective with tax year 2026. The Secure 2.0 Act of 2022 was enacted on December 29, 2022, as Division T in the Consolidated Appropriations Act, 2023 (Public Law 117-328).

[2] Public Law 115-97 changed ABLE account rules to allow an ABLE account's designated beneficiary to contribute additional amounts to their ABLE account if the person worked and didn't contribute to certain retirement accounts. Such additional contribution is limited to the lesser of the beneficiary's compensation or the amount of the poverty line for a one-person household. Public Law 119-21 separated the IRS gift tax exclusion amount and the ABLE annual contribution limit amount, which provides an additional year of inflation adjustment for the base amount of the limit.

[3] Contributions are not excluded from the income of the person contributing.

[4] In other words, the individual can receive monthly payments again without having to file a new application if the ABLE account balance drops below the limit and the individual continues to meet the other eligibility requirements for the SSI program.

District Court. Individuals must submit appeal requests within certain time periods.[1]

Assistance Based on Need. Assistance provided by certain programs that use income as a factor of eligibility. The assistance must be funded wholly by a State, a political subdivision of a State, or a combination of such jurisdictions.

Assumptions. Values relating to future trends in certain key factors that affect the eligibility for SSI benefits and the level of such SSI payments. Demographic assumptions include fertility, mortality, net immigration, marriage, and divorce. Economic assumptions include unemployment rates, average earnings, inflation, interest rates, and productivity. Program-specific assumptions include rates of application for and new receipt of various SSI benefits and rates of termination of SSI benefits. The assumptions underlying the projections presented in this report are consistent with the intermediate assumptions of the 2026 Old-Age, Survivors, and Disability Insurance (OASDI) Trustees Report.

Asylee. A noncitizen already in the United States or at a port of entry who is granted asylum in the United States. Asylum may be granted to an individual who is unable or unwilling to return to the person's country of nationality or to seek the protection of that country because of persecution (or a well-founded fear of persecution) based on the noncitizen's race, religion, nationality, membership in a particular social group, or political opinion.

Attendant Care Services. Services (including personal care assistance) paid for from Federal, State, or local funds and provided by a paid attendant required to assist with work-related or personal functions.

Automatic Cost-of-Living Increase. The annual increase in the SSI Federal benefit rate (FBR), effective for January of the current year, which reflects the change in the cost of living. In general, the benefit increase equals the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) measured from the third quarter of the previous year to the third quarter of the current year. If there is no increase in the CPI-W, there is no cost-of-living benefit increase.

Award. An administrative determination that an individual is eligible for an SSI benefit.

Blind. For purposes of the SSI program, the law considers an individual to be blind if the person has 20/200 or less vision in the better eye with the use of a correcting lens, has a visual field limitation of 20 degrees or less in the better eye, or met the October 1972 State definition of blindness and received benefits under the State's former program of Aid to the Blind in December 1973.

Blind Work Expenses (BWE). Any expenses incurred by a blind individual that are reasonably attributable to earning income. The BWE provision permits the exclusion of these expenses from the earned income of a blind individual. (See "Impairment-Related Work Expenses (IRWE)" for the related exclusions for disabled individuals.)

Burial Funds. A comprehensive term that for SSI purposes includes revocable burial contracts, trusts, and other burial arrangements (including amounts paid on installment sales contracts for burial spaces), cash, accounts, or other financial instruments with a definite cash value clearly designated for the individual's burial expenses.

Child. An individual who is neither married nor the head of household and who is: (1) under age 18; or (2) under the age of 22 and a student regularly attending a school, college or university, or a course of voca-

[1] SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process, claimants appeal an initial disability denial by requesting an Administrative Law Judge hearing, thereby eliminating the reconsideration step. As of January 1, 2019, SSA began reinstating the reconsideration level of appeal in these States via a staged roll-out on January 1, 2019 and completed this process by March 31, 2020.

tional or technical training designed to prepare the person for gainful employment. A child 18 or older is subject to the adult definition of disability and is not subject to parental deeming.

Comparable Severity. The phrase in the Act that defined disability for children prior to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). Under prior law, an individual under age 18 would have been considered disabled if the person had an impairment of comparable severity to one that would disable an adult.

Consumer Price Index (CPI). An official measure of inflation in consumer prices. In this report, all references to the CPI relate to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). The Bureau of Labor Statistics, Department of Labor, publishes historical values for the CPI-W.

CPI-Indexed Dollars. Dollar amounts adjusted by the Consumer Price Index (CPI) to the value of the dollar in a particular year.

Continuing Disability Review (CDR). A periodic review of an individual's impairment(s) to determine whether the person is still disabled within the meaning of the law for purposes of eligibility for SSI and OASDI benefits.

Cost-of-Living Adjustment (COLA). See "Automatic Cost-of-Living Increase."

Countable Income. An individual's income less all applicable exclusions. This amount is an important factor in SSI eligibility and payment amount determinations.

Countable Resources. The amount of resources after all exclusions. This amount is an important factor in an individual's or couple's SSI eligibility determination. A resource may be cash or other liquid assets or any real or personal property that an individual (or their spouse) owns and could convert to cash to be used for support and maintenance. Title XVI stipulates what items are to be excluded from resources.

Current Dollars. Amounts expressed in nominal dollars with no adjustment for inflationary changes in the value of the dollar over time.

Current-Payment Status. Status of an SSI recipient when we pay a benefit to that person for a given month. SSI benefits for a month are usually payable on the first day of that month.

Dedicated Account. An account in a financial institution established for a disabled or blind child to contain retroactive SSI payments that exceed six times the FBR plus State supplementation (certain smaller retroactive payments may be placed in the account once it is established). Representative payees may only use dedicated account funds for the following allowable expenses:

- Education or job skills training;
- Personal needs assistance;
- Special equipment or housing modifications;
- Medical treatment;
- Therapy or rehabilitation; or
- Other items or services that the Commissioner deems appropriate—

provided that the expense benefits the child and, in the case of the last five items, is related to the child's impairment. A representative payee must repay money from a dedicated account that is knowingly spent on items or services that are not allowable. We exclude these accounts from resources and the interest earned is excluded from income.

Deeming. The process by which we consider the income and resources of an ineligible individual to be available to a recipient when determining eligibility or payment amount. Deeming generally applies in the following situations:

- An individual living with an ineligible spouse;
- A child under age 18 living with an ineligible parent;
- Some noncitizens with an immigration sponsor; and
- An individual living with their essential person.

Demographic Assumptions. See "Assumptions."

Direct Express® Debit Card. Direct Express® is a low-cost prepaid debit card program sponsored by the Department of the Treasury that is available to OASDI and SSI beneficiaries through Comerica Bank. Beneficiaries can access their OASDI and SSI benefits by making purchases, paying bills, and getting cash at thousands of Automatic Teller Machines (ATM) and retail locations using the Direct Express® debit card.

Disability. For individuals aged 18 or older, the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months. An individual under age 18 must have a medically determinable physical or mental impairment that results in marked and severe functional limitations and that can be expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months.

Disability Determination Services (DDS). Federally funded State agencies that make disability determinations for SSA.

Disaster Assistance. Assistance from Federal programs and agencies, joint Federal and State programs, State or local government programs, and private organizations (e.g., the Red Cross) provided to victims of a Presidentially declared disaster.

Disposal of Resources for Less Than Fair Market Value. Transferring resources, either liquid, real, or personal property, for less than the resources are worth.

Earned Income. For SSI purposes, we consider wages, net earnings from self-employment, remuneration for work in a sheltered workshop, royalties on published work, and honoraria for services rendered to be earned income. The distinction between earned and unearned income is significant because we apply more generous exclusions to earned income.

Earned Income Exclusion. The first $65 of a recipient's monthly earnings and one half of the earnings in excess of $65 are excluded in computing an SSI benefit.

Earned Income Tax Credit (EITC). A special tax credit that reduces the Federal tax liability of certain low-income working taxpayers. This tax credit may or may not result in a payment to the taxpayer.

Economic Assumptions. See "Assumptions."

Effective Date of Application. An application for SSI benefits is effective on the first day of the month following the date on which the application is filed, or on which the individual first becomes eligible, whichever is later.

Electronic Transfer Account (ETA). A low-cost account, available at participating financial institutions, for recipients of certain Federal payments. Once a recipient opens an ETA, the recipient's Federal payment will be directly deposited into that account.

Eligible Couple. Two persons married and living together in the same household or living together as married, both being aged, blind, or disabled, and meeting the requirements for eligibility under the SSI program, including filing an application for SSI.

Eligible Individual. An aged, blind, or disabled person who meets all the requirements for eligibility under the SSI program, including filing an application.

Emergency Advance Payments (EAP). An expedited payment of up to 1 month of SSI benefits (plus the federally administered State supplementary payment, if any) that is available at the time of initial application to an individual based on a finding of: (1) presumptive disability or presumptive blindness; and (2) a financial emergency due to insufficient income or resources to meet an immediate need for food, clothing, shelter, or medical care.

Essential Person. An individual whose presence in the home of an SSI recipient who was transferred from a State assistance program to SSI in January 1974 results in an increase in the FBR of the SSI recipient. The essential person must have been: (1) living in the household of the SSI recipient in December 1973 and continuously thereafter; (2) never eligible for SSI; (3) not eligible for State assistance in December 1973; and (4) taken into account when the SSI recipient's need for State assistance was determined in December 1973.

Federal Benefit Rate (FBR). The standard used in computing the amount of Federal SSI benefits for individuals and couples. The FBRs are subject to annual increases to reflect changes in the cost of living. (See table IV.A2.)

Fiscal Year. The accounting year of the U.S. Government. Since 1976, a fiscal year is the 12-month period ending September 30. For example, fiscal year 2026 began October 1, 2025 and will end September 30, 2026.

Food Stamps. See "Supplemental Nutrition Assistance Program (SNAP)."

General Fund of the Treasury. Funds held by the Treasury of the United States, other than receipts collected for a specific purpose (such as Social Security) and maintained in a separate account for that purpose.

Gross Domestic Product (GDP). The total dollar value of all goods and services produced by labor and property located in the United States, regardless of who supplies the labor or property.

Home Energy Assistance. A Federal Government block grant program that provides funds to States for energy assistance (including weatherization) to low-income households. This assistance may be provided by a variety of agencies (e.g., State or local welfare offices, community action agencies, special energy offices, etc.) and may be known by a variety of names (e.g., Low Income Home Energy Assistance Program, Project Safe, etc.).

Household. A personal place of residence in which the individuals share common living quarters and who function as a single economic unit.

Household of Another. In general, we consider an individual to be living in the household of another when the individual lives with others, does not own or rent the shelter, and does not pay their pro rata share of household operating expenses. We do not consider an individual who lives in a public assistance household or in noninstitutional care to be living in the household of another.

Impairment-Related Work Expenses (IRWE). The provision that permits the exclusion from earnings of the costs of items and services needed in order for a disabled individual to work, paid for by the individual, and necessarily incurred by that individual because of a physical or mental impairment. We exclude these IRWEs from earnings when determining substantial gainful activity (SGA) or computing eligibility

and ongoing SSI monthly payments. (See "Blind Work Expenses (BWE)" for the related exclusions for blind individuals.)

Income. See "Earned Income," "In-Kind Income", and "Unearned Income."

Individual Development Account (IDA). A special financial account that low-income individuals, including SSI recipients, may establish in order to save for purchasing a first home, meeting the costs of post-secondary education, or capitalizing a business. Depending on the type of IDA, the individual's earned income contributions are matched with money from either a State's TANF program or demonstration project funds, as authorized by the Assets for Independence Act.

Ineligible Spouse. The spouse of an eligible individual, or applicant, who is not eligible for SSI benefits.

Inflation. An increase in the general price level of goods and services.

Infrequent or Irregular Income. Income received either infrequently or irregularly that we can exclude from the determination of an individual's income. Infrequent income[1] is income an individual has not received more than once in a calendar quarter from a single source.[2] Irregular income is income that an individual could not reasonably expect to receive. In any given quarter, we exclude up to $30 of earned (infrequent or irregular) and $60 of unearned (infrequent or irregular) income.

Initial Determination. A determination SSA makes about an individual's eligibility for benefits or about any other matter that gives that person a right to further administrative or judicial review.

In-Kind Income. Income that is not cash, but is something else that an individual can use to meet their needs for food or shelter.

In-Kind Support and Maintenance (ISM). Unearned income in the form of food or shelter. Beginning September 30, 2024, food is no longer included in the calculations of ISM.

Interim Assistance Reimbursement (IAR). The process used to reimburse a State for basic assistance provided by the State to a claimant either while the claimant's application for SSI was pending or during the period in which the claimant's SSI benefits were suspended. SSA may reimburse a State from the claimant's retroactive SSI payment if: (1) the State has an agreement with SSA to participate in IAR; (2) the claimant has given SSA written authorization to reimburse the State from the retroactive payments; and (3) we find the claimant eligible for SSI benefits or for reinstatement of benefits for the same period of suspense.

Living With. A required condition for parent-to-child and spouse-to-spouse deeming. Deeming of income and resources occurs if an eligible child lives with their ineligible parent(s) or an eligible individual lives with their ineligible spouse.

Maintenance-of-Effort. See "Passalong."

Mandatory State Supplementation. See "State Supplementation."

Means-Testing. The measuring of income and resources against specified amounts as eligibility factors for certain assistance benefits. SSI is a means-tested benefit program.

Medicaid. The program authorized under Title XIX of the Act, which provides medical assistance to certain low-income individuals and families and certain disabled and medically needy individuals. Medicaid is administered by the States with support from the Federal Government in the form of matching grants.

[1] We modified the definition of infrequent income in final rules published on August 9, 2006 (71 FR 45375). Previously, we defined infrequent income as income not received more than once a quarter from a single source.

[2] Also, infrequent income is income that an individual has not received in two consecutive months, regardless of whether these payments occur in different calendar quarters.

The Federal Government provides guidelines to the States for formulating their programs. As a result of the flexibility of these guidelines, Medicaid programs vary widely among the States.

Medicaid Facility. A medical treatment facility such as a hospital, extended care facility, nursing home, or intermediate care facility, where Medicaid pays more than 50 percent of the cost of a person's care.

Medical Treatment Facility. An institution or that part of an institution licensed or otherwise approved by a Federal, State, or local government to provide inpatient medical care and services.

Medicare. A nationwide, federally administered health insurance program authorized in 1965 under Title XVIII of the Act to cover the cost of hospitalization, medical care, and some related services for most people age 65 and over. In 1972, lawmakers extended coverage to people receiving Social Security Disability Insurance (SSDI) payments for 2 years and people with End-Stage Renal Disease. Effective July 2001, people with Amyotrophic Lateral Sclerosis became Medicare-eligible during their first 24 months of receiving SSDI payments. In 2010, people exposed to environmental health hazards within areas under a corresponding emergency declaration became Medicare eligible. Traditional Medicare consists of two separate but coordinated programs; Hospital Insurance (HI, also known as Part A) and Supplementary Medical Insurance (SMI, also known as Part B). HI helps pay for inpatient hospital care, inpatient skilled nursing care, and hospice care. SMI helps pay for doctors' services and other medical expenses, and supplies not covered by HI. In 2006, prescription drug coverage (also known as Part D) was added. Almost all persons who are aged 65 and over or disabled and who are entitled to Part A are eligible to enroll in Part B and Part D on a voluntary basis by paying monthly premiums.

New Recipient. An SSI recipient in the first month of SSI payment receipt.

Noncitizen. An individual who is not a U.S. citizen. Also referred to in welfare and immigration law as an alien. (See "Alien Lawfully Admitted for Permanent Residence," "Asylee," "Parolee," and "Refugee.")

Nonqualified Alien. A noncitizen who is not in a qualified alien category for SSI eligibility purposes.

Old-Age, Survivors, and Disability Insurance (OASDI). The programs established under Title II of the Act.

Optional State Supplementation. See "State Supplementation."

Overpayment. The payment of more than the amount due for any period, including any amounts of federally administered State supplementation payments.

Parent. For SSI purposes, the natural parent of the child, or the person who legally adopted the child, or the stepparent who lives in the same household as the child.

Parolee. A noncitizen who appears to be inadmissible to the inspecting USCIS officer but is allowed to enter the United States because of emergency humanitarian conditions, or the noncitizen's entry is determined to be in the public interest. Parole does not constitute a formal admission to the United States and confers temporary admission status only, requiring parolees to leave when the conditions supporting their parole cease to exist.

Passalong. A requirement that States must meet in order to be eligible for Medicaid reimbursement. Any State making supplementary payments (see "State Supplementation") after June 30, 1977, must continue making such payments and must pass along any cost-of-living increase to the FBR. Two methods are available to ensure that cost-of-living increases are passed on to the recipients.

- *Payment Levels Method*—States may not lower their supplementary payment for any of the living arrangement categories below their adjusted March 1983 levels. The adjusted level is the State's March 1983 payment level minus that portion of the July 1983 increase in the FBR that was not attributable to the increase in the cost of living (i.e., $10.30 per individual and $15.40 per couple).

- *Total Expenditures Method*—State expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures are less in the current year (shortfall), the State must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

Past-Due Benefits. The total amount of SSI payments accumulated because of a favorable administrative or judicial determination or decision, up to but not including the month the determination is made and excluding any corresponding windfall offset amounts.

Personal Needs Allowance. The amount allowed for an institutionalized recipient's personal needs (currently $30). If an SSI recipient is in a Medicaid facility, the law requires that the SSI benefit be used only for the recipient's personal needs (i.e., that the institution cannot retain the benefit in repayment of the cost of the individual's care).

Plan to Achieve Self-Support (PASS). A plan that permits a disabled or blind SSI recipient to set aside income (earned or unearned) or resources for a work goal. The income and resources set aside under a PASS are used to pay for goods or services needed to reach that goal, such as education, vocational training, starting a business, or purchasing work-related equipment. We exclude income and resources set aside under a PASS from SSI income and resources. SSA must approve an individual's PASS.

Presumptive Disability or Blindness. A finding that SSI payments may be made before SSA makes a formal determination as to whether or not the individual is disabled or blind. The individual's impairment must be apparent and meet specified criteria. In addition, the individual must meet all other requirements for eligibility. These payments may be made for no more than 6 months. The presumptive payments will not be considered overpayments if SSA later determines that the individual is not blind or disabled.

Property Essential to Self-Support. The real and personal property used in a trade or business, nonbusiness income-producing property, and property used to produce goods or services essential to the individual's daily activities. We may exclude property essential to self-support from resources under certain conditions.

Proration of Benefits. The method of computing payment amounts in months in which the individual reacquires eligibility after a month or more of ineligibility. In such months, we will pay an individual's SSI benefit according to the number of days in the month that the person is eligible, beginning with the first day in the month on which the person meets all eligibility requirements. In order to determine the benefit payable in a prorated month, SSA counts the number of days an individual is eligible in the month. We then multiply the amount of the person's regular monthly payment by the number of days for which the person is eligible for benefits. Finally, we divide that figure by the number of days in the month for which the benefit is being determined. The resulting amount is the amount due for the prorated month. The statute eliminated proration for months of initial eligibility for all claims filed August 22, 1996 and later.

Public Emergency Shelter for the Homeless. A shelter for homeless individuals that provides food, a place to sleep, and some services.

Public Institution. An institution operated by or controlled by the Federal Government, a State, or a political subdivision of a State, such as a city or county.

Publicly Operated Community Residence. A facility that provides food and shelter and some other service such as social services, helps with personal living activities, training in socialization and life skills, or occasional or incidental medical or remedial care. In order to be publicly operated, it must be operated or controlled by the Federal Government, a State, or a political subdivision of a State, such as a city or county. The facility must serve no more than 16 residents and must be located in a community setting.

Qualified Alien. An individual who is:

- Lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
- A refugee under section 207 of the INA;
- An asylee under section 208 of the INA;
- A person whose deportation is withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removal has been withheld under section 241(b)(3) of the INA;
- A parolee under section 212(d)(5) of the INA for at least 1 year;
- A person granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- A Cuban or Haitian entrant as defined by Federal statute, including section 501(e) of the Refugee Education Assistance Act of 1980;
  - — Former parolees and other aliens who became permanent residents under the Cuban Adjustment Act of 1966;
  - — Aliens who became permanent residents under the provisions of the Immigration Reform and Control Act of 1986;
  - — Aliens who became permanent residents under the Nicaraguan and Central American Relief Act; or
  - — Aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act; or
- A certain alien, or an alien parent of a child, or an alien child of a parent who:
  - — Has been battered or subjected to extreme cruelty in the United States by a spouse, parent, or certain other family members the alien, parent, or child lived with;
  - — Is not living in the same household with the abusive individual;
  - — Has been determined to need SSI because of this abuse; and
  - — Has a determination from the USCIS for a certain change in status.
- An individual who lawfully resides in 1 of the 50 States, the District of Columbia, or the Northern Mariana Islands in accordance with the Compacts of Free Association between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Qualifying Quarter of Earnings. Credit for a requisite amount of earnings assigned to a calendar quarter for the purpose of determining the SSI eligibility of a lawfully admitted permanent resident.

Quarter of Coverage. The crediting of coverage needed for insured status under the Social Security program. In 2026, a worker receives one quarter of coverage (up to a total of four a year) for each $1,890 of annual covered earnings reported from employment or self-employment. For years after 1978, the amount of earnings required for a quarter of coverage is subject to annual automatic increases in proportion to increases in average wages.

Recipient. A person who is receiving SSI payments based on an evaluation of the person's countable income and resources, age, disability status, and other eligibility criteria.

Reconsideration. The first step in the administrative review process if an individual is dissatisfied with SSA's initial determination. See "Appeal Rights Process."

Redetermination. A review of eligibility for SSI recipients to ensure that certain requirements for eligibility continue to be met. There are two types of redeterminations:

- Non-medical redeterminations assess the non-medical factors affecting eligibility and payment levels. These reviews are scheduled at the discretion of SSA to ensure that only eligible individuals receive payments, and those payments are in the proper amount. During these redeterminations we review income, resources, living arrangements, and other factors.
- Medical redeterminations - Upon attainment of age 18, child SSI recipients undergo a medical assessment to determine if they meet the adult standard of disability.

Refugee. A noncitizen outside of their country of nationality who is unable or unwilling to return to their country of nationality or to seek the protection of that country because of persecution (or a well-founded fear of persecution) based on the noncitizen's race, religion, nationality, membership in a particular social group, or political opinion. Unlike asylees, refugees apply for and receive this status prior to entry into the United States.

Relocation Assistance. A type of assistance provided to persons displaced by projects that acquire real property. Examples of types of reimbursement, allowances, and help provided are:

- Moving expenses;
- Reimbursement for losses of tangible property;
- Displacement allowances;
- Amounts required to replace a dwelling that exceed the agency's acquisition cost for the prior dwelling;
- Rental expenses for displaced tenants;
- Amounts for down payments on replacement housing for tenants who decide to buy;
- Mortgage insurance through Federal programs with waiver of requirements that borrowers must usually meet; and
- Replacement housing.

Representative Payee. A person who receives SSI payments on behalf of an SSI recipient. SSA will pay benefits to a representative payee on behalf of an individual 18 years old or older when it appears that such method of payment will be in the interest of the individual. A representative payee will be appointed if the individual is legally incompetent or mentally or physically incapable of managing or directing the management of the person's benefits. Also, in general, if the individual is under age 18, a representative payee will be appointed. The law and regulations require that a recipient under age 15 have a representative payee.

Resident of a Public Institution. An individual who can receive substantially all of their food and shelter while living in a public institution is considered a resident of the public institution. Generally, an individual who is a resident of a public institution throughout a month is ineligible for SSI.[1]

[1] Please see section II.D in this report for income changes effective September 30, 2024.

Resident of the United States. A person who has established an actual dwelling place within the geographical limits of the United States with the intent to continue to live in the United States. (See "United States.")

Resource. The cash, other liquid assets, or any real or personal property of an individual (or their spouse) that the person could use or could convert to cash to be used for their support and maintenance.

Retroactive Payments. The SSI payments made in a month later than the month or months in which they were due.

Retrospective Monthly Accounting. The calculation method used in the SSI program to determine an individual's eligibility for each month. Retrospective monthly accounting has two parts: (1) an eligibility determination; and (2) a payment computation. If the individual is ineligible based on the current month's factors (including the current month's countable income), no payment is due and we make no payment. If the individual is eligible based on the current month's factors, we compute the payment. The benefit for a month is generally based on the individual's countable income in the second month prior to the current month. However, at the start of a period of eligibility or re-eligibility, we determine the amount of benefits for both the first and second months using the income received in the first month.

Section 1619(a) Status. The special SSI cash benefits provided to disabled individuals who lose eligibility for SSI benefits under the regular rules because they have earnings at the level ordinarily considered substantial gainful activity.

Section 1619(b) Status. The special SSI recipient status for Medicaid purposes provided to working disabled or blind individuals when their earnings, in conjunction with other income, make them ineligible for regular or special SSI cash payments.

SNAP. See "Supplemental Nutrition Assistance Program (SNAP)."

Social Security Act. Provisions of the law governing most operations of the Social Security programs. The original Act is Public Law 74-271, enacted August 14, 1935. With subsequent amendments, the Act consists of 21 titles, of which three have been repealed. In particular, five titles of the Act authorized the following programs:

- Title II of the Act authorized the OASDI program;
- Title VIII of the Act authorized special benefits for certain World War II veterans;
- Title XVI of the Act authorized the SSI program;
- Title XVIII of the Act authorized the Medicare program; and
- Title XIX of the Act authorized the Medicaid program.

Social Security Area Population. The population comprised of: (1) residents of the 50 States and the District of Columbia (adjusted for net census undercount); (2) civilian residents of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands; (3) Federal civilian employees and persons in the U.S. Armed Forces abroad and their dependents; (4) non-citizens living abroad who are insured for Social Security benefits; and (5) all other U.S. citizens abroad.

Sponsor. An individual who has signed an affidavit of support for a non-citizen entering the country.

State Supplementation. The payments made by a State or one of its political subdivisions to aged, blind, or disabled individuals.

- *Administration*—The governmental unit responsible for administering State supplementation payments may be either a State or local agency, or SSA. Under State administration, the State must absorb both program benefits and administrative costs. Under Federal administration, the State is responsible for the program benefits and, for fiscal year 2026, pays a $15.63 administrative fee for each benefit paid. This fee is subject to annual increases to reflect changes in the cost of living.

- *Mandatory Supplementation*—The supplementary payments made only to recipients converted to the SSI program from former State assistance programs at the inception of the SSI program. The law requires mandatory minimum State supplementation payments to maintain the December 1973 payment levels that these recipients received under the former State assistance programs. The law also requires States to provide the supplementation to maintain their Federal matching funds for Medicaid.

- *Optional Supplementation*—The payments made by States to help persons meet needs not fully covered by Federal SSI benefits. The State determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily necessities. Some States provide optional supplementary payments to all persons eligible for SSI benefits, while others may limit them to certain SSI recipients such as the blind or residents of domiciliary-care facilities, or they may extend payments to persons ineligible for SSI because of SSI income.

Statutory Blindness. See "Blind."

Student. An individual who is regularly attending a school, college or university, or a course of vocational or technical training designed to prepare the person for gainful employment.

Student Earned Income Exclusion (SEIE). An earned income exclusion for a student under age 22 with certain limitations established by regulations. The amounts of earned income that can be excluded are subject to monthly and calendar year limits that are subject to annual changes consistent with changes in the cost of living. See table V.E1 for the history of maximum monthly and calendar year exclusion amounts.

Substantial Gainful Activity (SGA). The level of work activity used to establish disability. For SSI applicants age 18 or older, a finding of disability requires that a person be unable to engage in SGA. A person who is not statutorily blind and is earning above the SGA level in a month (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA. According to regulation, SSA bases yearly increases in the SGA level on increases in the national average wage index. See table V.E1 for the history of SGA level amounts.

Supplemental Nutrition Assistance Program (SNAP). The Department of Agriculture, under cooperative Federal-State agreements, issues SNAP benefits in the form of paper food coupons (commonly known as food stamps) and through electronic benefit transfer to provide nutrition benefits to supplement the food budget of needy families. Recipients can use SNAP benefits only to buy food at stores authorized by the Department of Agriculture to accept them. Prior to October 1, 2008, SNAP was known as the Federal Food Stamp Program.

Supplemental Security Record (SSR). The computerized database maintained by SSA and containing identifying information, income, resources, and other eligibility factors, for all SSI recipients. The SSR includes the history of SSI payments made to an individual.

Suspension. An ineligibility status that causes the nonpayment of benefits for a period of generally anywhere from 1 to 12 months for any of a number of reasons such as income or resources over allowable levels, absence from the United States, residence in a public institution, etc. Benefits can resume without reapplication when all requirements for entitlement are again met. A period of suspension that lasts more than 12 months (24 months for individuals who were made ineligible because of their spouses or parent

being called to active military duty) generally results in a termination of the SSI record. (Once a record is terminated, reapplication is necessary.)

TANF. See "Temporary Assistance for Needy Families (TANF)."

Temporary Absence. An individual's physical move from their permanent place of residence that does not constitute a change in living arrangement. In general, a temporary absence exists when an individual leaves their permanent residence but intends to, and does, return to the household in the same month or the following month.

Temporary Assistance for Needy Families (TANF). The State grant program of assistance for needy families established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). TANF replaced the Aid to Families with Dependent Children program.

Termination. For an individual, cessation of benefits, which can occur for a number of reasons, including death, medical improvement, or a period of suspension lasting longer than 12 months, generally.

Terminations. As used in section IV, the total of (1) deaths while in current-payment status during a period plus (2) the number of persons during that same period moving out of payment status into suspended status less those returning to payment status from suspended status.

Ticket to Work Program (TTW). The Ticket to Work and Work Incentives Improvement Act of 1999 established a voluntary Ticket to Work and Self-Sufficiency program (Ticket to Work program) under which a blind or disabled beneficiary may obtain vocational rehabilitation (VR), employment, and other support services from a qualified private or public provider referred to as an "Employment Network," or from a State VR agency.

Trusts. A legal arrangement involving property and ownership interests. A trust may or may not be a resource and the proper treatment is determined after a thorough review of the trust based on specific criteria. For example, generally, we consider trusts established with assets owned by an individual (or spouse) on or after January 1, 2000, as resources when determining the individual's (or spouse's) eligibility for SSI benefits.

TTW. See "Ticket to Work Program (TTW)."

Unearned Income. The income that is not earned income. Unearned income may be in cash or in kind. Some examples of unearned income are:

- Annuities, pensions, and other periodic payments;
- Retirement and disability benefits;
- Veterans', workers', and unemployment compensation;
- Alimony and support payments;
- Dividends, interest, and certain royalties; and
- Rents.

United States. For purposes of the SSI program, the United States consists of the 50 States, the District of Columbia, and the Northern Mariana Islands.

Value of the One-Third Reduction. The reduction of an individual's SSI payment that occurs when an individual is living in the household of another and others in that household provide the individual with shelter and pay for or provide all of the individual's meals. Instead of determining the actual dollar value of in-kind support and maintenance, we count one third of the FBR as income to the individual.

Vocational Rehabilitation (VR). Services provided to disabled people to help them to enter or return to gainful employment. VR services are designed to provide an individual with the training or other services that are needed to return to work, to begin working, or to enter a new line of work. The General Fund of the Treasury, and the OASDI trust funds in the case of individuals also receiving Social Security disability benefits, reimburse the providers of such services only in those cases where the services contributed to the successful rehabilitation of the recipients.

Windfall Offset. A provision to prevent a person from receiving monthly SSI and OASDI benefits in excess of the total amount that would have been paid if the OASDI benefits had been paid when they were due rather than retroactively.

Work Incentives. Provisions in the SSI program that are intended to act as incentives for disabled or blind individuals to work. Examples of work incentives under the SSI program are:

- Earned income exclusions;
- Impairment related work expenses;
- Blind work expenses;
- Plan to achieve self-support;
- Section 1619 benefits; and
- Ticket to Work program.

Supplemental Security Income and Reporting Requirements

Social Security Advisory Board
June 2026

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Executive Summary

Accurate SSI payments depend on recipients promptly reporting changes in income, resources, and living arrangements. Recipients can submit reports by phone, in person, or in writing, and may go online to report wages. Each service channel has limitations which affect the recipient's experience and success in submitting a report.

SSI change reports generate heavy workloads for SSA. Over ten million SSI changes per year must be manually processed by SSA staff. When changes are reported late, received without sufficient detail, or processed too slowly, improper payments may occur. SSA issues billions in improper payments each year.[1]

SSA 's new SSI Improvement Team was created to modernize the SSI program and provide digital solutions to the public. Strengthening user friendly digital self-service options, improving transparency, and enabling more automated processing for SSI reporting could significantly enhance accuracy, efficiency, and the recipient's experience.

Challenges in the Current SSI Reporting Processes

During its review, the Board identified the following challenges in SSI reporting processes:

- Recipients are unable to review their SSI record for accuracy and completeness, or to verify when a report of a change has been received and processed at SSA;
- There is no mechanism to support recipients in making complete and accurate reports of SSI changes and inform them when supporting documentation is required;
- Online tools for reporting changes are limited to monthly wage report submissions; other changes must be made by phone, office visit or in writing; and
- When SSA does not process all SSI reports promptly, avoidable improper payments may occur.

Recommendations

To support accurate, timely reporting, the Board makes the following recommendations:

- Develop a user-friendly SSI snapshot that displays case facts currently on the SSI record that recipients and their representatives can view;
- Develop an SSI mobile app that enables SSI recipients and their representatives to easily fulfill reporting responsibilities in addition to those methods now available;
- Consider enhancing the existing SSI monthly wage reporting tools to accept additional types of income-related reports; and
- Evaluate the feasibility and risks of introducing auto-processing of other categories of SSI change reports to reduce SSA staff workloads.

[1] FY2025 Agency Financial Report, page 183

Acronyms and Abbreviations

Acronyms & Abbreviations	Term
Agency	SSA – Social Security Administration
Board	Social Security Advisory Board
ISM	In-kind support and maintenance
FY	Fiscal Year
MWR	Mobile Wage Reporting app
PIE	Payroll Information Exchange
POMS	Program Operations Manual System
RMA	Retrospective Monthly Accounting
SSA	Social Security Administration
SSAB	Social Security Advisory Board
SSI	Supplemental Security Income
TWR	Telephone Wage Reporting

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INTRODUCTION

A majority of Americans have become accustomed to managing daily life tasks through technology that is intuitive, interactive, and available around the clock. Banking, insurance, healthcare, and other systems give users real time visibility into their accounts, provide automated alerts when changes occur, and enable secure self-service capabilities to update information and upload documentation - all from a mobile device. These capabilities are no longer exceptional; they are the baseline for effective service delivery in 2026.

Despite widespread adoption of these tools in the public and private sectors, SSI recipients and their representatives do not experience that baseline service when they interact with SSA, even though they must interact frequently with SSA to report changes that might affect their eligibility or payment amount. Most of the options for reporting to SSA still center on paper mail, phone calls, faxes, and in-person visits. These mechanisms have changed little in decades despite advances in technology and lack interface with the structured data that supports modern automated processing.

Delays in adopting modern tools and expanding automated processing have significant consequences for SSI recipients, SSA staff, and taxpayers, in the form of improper payments, workload impacts, and administrative costs. SSA has determined that "the major causes of improper payments in the SSI program are changes in financial accounts, wages, and in-kind support and maintenance (ISM). The improper payments occur due to recipients' failure to report or our [SSA's] failure to update payments in a timely manner."[2] These improper payments persist, even as SSA expends over 30% of its administrative budget on the SSI program.

In September 2025, the Commissioner created a new SSI Improvement Office dedicated to identifying opportunities to accrue efficiencies and reduce improper payments. If these efforts are successful, SSA may be better able to correct inefficient processes and prevent improper payments that can degrade the quality of SSA's service delivery to SSI recipients.

This Statement makes recommendations for improving how SSI recipients report changes in their circumstances to comply with existing requirements and improve the recipient experience. It reviews how SSI reports are currently submitted and processed and recommends a path to bring SSA's tools up to modern standards so recipients can meet

[2] FY2025 Agency Financial Report, page 184

their statutory reporting responsibilities more quickly, easily, and confidently. Consistent with the Commissioner's digital-first strategy to improve service delivery, adding online options for recipients to keep their information current would be a win for recipients, SSA's workforce, and taxpayers.

SSI Reporting: An Essential Component of Accurate SSI Payments

Unlike Social Security benefits, SSI payments are means-tested and recalculated each month based on a recipient's circumstances. Accurate SSI payments depend on SSA maintaining up-to-date information about each recipient's circumstances. Thus, SSA must keep records current using three primary sources: 1) reports submitted by recipients, 2) data received from third-party computer matches, and 3) periodic redeterminations of eligibility.

Recipients and SSA both expend time and resources on SSI change reports. Recipients must report any changes in their circumstances, such as income, resources and living arrangements. Reports about wage income can be submitted online and processed automatically. However, upwards of ten million SSI changes per year must be manually processed by SSA technicians. For example, if manually processing one of these transactions averages 10 minutes, the SSI change report workload would represent over 800 full-time-equivalent work years.

The overwhelming majority of SSI payments are accurate. Of the approximately $63 billion SSA paid to SSI recipients in FY 2024, $6.3 billion (10.0 percent) were overpayments and $1.0 billion (1.55 percent) were underpayments. Out of the $6.3 billion in overpayments, $5.8 (more than 90 percent) were determined to have occurred "outside the Agency's control."[3]

Who must report? And whose changes must be reported?

As required by statute, each month all SSI recipients[4] are legally required to report any changes that may affect eligibility or payment amount. The current population of 7.4 million SSI current recipients includes:

[3] FY2025 Agency Financial Report, page 183

[4] Recipients who are determined not capable of managing their benefits (e.g., children, incapable individuals with disabilities) have representative payees who fulfill these reporting obligations on their behalf.

- 2.5 million (33.3 percent) Adults age 65 or older
- 3.9 million (53.2 percent) Adults who have blindness or disabilities
- 1.0 million (13.5 percent) Children who have blindness or disabilities[5]

Changes in a recipient's own circumstances as well as certain other household members' (e.g., spouse or parents living in the home, ineligible children living in household) must be reported.

What must be reported?

SSI recipients must report changes that may affect their SSI eligibility or payment amount. This includes major life events like relocation, marriage, death, and divorce, but also financial events like the start, stop or fluctuation in an income stream, or acquisition or transfer of a countable resource. In guidance issued to new recipients, SSA lists 21 areas of reporting that recipients must keep updated[6]:

- Relocation, address change
- Change in direct deposit account
- Someone moves into or out of the household
- A job begins or ends
- Change in income or the income of family members
- Change in resources
- Help with living expenses
- Institutionalization (placed in a hospital, nursing home or prison)
- Marriage, separation, or divorce
- Name change
- Birth or adoption of a child
- Leaving the United States
- Outstanding felony or arrest warrant
- Confinement in a correctional facility
- Sponsorship change (for noncitizens)
- SSI recipient becomes unable to manage their funds
- Death of an SSI recipient

[5] Fast Facts & Figures About Social Security, 2025, page 19
[6] What You Need to Know When You Get Supplemental Security Income (SSI), page 5

- Change in student status (for individuals age 18 to 22)
- Immigration-status changes (for non Citizens)
- Medical improvement (for individuals with disabilities)
- Special rules for people in some states

Even changes that may seem minor or insignificant to the recipient (e.g., small fluctuations in monthly income or someone moving into/out of the household) can result in payment inaccuracies. Additional specialized reporting rules apply to noncitizens and individuals with disabilities. A complete report must include identifying information about the affected person or people, a description of the change, and the date the change occurred.

When Must Changes Be Reported?

SSA policy states that recipients must report any change as soon as possible, and no later than the tenth day of the month after the change.[7] For example, a change in April must be reported by May 10. Late reports may not be processed in time to prevent incorrect payments. As explained below, even some timely reports cannot prevent some overpayments.

SSA's publications and online postings provide conflicting information concerning reporting timeframes and frequency. For example, while most resources cite the "10th day of the next month" rule found in SSA's policy manual, some postings state that reports are due on the 6th of the month.[8] Also, one website instructs recipients to make monthly reports for child support and unemployment benefits, whereas this requirement does not appear in agency policy.[9] In another example, SSA's guidance says to report self-employment earnings "by January 10th", monthly, or as changes occur.[10] These inconsistencies may confuse recipients and lead to inaccurate reporting

Why Does Timely Reporting Matter?

The type of circumstance change affects when SSI payments need to be adjusted. SSI generally uses retrospective monthly accounting (RMA), meaning the payment issued on

[7] SI02301.005 SSI Post-eligibility – Recipient Reporting
[8] Report monthly wages and other income while on SSI | SSA; see expanded content under "Income you need to report"
[9] SSA - POMS: SI 00820.143 - Monthly Wage Reporting - 09/26/2013; no such instruction exists for other types of income
[10] Report monthly wages and other income while on SSI | SSA; see expanded content under "Income you need to report" and the linked Reporting Responsibilities | Supplemental Security Income (SSI) | SSA

the first day of a month is usually based on income received during the month before the previous month. For this reason, a report made by the 10th day of the month after an income change occurs is usually sufficient to prevent an over- or underpayment.

> RMA Example: An income increase in April causes a decrease in the individual's SSI payment amount for June, paid June 1st.

However, changes that result in ineligibility – even temporary ineligibility – take effect immediately or the very next month, depending on the type of change.[11] In such cases, an improper payment is generally unavoidable.

The following table outlines the effects of several common changes that require reporting:

Type of Change	When Eligibility or Payment Amount are Affected	Reporting Considerations
Most income fluctuations	SSI payment amount is adjusted the second calendar month after the change.	A report by 10th of the month after the change can prevent improper payment.
Income rises above the SSI income limit	Ineligibility is immediate, retroactive to first day of the same month the income increase occurs.	A report by 10th of the month after the change will not prevent an improper payment but may prevent additional months of improper payment. Improper payment is only avoidable if the change is anticipated and reported the month *before* the change occurs. In many situations, this is not possible.
Other changes that cause ineligibility	Ineligibility generally takes effect the month after the change occurs	Improper payment is avoidable only if the change

[11] Code of Federal Regulations § 416.420 offers a complete description of how and when RMA applies and how payments are calculated when a month or more of ineligibility occurs.

(excess resources, absence from the US, incarceration, and others)		occurs early in the month and is reported right away.

Facilitating timely reporting and processing of changes may prevent incorrect payments, reduce retroactive adjustments and overpayment debt, and require less effort for SSA staff. When recipients report changes quickly, SSA is better positioned to issue the correct payment the first time. Even when the reporting is timely and accurate, improper payments may still occur if SSA does not record the information in a timely way or makes an error in recalculating the benefit. Appendix A outlines examples of the steps in the process that can lead to overpayments and underpayments.

How Recipients Make Their Reports

SSI recipients can report changes to SSA through several channels. All reporting methods allow recipients to submit information, but each varies in convenience, speed, and the likelihood that SSA can process the report promptly. Below is an overview of the current reporting options available to recipients: phone calls, office visits, written reports, and online tools.

Phone Calls and Field Office Visits

Recipients may report any type of change by calling SSA's teleservice center or calling or visiting a field office. These channels allow recipients to ask questions, clarify whether a change is reportable, and provide details that SSA may need to update the record.

Generally, employees in the teleservice centers and the field offices attempt to act upon incoming phone and in-office reports as they are received, often during interviews. However, SSA's teleservice agents are not trained or authorized to handle complex SSI changes, resulting in handoffs between technicians. The handoff happens in real time, when possible, but often these incomplete change reports are added to an inventory that can take time to process.

Another barrier to first-contact resolution arises when additional documentation or information is needed to complete an action. If this need is not recognized during first contact, SSA must later make the request via a phone call or a letter to the recipient, which delays processing as SSA awaits a response.

In Writing

Recipients may also make their reports in writing. They may send written reports, including statements and supporting documents to SSA via mail, field office drop-box, or fax. Recipients may also send images of their written documents or forms to SSA via *my* Social Security's "Upload Document" utility. These images are routed into the queue with the mail and drop-box items. Email submission is discouraged due to security concerns.

SSA does not have a specific form for SSI recipients for reporting changes. Written reports are generally handwritten. Without a form to guide the collection of information, these written reports may lack necessary detail and documentation, which can cause processing delays.

When written material is received, it is scanned, categorized, and associated with the right case, then assigned for processing. Completion can take weeks or months, depending upon mail delivery issues, SSA's workload prioritization, and the recipient's responsiveness when more information is needed.

Automated and Online Wage Reporting Tools

SSA offers several tools specifically for reporting monthly wages. Reports of a job beginning or ending must still be made by phone, in-person visit or in writing. The available tools are:

- *my* Social Security **Wage Reporting (myWR):** Requires *my* Social Security.
- **SSI Mobile Wage Reporting App (SSI MWR)**: Requires *my* Social Security; users key in or upload images of paystubs; app lists all employers on record.
- **SSI Telephone Wage Reporting (SSI TWR):** Users call a dedicated line to report total monthly gross wages via automated phone prompts; does not require *my* Social Security.

Additionally, recipients can agree to SSA using Payroll Information Exchange (PIE)[12] to obtain their monthly wage data from participating employers[13] in lieu of making monthly wage reports themselves. PIE participation is voluntary and revocable for both recipients

[12] SSA - POMS: SI 00820.148 - Automated Wage and Employment Information from Payroll Data Providers (PDP) Received through the Payroll Information Exchange (PIE) - 03/25/2025

[13] According to Equifax, the PIE data provider, over 5M employers contribute income and employment data for use in their income verification services. See Income & Employment Verification Services | The Work Number.

and employers. A recipient's participation does not eliminate their obligation to report to SSA when a job stops or starts or to make monthly reports when their employer does not participate in PIE.

Wage reports that SSI recipients make through the digital wage reporting tools are received as structured data and processed automatically, without SSA employee intervention. Similarly, wage data that SSA obtains through PIE is processed automatically whenever possible. Automated processing enables the data to flow to the SSI record in time to prevent improper payment in most cases and frees SSA employees to perform other tasks.

Shared Responsibilities for Maintaining Accurate Records

Keeping SSI records accurate is a shared responsibility between SSA and the individuals who receive payments. SSA has a responsibility to clearly explain reporting requirements, provide accessible ways for recipients to update their information, and process recipients' reports timely and accurately. Recipients, in turn, have a responsibility to recognize when a change affects eligibility or payment amount, report it promptly, and provide sufficient detail and documentation for SSA to act.

SSA informs recipients about their reporting responsibilities during application and redetermination interviews and through a range of public materials, including online resources, publications, notices, and informational videos. Employees can tailor these explanations to each case - for example, reminding someone with earned income to report wage changes or advising households near the resource limit to monitor balances closely. However, SSI recipients cannot easily view their record, making it difficult for recipients to keep their records current. No customer-facing and accessible version of the SSI record is available on demand for recipients and their representatives to view, either online or on paper. The SSI case printouts produced at the end of interviews are lengthy, dense, and provided only on paper, and are mailed as follow up. Further, when making reports between reviews, recipients may not receive confirmation that their report has been received until SSA has acted on the report. As a result, months of payment errors can accumulate unbeknownst to the recipient.

Opportunity: The SSI Improvement Effort

In September 2025, the Commissioner created a new SSI Improvement Team, stating the intention to "make SSI processing more efficient, reduce improper payments, speed up

automation, and help SSI recipients comply with program requirements."[14] With designated executive leadership, this newly created office has taken the following actions:

- Updated instructions for SSA technicians to clarify procedures for explaining reporting responsibilities during claims and post eligibility interviews. SSA technicians now inform claimants of SSI reporting responsibilities up front, rather than at the end of the interview,
- Updated information on SSA's website regarding program eligibility and reporting requirements, and
- Identified ways intended to make it easier for technicians to complete their work, such as expanding the case processing system's library of standard language that is commonly used to document cases.

In its FY 2027 budget justification, SSA announced its commitment to "providing SSI recipients digital options to update their record and submit documents through their *my* Social Security account".[15]

Recommendations to Support Accurate, Timely Reporting

During the review of SSI reporting processes, the Board identified the following challenges:

- Recipients are unable to review their SSI record for accuracy and completeness, or to verify when a report of a change has been received and processed at SSA.
- There is no mechanism to support recipients in making complete and accurate reports of SSI changes and inform them when supporting documentation is required.
- Online tools for reporting changes are limited to monthly wage report submissions; other changes must be made by phone, office visit or in writing.
- When SSA does not process all SSI reports promptly, avoidable improper payments may occur.

[14] New Supplemental Security Income Improvements Team | News | SSA
[15] FY27_The_Justification_of_Estimates_for_Appropriations_Committees.pdf, page 9.

To address these challenges, the Board makes the following recommendations.

Recommendation 1. Develop a user-friendly SSI snapshot that displays case facts currently on the SSI record for recipients and their representatives to view.

SSA should develop a straightforward, easy-to-read SSI case snapshot that can be accessed fully and on demand by recipients and those assisting them. The snapshot should list basic case facts currently used to determine the recipient's eligibility and monthly payment amount, such as income types and amounts, resource valuations, and living arrangement details. With clear information in hand, recipients can more confidently verify the accuracy of their record, identify issues and meet their reporting obligations, improving both accuracy and accountability.

The snapshot should include information about recent SSA notices and the ability to track the progress of pending actions to help manage expectations, reduce follow-up phone calls and improve responsiveness to agency requests.

Recommendation 2. Develop a SSI mobile app that enables SSI recipients and their representatives to easily fulfill reporting responsibilities, in addition to those methods now available.

SSA should develop a comprehensive SSI mobile app that would support recipients throughout the reporting process, with the following baseline capabilities:

- **On-demand access to the aforementioned case snapshot.** Knowledge of the information on the record is foundational to recipient's identification of when a correction or update is required.

- **Ability to submit reports of change in the mobile app, associated with the case snapshot**. Enable recipients to submit reports of common change events such as moves, income fluctuations, and resource changes, by including an "edit" function alongside material case facts displayed on their case snapshot. Selecting the edit function would lead users to a guided, tailored data-collection path (a digital "form") that elicits all necessary facts, and ensures a complete, actionable report. This should improve ease, efficiency and compliance with reporting, reducing avoidable over- and underpayments.

- **Direct upload of documentation associated with a report when required.** The mobile app should notify the user when a supporting document is needed for SSA to complete a change report and offer an in-app opportunity to securely upload it where use of a scanned document is permissible under the statute and regulations. This unifies the reporting and documentation steps in support of first-contact resolution. Direct upload capacity reduces staff workloads by eliminating time-consuming steps related to requesting and handling physical documents.

These baseline capabilities would be familiar to Americans who utilize mobile apps and similar online customer-facing tools for everything from banking and insurance services to take-out food and buying merchandise online.

According to SSA, more than a third of all adult SSI recipients had a *my* Social Security account as of the end of FY 2025[16] which suggests many SSI recipients are able to use online services to conduct business with SSA. Supporting recipients with a robust, secure, user-friendly mobile app tailored to their broader reporting needs would satisfy the essential requirements for successful SSI reporting: insight into the current record, ability to report corrections and updates fully and completely, and a digital option for submitting the documents SSA requires to process these reports. This should lead to greater efficiency and improved payment accuracy, for the benefit of recipients and SSA alike.

Recommendation 3. Consider enhancing the existing SSI monthly wage reporting tools to accept additional types of income-related reports.

SSA should consider enhancing the existing online monthly wage-reporting tools, currently used by recipients to report their prior month's paychecks, to accept additional income-related reports. The tools could be modified to accept reports of the loss of a job, as well as monthly income reports for certain non-wage income streams. Income from child support and unemployment benefits tend to fluctuate from one month to the next, similar to wages, and recipients of these income streams would benefit from the ability to report those fluctuations online.

These enhancements could potentially expedite the expansion of online reporting options and could later be incorporated into the more robust SSI mobile app when it is released. Their early deployment could help build recipients' familiarity and trust in SSA's online reporting tools.

[16] FY27_The_Justification_of_Estimates_for_Appropriations_Committees.pdf, page 9.

Recommendation 4. Evaluate the feasibility and risks of introducing auto-processing of other categories of SSI change reports to reduce SSA staff workloads.

As online SSI reporting options are added, SSA should evaluate the feasibility and advisability of automatically processing of other categories of recipient-submitted change reports directly to the SSI record, where it is not now done, with SSA employees reviewing exceptions rather than all changes. Cost-benefit analysis, risk assessments, and legal review can inform SSA's decision making for those types of reports that could responsibly be auto-processed with manual review only needed where the system flags an issue.

SSA auto-processes most online wage reports made by recipients, because the risk of errors on the part of the reporter is mitigated by the existence of SSA's computer matching agreements. A large share of the wage submissions that SSA obtains through PIE are passed directly to the SSI record when a robust set of criteria is met, while others must first be reviewed by an employee based on specified criteria. Similarly, SSA recently implemented technology-assisted adjudication of certain online Medicare applications, after evaluating the costs, benefits and risks involved. SSA is actively working to expand this approach to other types of benefit applications.

Auto-processing certain recipient change reports to the SSI record could reduce the handoffs and processing steps that often delay manual processing, increasing the likelihood that the record is updated in time for an accurate payment the next month, provided the report itself is timely and accurate. Additionally, removing these actions from the employees' work stream would free up time for other workloads.

Conclusion

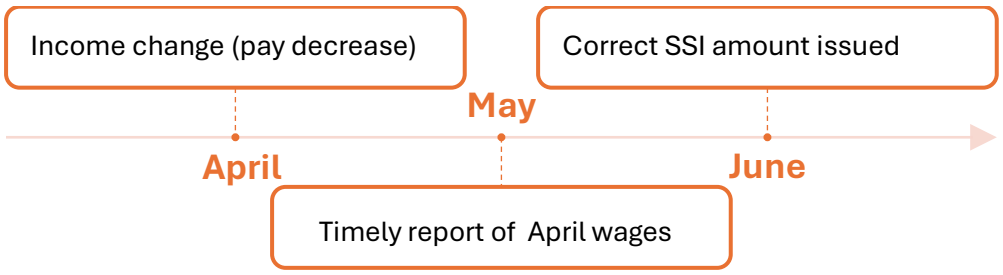
SSI recipients are among the nation's most economically disadvantaged, and both they and SSA share responsibility for keeping benefit records accurate and stable. However, recipients and the people who support them —representative payees, family members, attorneys, and community organizations—struggle to meet the SSI program's extensive reporting requirements due, in part, to outdated processes and limited digital tools. Modernizing these processes and tools has the potential to improve SSA's operational efficiency, strengthen program integrity, and increase recipient satisfaction. Collectively, our recommendations could transform how at least some SSI recipients and SSA interact to make timely changes to recipients' records and increase payment accuracy.

APPENDIX A: SSI Change Reports - Case Examples

1. Retrospective Monthly Accounting (RMA) Case: An income fluctuation is reported timely (no payment error)

In April, Mark (SSI recipient) learns his hours at work are being decreased to 10 hours per week. He uses SSITWR to report his April gross wages in early May, and SSA auto-processes the report.

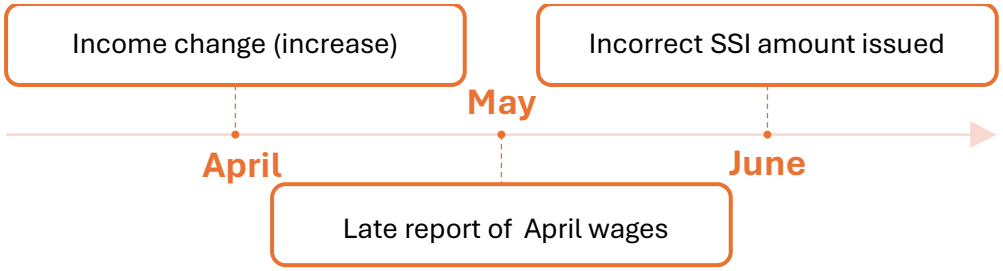
RESULT: On June 1, SSA issues the correct (increased) SSI amount based on Mark's lower April wages two months earlier.



2. RMA Case: An income fluctuation is reported late (avoidable overpayment occurs)

In early April, Pat (parent and payee of a child SSI recipient) is paid a small bonus at work, which is not significant enough to cause ineligibility, but should cause a decrease in the child's SSI in June. Pat reports the April income five days late, on May 15. It is too late for SSA to adjust the June SSI benefit before it is issued by the Treasury.

RESULT: An avoidable overpayment occurs outside of SSA's control.



3. RMA Exception: A windfall is reported timely (unavoidable overpayment)

In late April, Mary (SSI recipient) receives $1500 as a gift from her grandmother. She calls SSA right away to report the gift and learns that the windfall caused her to be ineligible for the check she received April 1, and she must repay it to SSA.

RESULT: Mary's income exceeded the SSI income limit during the month of April, so the April check received on April 1 is retroactively determined to be an overpayment, which was unavoidable due to the timing of the event.

4. RMA Exception: Release from an institution is reported timely (unavoidable underpayment)

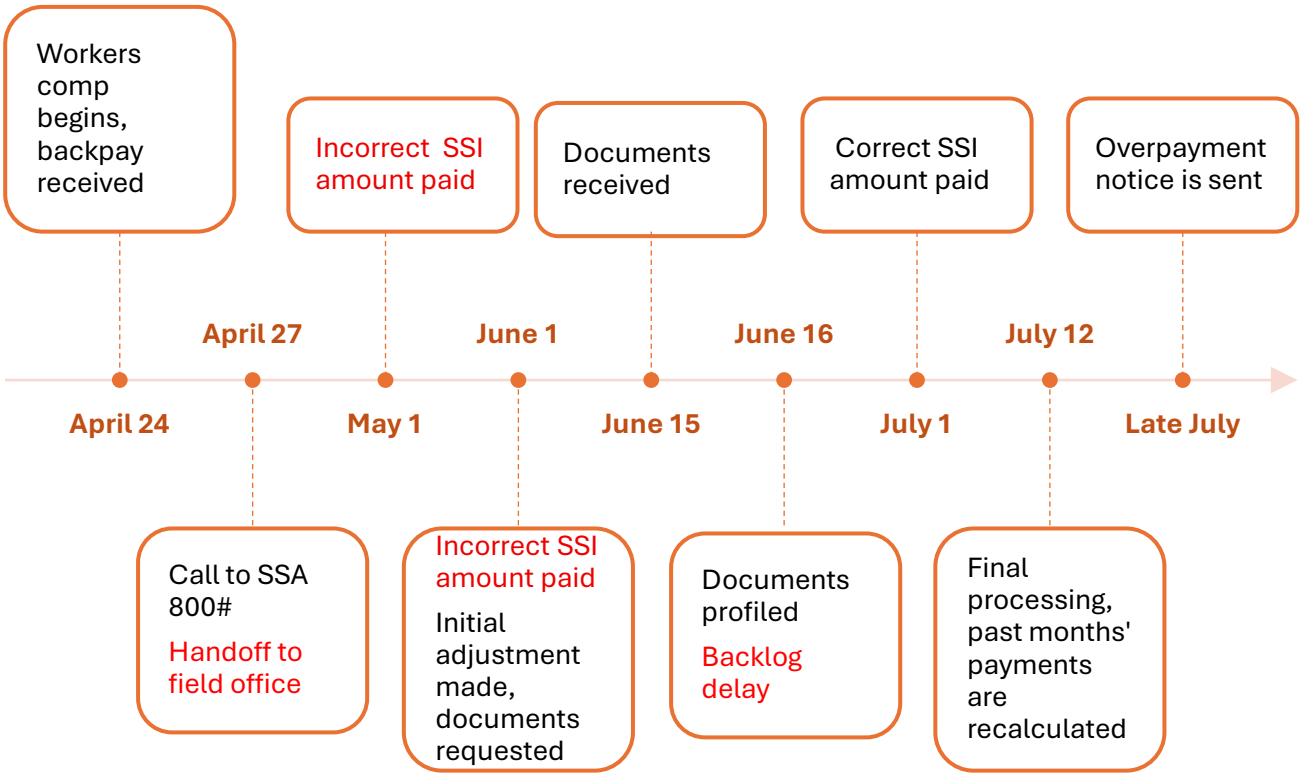
Gary (SSI recipient) is ineligible for SSI while he is in jail. He is released from jail in early May. He immediately visits SSA with his discharge papers. SSA reinstates his payments. Gary learns he is due an SSI payment for May because he was not incarcerated the entire month.

RESULT: An unavoidable underpayment occurred, because Gary became due payment for May only after SSA had issued the May 1 SSI payments. His RMA cycle was interrupted by a period of ineligibility (due to incarceration), so the prorated May SSI amount is based on his May income and living arrangements.

5. Complex Case (RMA and Non-RMA): New income stream begins and a windfall is received; report is timely, but SSA delays occur (overpayment is partly avoidable)

In April, Lisa's $500/month workers compensation (WC) begins, along with a $4000 back payment, which Lisa uses to pay down her credit card. She calls SSA's 800# and reports the new income. The agent is unable to process the action. Instead, the case is referred to the local field office. Lisa's change report is ultimately processed by SSA in July, following a handoff, a request for documentation, and time spent waiting to be processed.

RESULTS: Multiple months of overpayment occurred, both avoidable and unavoidable, despite Lisa's timely report. Meanwhile Lisa was unaware that work on her case was incomplete.

- April payment was recalculated from $994 to $0 (too much income)
- May and June payments were recalculated from $994 to $514 (new $500/mo. income)
- **Total overpayment: $1954**
- **Avoidable overpayment: $480** – June overpayment could have been prevented had SSA been able to act promptly
- **Unavoidable overpayment: $1474** – Lisa's SSI eligibility for April was lost due to the windfall she received unexpectedly late that month. Also, her call in late April was too late

for SSA to adjust her May SSI payment because the May SSI data had already been sent by SSA to the Treasury.