



Adult Disability Starter Kit

This kit will help you get ready for your disability interview or online application. It contains a **Checklist** of documents and information we will request, an **Optional Adult Medical and Job Worksheet** to help you gather and organize the information you will need, and a **Fact Sheet** that answers questions most people ask about applying for disability benefits.

We encourage you to use this **Checklist** to help you prepare to file for adult disability benefits. We need your personal, medical, and job information to determine if you are eligible for disability benefits. Check off the applicable items below as you get ready for your phone or in-person interview or as you prepare to complete your online application at www.ssa.gov/apply.

Do not delay your application if you do not have all the listed information. We will help you get any missing information.

Information about you:

- ☐ Your date of birth, place of birth, and Social Security Number.
- ☐ The name, Social Security Number, and date of birth or age of your current spouse and any former spouse(s). You should also know the dates and places of marriage and dates of divorce or death (if applicable).
- ☐ Name, address, and phone number of two people (other than your healthcare providers) who know about your medical conditions and can help you with your claim.
- ☐ Workers' compensation or other disability benefit information if applicable, including the settlement agreement, date of injury, and claim number for any workers' compensation claim and the source and payment amounts for any disability benefits.
- ☐ Checking or savings account number, including the bank's 9-digit routing number, for electronic deposit of benefits.

Information about your medical condition(s):

- ☐ Records in your possession related to your medical conditions. You do not need to ask for or pay health care providers for any medical records that you do not have.
- ☐ Names, addresses, and phone numbers of health care providers (e.g., doctors, psychiatrists, therapists, nurse practitioners, hospitals, etc.) that examined you or treated your medical condition(s). This information tells us where to request your medical records.
- ☐ List of medicine(s) you take and why you take them, if known. For prescription medicines, include the names of the health care providers who prescribed them.
- ☐ Names and dates of medical tests you have had related to your medical condition(s) and who ordered them.

Information about your job, education, and training:

- ☐ A list of the jobs you had in the past 5 years.
 - Include self-employment and jobs in a foreign country.
 - Provide the dates (month and year) you worked these jobs if known, how many hours on average you worked per day or week, and how much you earned.
- ☐ Information about your highest level of education completed, and when and where you completed it. If you received special education (for mental, physical, emotional, or behavioral conditions), we also need to know where and when you received it.
- ☐ A list of specialized job, trade, or vocational training and dates completed.