Checklist for Online Adult Disability Application

The information below will help you gather the information you may need to create a my Social Security account and complete the online Disability application. We recommend you print this page to use while gathering your information.

**Create a my Social Security Account**

You are required to login to your existing my Social Security account, or attempt to create one. To create an account, we will ask you a series of identity questions for verification. You may want to have certain items on hand to be prepared for additional security questions, such as, but not limited to: mobile phone (for the purpose of receiving texts and emails), credit card, W-2, and tax forms.

**File for Benefits Online – The Information You Need**

**Date and Place of Birth** - If you were born outside the United States or its territories:
- Name of your birth country at the time of your birth (it may have a different name now)
- Permanent Resident Card number (if you are not a U.S citizen)

**Marriage and Divorce**
- Name of current spouse, name of prior spouse (if the marriage lasted more than 10 years or ended in death)
- Spouse(s) date of birth and SSN (optional)
- Beginning and ending dates of marriage(s), place of marriage(s) (city, state or country, if married outside the U.S.)

**Names and Dates of Birth of Children Who:**
- Became disabled prior to age 22, or
- Are under age 18 and are unmarried, or
- Are aged 18 to 19 and still attending secondary school full time

**U.S. Military Service**
- Type of duty and branch, service period dates

**Employer Details for Current Year and Prior 2 Years (not self-employment)**
- View your Social Security Statement online at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)
- Employer name, employment start and end dates, total earnings (wages, tips, etc.)

**Self-Employment Details for Current Year and Prior 2 Years**
- View your Social Security Statement online at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)
- Business type and total net income

**Direct Deposit - Domestic bank (USA)**
- Account type and number
- Bank routing number

**Direct Deposit - International bank (non-USA)**
- International Direct Deposit (IDD) bank country
- Bank name, bank code, and currency
- Account type and number, branch/transit number

**Alternate Contact**
- Name, address and phone number of someone we can contact who knows about your medical condition(s) and can help you with your claim

**List of your Medical Conditions**

**Information About Doctors, Healthcare Professionals, Hospitals and Clinics**
- Names, addresses, phone numbers, patient ID numbers, and dates of examinations and treatments
- Names and dates of medical tests you have had and who sent you for them
- Names of medications (prescriptions and non-prescriptions), reason for medication and who prescribed them

**Information About Other Medical Records**
- Vocational rehabilitation services, workers compensation, public welfare, prison/ jail, an attorney, or another place

**Job History**
- Date your medical condition began to affect your ability to work
- Type of jobs (up to 5) that you had in the 15 years before you became unable to work because of your condition
- Type of duties you did on the longest job you had

**Education and Training**
- Highest grade in school completed (date), and any special education (school name, city and state)
- Name of special job training, trade school or vocational school and date completed