Chapter 4
APPLICATION PROCESS

To apply for disability benefits, call the SSA toll-free number: **1-800-772-1213**. When connected, you will hear an automated operator who will tell you how long you will hold for assistance. SSA’s toll-free TTY number is **1-800-325-0778**.

You may also contact the local SSA office listed in your telephone directory. Basic information such as name, address, and telephone number will be taken when you call. A listing of work incentive liaisons in your catchment area can be requested from your local SSA office. However, some states may not maintain up-to-date records of these personnel.

Remember the SSA’s definition of disability when making an initial application. It contains two major eligibility requirements for both the SSI and Social Security programs. Individuals must have a medically determined disability and must be unable to earn above the SGA level.

As advocates for yourselves or others, the extent of the disability must be documented. Initially, a medical diagnosis should be provided. Also include reports from human service workers, friends, family or any support or services required by the individuals to maintain themselves in their residential and employment setting. The SSA has several application forms that are intended to help document the extent of an individuals’ disabilities. The Social Security Disability Report was designed primarily for those with physical disabilities, while the Mental Impairments Report was created to assist people whose disabilities are primarily mental. Most of the benefit application forms are not designed for self-completion. Claims representatives interview individuals and complete the forms.

Additional documentation required in the application process must establish how the disabling impairments prevent individuals from working and earning above SGA for any job in the nation’s economy. If individuals with disabilities have been trained as nursery workers and there are no greenhouses available in the area, the lack of available work has no bearing on eligibility for benefits. Furthermore, individuals must not be able to engage in part-time paid work that would earn above SGA, if performed on a full-time basis. They must be unable to perform any work earning above SGA. Documentation of this inability to work must be specific. For instance, you should document whether individuals forget instructions quickly, don’t understand directions, become easily frustrated, or react inappropriately to coworkers. Documentation of work difficulties from vocational rehabilitation counselors, job coaches, and other job training personnel is especially useful.
It is helpful for individuals to have the following documents on hand when applying for Social Security benefits.

- A summary of their work history, if applicable;
- The latest tax bills (if a home or other property is owned); copies of the lease or rental agreements; copies of, or proof of, utility and food expenses;
- Payroll stubs, insurance policies, bank books, care registration information, and other documents showing resources or assets;
- Special records or the names of medical personnel and/or facilities where treatment or services have been provided;
- Information about parent’s or spouse’s incomes if appropriate and applicable;
- Names, addresses and telephone numbers of all treating physicians and the dates of treatments;
- Names, addresses, telephone numbers and records of clinics and hospitals and the dates of treatments. Also, the patient or clinic numbers given;
- Names, addresses and records of the schools attended. The names of the most recent teachers and/or counselors;
- Consultative examinations authorized by the DDO. If individuals have filed for benefits previously and have attended examinations, let us know;
- Non-physician healthcare professionals: dates of physical and occupational therapy with names and addresses of treatment centers;
- Vocational rehabilitation records and the names of vocational rehabilitation counselors. Dates of testing, evaluations and training programs;
- Statements by the claimants, relatives, and friends, including the names, addresses and telephone numbers of those who knows about the conditions of the individuals and can give additional information;
- Social Security Numbers (SS#) of individuals as well as spouses and dependents;
- Copies of legal documents such as marriage certificates, divorce papers, birth certificates and adoption papers;
• Names of banks and credit unions with checking and savings accounts information (SSI only); and

• Other information on benefits received such as, Veterans Assistance, Military Pensions, Unemployment Compensation, TANF, WIC, Medicaid, Energy Assistance, Workers Compensation, Food Stamps, etc.

Please note that the SSA must see the original documents. Photocopies are not acceptable. Keep copies of anything that is sent to the SSA. Also keep track of the dates information is sent, conversations with the SSA personnel and the names of the SSA workers spoken to.

Individuals should apply for SSI benefits as soon as possible, even if all the information is unavailable. If individuals contact the SSA and indicate that they want to apply for SSI, the date of their inquiry will count as their application date if filed within 60 days of the call. If eligible for SSI, benefits will be paid as of the first of the month following the month of application. If individuals are institutionalized, they can apply before they leave so that SSI benefits can begin quickly. For individuals in this situation, applications should be filed under the “Pre-Release Program.”

Applications for Social Security should also be made as soon as possible. Individuals must complete a five-month waiting period from the month of disability onset before Social Security payments begin. Unlike the SSI program, the Social Security program allows for up to 12 months of retroactive payments once eligibility for benefits is determined. Retroactive payments are not made for the five-month waiting period after disability onset, but can begin the month following the completion of this five-month waiting period.

It takes about three to four months to process claims, depending upon the time needed to verify the disabling condition with the required medical reports. If individuals are already receiving Social Security benefits, SSA can authorize immediate SSI payments without a new medical review. Once decisions are made, written notification is sent from the SSA. If the claims have been approved, the notices will show the amount of the payment and when payment will start. If the claims are denied, the notice will explain why. Individuals have the right to appeal these decisions.

Applicants for SSI must apply for all other benefits they may be eligible for, such as pensions, Social Security, and so on. The cash income from other benefit programs is counted as unearned income in computing the dollar amounts of SSI benefits.
Applicants for Social Security and SSI who have disabilities (including blindness) must be referred to appropriate rehabilitation agencies for service (under certain selection criteria). Accepting these services does not prevent benefits, but refusing services without good reason could.

Emergency advance payments (EAPs) and Immediate Payments (IPs) are two ways to make payments to persons via Third Party Draft who are due SSI benefits and have a financial emergency. EAPs are made under statutory authority for SSI initial eligibility only.

EAPs and IPs address the situation where certification to Treasury for regular payments, automated one-time payments (A-OTPs), or manual one-time payments (M-OTPs), cannot be made or would not be fast enough. See SM 01901.000 for discussion of A-OTPs and M-OTPs. The EAP and IP are advances against future SSI payments. These payments must be recovered; they are not additional money due the SSI recipient.

<table>
<thead>
<tr>
<th>EAP Verses IP</th>
<th>EAP</th>
<th>IP</th>
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<tbody>
<tr>
<td>Authority</td>
<td>Section 1631(a) of the Social Security Act</td>
<td>Decision by the Commissioner</td>
</tr>
<tr>
<td>Title XVI or Title II</td>
<td>SSI</td>
<td>SSI and/or Title II</td>
</tr>
<tr>
<td>When</td>
<td>Initial Claims only</td>
<td>Initial claims or post-eligibility</td>
</tr>
<tr>
<td>Money Limit</td>
<td>Federal benefit rate + State Supplementary Payment level</td>
<td>$999 total Title II and SSI</td>
</tr>
<tr>
<td>Frequency</td>
<td>One time per claim</td>
<td>One time in a 30 day period</td>
</tr>
<tr>
<td>Recovery</td>
<td>6 monthly installments; or All at once from a retroactive payment</td>
<td>From first regular payment</td>
</tr>
<tr>
<td>Priority</td>
<td>EAP before IP</td>
<td>EAP before IP</td>
</tr>
</tbody>
</table>

**Emergency Advance Payments**

The EAP is a one-time advance to only SSI claimants against their first month’s payments made only if a financial emergency exists. A person must be due SSI benefits to receive an EAP. A person can receive an EAP if he/she will receive SSI benefits based on a finding of presumptive disability/blindness. Issuance of an SSI EAP does not preclude issuance of an IP (immediate payment).

EAPs are available only to an initial claimant who has a financial emergency. The following conditions apply:
1. The SSI person is due SSI benefits.

2. The EAP will be made in an amount that is no more than the applicable FBR plus any federally administered state supplement.

3. If the person is due retroactive SSI benefits, the amount of the EAP will be recovered in full from the retroactive benefits. If the person is not due retroactive SSI benefits, the amount of the EAP will be recovered in up to six monthly installments.

**Immediate Payments**

IPs were set up to help individuals who do not qualify for EAPs. IPs can be made to either Title II or Title XVI (SSI) or concurrent cases. The IPs are payments made directly at the Field Office and not through the regular SSA payment centers. Only one IP may be made every 30 days regardless of the amount paid or concurrent Title II/SSI status.

An IP can be made if:
- Payments are delayed or stopped;
- An individual reports non-receipt of a payment.

**Immediate Payments in Concurrent Cases**

The IP payment is made from the program that can pay the full IP amount.

<table>
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<tr>
<th>IF…</th>
<th>Then…</th>
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<tbody>
<tr>
<td>Both Title II and SSI can pay the full IP amount</td>
<td>Pay the IP from Title II funds</td>
</tr>
<tr>
<td>Title II equals or exceeds IP amount</td>
<td>Pay a Title II IP (see RS 02801.001).</td>
</tr>
<tr>
<td>Title II is less but SSI equals or exceeds IP amount</td>
<td>Pay an SSI IP</td>
</tr>
<tr>
<td>Both Title II and SSI less than IP</td>
<td>Pay the Title II IP first, and then the SSI IP up the IP maximum, or the amount of total unpaid benefits, whichever is smaller.</td>
</tr>
</tbody>
</table>

The maximum IP amount for SSI, Title II or a combination SSI/Title II payment is $999.00 to an individual or each member of a couple, effective 8/23/99.
Payment will be the smaller of the two following amounts:

- $999.00 for an individual or each member of an eligible couple, or
- The total unpaid benefits due at the time the FO makes the IP.

NOTE: The recipient may request only the amount needed for the emergency that may be less than the total of unpaid benefits due or $999.00.

Presumptive Eligibility

Applicants for SSI benefits may request presumptive eligibility consideration. SSI benefits may be paid for a period of up to six months on the basis of presumptive disability or blindness, pending the final determination. The SSA can make presumptive disability or blindness decisions if individuals have one or more of the following conditions:

- Amputation of two limbs;
- Amputation of a leg at the hip;
- Allegation of total deafness;
- Allegation of total blindness;
- Allegation of total bed confinement or immobility without wheelchairs, walkers, or crutches, allegedly due to a long-standing condition – excluding recent accidents and recent surgeries;
- Allegation of cerebral palsy, muscular disability, or muscular atrophy and marked difficulty in walking (e.g. use of braces), speaking or coordination of the hands or arms;
- Allegation of diabetes with amputation of a foot;
- Allegation of Down’s Syndrome;
- Applicants filing on behalf of other individuals alleging severe mental deficiency for claimants who are at least seven years of age. Applicants alleging that individuals attend (or attended) special schools, or special classes in schools (or if beyond school age were unable to attend), and require care and supervision for routine activities;
- Allegation of HIV infection; and/or
- Allegation of a stroke (cerebral vascular accident) more than three months prior with continued marked difficulty in using arms or legs.
If the SSA is unable to make presumptive disability decisions, the DDS can sometimes make one for other severe medical conditions, if it has medical proof that would most likely make its final decision an approval. If presumptive disability payments are granted and individuals are ultimately ineligible for SSI, they will not be asked to repay the money.

It is the policy of the SSA that every legally competent beneficiary or recipient has the right to manage his or her own cash benefits. However, when there is evidence that individuals are not able to manage or direct the management of benefit payments in their best interests, representative payment may be made. An individual under age 18 is generally considered incapable of managing benefit payments, and a representative payee will be selected to receive payments on the individual’s behalf. However, payments may be made directly to an individual age 15 or over if this will serve the individuals best interests, if they do not have a legal guardian, and if they are:

- receiving SSDI based on their own earnings record; or
- serving in the military services; or
- self-supporting and living alone; or
- a parent filing for themselves with experience in handling personal finances; or
- capable of using the benefits to provide for their own current needs and no qualified payee is available; or
- within seven months of attaining age 18 and filing an application for benefits for the first time.

Payment is made directly to an individual over 18 unless the individual:

- is adjudged legally incompetent; or
- is mentally incapable of managing the benefit payments; or
- is physically incapable of managing or directing the management of the benefit payment.

The following are the factors where payees are considered most likely to promote the individual’s best interest:

- relationship of the person to the individual;
- person’s concern for the individual’s well being;
- ability of the person to act in the individual’s best interest;
- whether the potential payee has custody of the individual; and
- whether the potential payee is in a position to know of and look after the needs of the individual.

The Representative Payee is responsible for:

- determining the individual’s total needs and to use the benefits received in trust conforming to SSA regulations and policies, in the best interests of the individual;
• applying the benefit payments only for the individual’s use and benefit;
• maintaining a continuing awareness of the individual’s needs and condition, if the individual does not live with the representative payee, by contact such as visiting the individual and consultations with custodian; and
• notifying SSA of any change in the individual’s circumstances that would affect performance of the payee responsibilities; and
• reporting to SSA any event that will affect the amount of benefits the individual receives or the right of the individual to Title II or SSI benefits; and
• giving SSA written reports accounting for the use of the benefits, when requested to do so.
## SSI/ Social Security Comparison Chart

<table>
<thead>
<tr>
<th></th>
<th>SSI Below Age 18</th>
<th>SSI Above Age 18</th>
<th>Social Security Above Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>No waiting period</td>
<td>No waiting period</td>
<td>No waiting period</td>
<td>Usually a five month waiting period after onset of impairment required</td>
</tr>
<tr>
<td>Presumptive disability (up to six months)</td>
<td>Presumptive disability (up to six months)</td>
<td>No presumptive payments</td>
<td></td>
</tr>
<tr>
<td>No retroactivity beyond the original date of application</td>
<td>No retroactivity beyond the original date of application</td>
<td>Up to 12 months of retroactivity if applicable</td>
<td></td>
</tr>
<tr>
<td>Economic need-based</td>
<td>Economic need-based</td>
<td>Must meet insured status</td>
<td></td>
</tr>
<tr>
<td>No duration of blindness requirement</td>
<td>No duration of blindness requirement</td>
<td>12-month duration of blindness requirement</td>
<td></td>
</tr>
<tr>
<td>Must not be earning SGA at initial application. No SGA test after eligibility established</td>
<td>SGA test to establish initial eligibility for non-blind; No substantial gainful activity SGA test after eligibility established</td>
<td>SGA determination required to establish and maintain disability status for individuals who are blind or non-blind</td>
<td></td>
</tr>
</tbody>
</table>