



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

SOCIAL SECURITY DISABILITY BENEFITS WORKSHEET

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

PERSONAL INFORMATION

Name _____

Address _____

Social Security No. _____

Date of Birth _____

Are you a U.S. Citizen ___ Yes ___ No

Telephone Number _____

E-mail _____

City and State of Birth _____

Are you currently married? ___ Yes ___ No

Spouses Name _____

Spouse's Social Security No. _____

Spouse's Date of Birth _____

Date of Marriage _____

City and State of Marriage _____

Any prior marriages ___ Yes ___ No

Any unmarried children under age 18

___ Yes ___ No

Do you have any children under the age of 18, under the age of 19 and still in high school, or who began receiving Social Security Disability benefits before age 22? ___ Yes ___ No

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

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

Name, Address and Phone number of Contact person other than spouse: _____

OTHER CONTACT

Name _____

Address _____

Relationship _____

Telephone Number _____

DISABILITY INFORMATION

If you previously filed for Social Security Disability (SSDI) or Supplemental Security Income (SSI), bring in all paperwork that you have received as a result of that application.

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

2. Intend to apply for Supplemental Income Benefits? ___ Yes ___ No

3. On what date did your condition become disabling?

4. Any previous application(s) for Medicare, Social Security or SSI benefits? If yes, when and for what benefit?

Amount and type of pay received _____

5. Have you filed for any Social Security benefits?

Yes No

6. Have you filed for or are you receiving

Workers' Compensation? Yes No

7. Do you have a parent who receives one-half support from you?

Yes No

8. Do you expect to receive money from an employer in the future?

Yes No

9. Have you received money from an employer on or after the date you became unable to work (i.e. vacation pay)?

Yes No

10. Do you have private disability benefits available?

Yes No

11. List all illnesses, injuries or conditions that currently impact your physical and/or mental condition. _____

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12. Do these conditions cause pain or other symptoms? Yes No

13. Are you now able to work?

Yes No

14. Are these illnesses or injuries related to work?

Yes No

15. Height without shoes _____

16. Weight without shoes _____

17. Have you seen a health care provider or received treatment, or have an appointment schedule:

Physical Conditions Yes No

Mental Conditions Yes No

D. Name all doctors, therapists or other medical providers who have treated you for the identified illnesses, injuries, or conditions.

NAME	ADDRESS, ZIP CODE and PHONE NUMBER	FIRST VISIT	LAST VISIT	NEXT VISIT	TREATED FOR

O.W.M.
—LAW

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E. Identify all hospitals and clinics you have visited in treating your identified illnesses, injuries, or conditions. Please note if this was an Emergency Room Visit.

NAME	ADDRESS, ZIP CODE and PHONE NUMBER	INPATIENT ADMISSION & DISCHARGE DATE	OUTPATIENT DATES	TREATED FOR

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

MEDICATION	WHY YOU TAKE IT	PRESCRIBED BY

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

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

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

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

1. Were you ever self employed? If so, list the years you were self employed. _____

2. Total of any earnings of special payments received in one year but not another _____

3. Do you agree with the earnings on your Social Security Statement? ___ Yes ___ No

4. Do you have a spouse that worked for the Railroad for 5 + years? ___ Yes ___ No

5. Do you receive earnings from a family corporation or other closely held corporation?
___ Yes ___ No

6. Were you a corporate officer or related to a corporate officer of an employer?
___ Yes ___ No

7. Have you ever worked outside the U.S?

_____ Yes _____ No

8. Are you currently working?

_____ Yes _____ No

9. Date and reason you stopped working

10. Changes in work activity before stopping

work? ___ Yes ___ No

11. Date those changes were made _____

12. Have you ever worked in a job where Social

Security taxes were not withheld? ___ Yes ___ No

13. Total of wages and earnings for the past two (2)
years? _____

EDUCATION AND TRAINING

Highest grade of school completed _____

Date Completed _____

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

Special Education _____

DIRECT DEPOSIT INFORMATION

Bank Routing Number _____

Account Number _____

ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT TO YOUR CLAIM

