

WHAT IS THE SSA-8001-BK, AND WHEN DO YOU USE IT

The purpose of this presentation is to provide training on how to complete the deferred or abbreviated Application for Supplemental Security Income (SSI), Form SSA-8001.

In order to apply for SSI, you must complete and submit an application for benefits. We encourage you to apply online at <https://www.ssa.gov/>. If you are unable to apply online, most forms are available online at <https://www.ssa.gov/forms>.

The SSA-8001-BK is used when the person applying for SSI (“applicant”) is:

- applying for disability benefits, and technical information may be deferred, pending a medical decision; or
- clearly ineligible for SSI for technical reasons, like excess income or resources, but still wishes to apply

If the applicant is age 65 or older, he or she may be eligible for SSI based on age, so you should complete the non-deferred or full Application for SSI, SSA-8000, and not the SSA-8001. We then will determine whether he or she meets all other factors of eligibility, like income and resources. Similarly, if the applicant may meet the requirements for Presumptive Disability or Presumptive Blindness, or has a qualifying condition under Compassionate Allowances, you should complete the SSA-8000.

Before you begin filling out the SSA-8001, please make sure you have the following information available:

- Applicant’s name, date of birth, Social Security Number, address, and telephone number.
 - If the applicant is an adult, the same information for his or her spouse.
 - If the applicant is a child, the same information for his or her custodial parent(s).
- If the applicant is applying for disability benefits, regardless of age, name, address, telephone number, and medical record or patient identification number(s) for clinics, hospitals, and doctors, medication, and treatment(s).
- If the applicant is a child, school name, address, telephone number, and student identification number.

ADDITIONAL REQUIRED FORMS

If the person applying for SSI (“applicant”) is under age 65, and blind or disabled, then you may complete either SSA-8000 or SSA-8001, and:

If the applicant is applying for disability benefits, and is age 18 or older, then you also will need to complete:

- SSA-3368-BK, Disability Report, Adult,
- SSA-3369-BK, Work History Report,
- Adult Function Report – SSA-3373-BK
- Function Report Adult – Third Party Form – SSA-3380-BK, and
- SSA-827, Authorization to Disclose Information to the Social Security Administration.

If the applicant is applying for disability benefits, and is younger than age 18, then you also will need to complete:

- SSA-3820-BK, Disability Report, Child,
- SSA-3881-BK, Questionnaire for Children Claiming SSI Benefits,
- A Function Report based on the child’s age:
 - SSA-3375–BK — Function Report - Child Birth to 1st Birthday
 - SSA-3376–BK — Function Report - Child Age 1 to 3rd Birthday
 - SSA-3377–BK — Function Report - Child, Age 3 to 6th Birthday
 - SSA-3378–BK — Function Report - Child, Age 6 to 12th Birthday
 - SSA-3379–BK — Function Report - Child, Age 12 to 18th Birthday
- SSA-827, Authorization to Disclose Information to the Social Security Administration

All completed forms should be submitted to the local Social Security Administration office for processing. Most forms are available online at www.ssa.gov/forms.

**APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)
 (Deferred or Abbreviated)**

Do Not Write in This Space

I am/We are applying for Supplemental Security Income and any federally administered state supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

<input type="checkbox"/> DEFERRED	<input type="checkbox"/> ABAP
<input type="checkbox"/> SNAP-SSA/APP	<input type="checkbox"/> SNAP-REFERRED

Filing Date (MM/DD/YYYY)

<input type="checkbox"/> Receipt	<input type="checkbox"/> Protective
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Preferred Language:

Written:

Spoken:

TYPE OF CLAIM Individual Individual with Ineligible Spouse Couple Child Child with Parent(s)

PART 1 - BASIC ELIGIBILITY - Answer the questions below beginning with the first moment of the filing date month.

1. First Name, Middle Initial, Last Name _____	2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Birthdate (MM/DD/YYYY) _____	4. Social Security Number _____
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Type of Claim:
 Select the appropriate type of claim:
Individual for a person who is not married or living with someone as a spouse;
Individual with Ineligible Spouse for someone who is married, or living with someone as a spouse, but only one person is applying for SSI;
Couple, if married, or living together as spouses, and both people are applying for SSI;
Child, if younger than age 18, and is an orphan, emancipated or does not live with parents; or,
Child with Parent(s), if younger than age 18, and lives with one or both parent(s).

- 1) Write in applicant's name (preferably as it appears on his or her Social Security Number card),
- 2) Select applicant's gender,
- 3) Enter Applicant's Date of Birth, and
- 4) Enter Applicant's Social Security Number.

If the applicant is married, write in the spouse's:
 5(a). name,
 6(a). gender,
 7(a). date of birth,
 and
 8(a) Social Security Number.

5. If filing as spouse or couple (a) Spouse's Name(s) _____	6(a). Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7(a). Birthdate (MM/DD/YYYY) _____	8 (a). Social Security Number(s) _____
If filing for child (b) Parent 1's Name(s) _____	6(b). Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7(b). Birthdate (MM/DD/YYYY) _____	8 (b). Social Security Number(s) _____
If filing for child (c) Parent 2's Name(s) _____	6(c). Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7(c). Birthdate (MM/DD/YYYY) _____	8 (c). Social Security Number(s) _____

If the applicant is a child, and living with his or her parent(s), write in the parent(s):
 5(b) and (c) Name(s)
 6(b) and (c) Gender(s)
 7(b) and (c) Date(s) of birth, and
 8(b) and (c) Social Security Number(s)

8(d). If the applicant is legally married, indicate Yes; if not, indicate No. If you answer Yes, indicate the date of marriage in 8(e).

8(d). Are you married?
 YES, complete (e) and (f) NO, Go to (g)

(e) Date of Marriage (MM/DD/YYYY)

(f). Are you and your spouse living together?
 YES NO If no, date you began living apart _____

8(4). If legally married, is the applicant and his or her spouse living together? Indicate yes, if living together, and no, if not. If answering No, indicate the date they began living apart.

8(g). Is the applicant living with someone else, and considered a couple in the community? Indicate Yes if they are, and include the date they began holding out as a couple. If no, indicate no.

(g). Are you and another person living together in the same household and presenting to others or the community as a married couple?
 YES, provide the date holding out began (MM/DD/YYYY) _____. Go to (h)*.
 NO Go to #9.

* (h) Other person's name (First, middle initial, last) _____ Other person's Social Security Number _____

*Use SSA-4178 to develop the holding out relationship.

8(h) If holding out as a couple, indicate the "spouse's" name and Social Security Number.

9 (a) If the applicant has used another name or Social Security Number, indicate in (a)

9 (c) and (d) If the applicant is a child, and his or parent(s) used another name or Social Security Number, indicate in c) and d).

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9. Other Name(s) and Social Security Number(s) you or your spouse used. If filing for child benefits go to (c) and (d).

(a) Your Other Name(s) (including Name at Birth)	Social Security Number
(b) Spouse's Other Name(s) (including Name at Birth)	Social Security Number
(c) Parent 1's Other Name(s) (including Name at Birth)	Social Security Number
(d) Parent 2's Other Name(s) (including Name at Birth)	Social Security Number
10. Your Place of Birth (City and State or Foreign Country)	
11. Spouse's Place of Birth (City and State or Foreign Country)	

9 (b) If the applicant's spouse has used another name or Social Security Number, indicate in (b)

10. Indicate the applicant's city and state of birth, or foreign country if born abroad.

11. If the spouse also is applying, indicate the spouse's city and state of birth, or foreign country if born abroad.

12 (a) If the applicant is a disabled adult, and under age 65, answer Yes. Answer spousal question only if applicant's spouse also is a disabled adult, and applying.

12 (c) If the applicant is blind or visually impaired, answer Yes. If the applicant's spouse also is applying, and is blind or visually impaired, answer Yes.

12 (b) indicate the date that the applicant became unable to work because of his or condition. If the applicant's spouse also is applying, indicate the date that the spouse also became unable to work.

12 (d) Answer Yes if the applicant's condition began before age 22, and if the applicant who has a parent who age 62 or older...

12. If you are filing for yourself, go to (a); if you are filing for a child, go to (e).

	You		Your Spouse, if filing	
(a) Are you unable to work or is your work limited because of illnesses, injuries, or conditions?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #13	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #13
(b) Enter the date you became unable to work	(MM/DD/YYYY) Go to (c)		(MM/DD/YYYY) Go to (c)	
(c) Are you blind or do you have low vision even with glasses or contacts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES	<input type="checkbox"/> NO Go to (d)
(d) If you were unable to work because of illnesses, injuries, or conditions before age 22, do you have a parent or stepparent who is age 62 or older, unable to work because of illnesses, injuries, or conditions, or deceased?	<input type="checkbox"/> YES Provide name(s) and Social Security Number(s) in Remarks Go to #13		<input type="checkbox"/> NO Go to #13	

PAGE 2 (cont'd)

More about 12 (d) One requirement about SSI is that the applicant must apply for all benefits to which he or she may be eligible. If the applicant was disabled before age 22, and the applicant's parent(s) receive Social Security benefits, or are deceased, but were insured for Social Security benefits, the applicant might be eligible for Social Security under the parent(s) record.

12 (e) If the applicant is a child, enter the date the child became disabled.

12 (g) Answer Yes if the applicant's condition began before age 22, and if the applicant who has a parent who age 62 or older...

13 (b) Indicate whether the applicant (and the applicant's spouse, if applying) is an American Indian born outside the U.S.

(e) When did the child become disabled? (MM/DD/YYYY) <input type="text"/>		Go to (f)		
(f) Is the child blind or does he or she have low vision even with glasses or contacts?	<input type="checkbox"/> YES Go to (g)	<input type="checkbox"/> NO Go to (g)		
(g) Does the child have a parent or stepparent who is 62 or older, unable to work because of illnesses, injuries, or conditions, or deceased?	<input type="checkbox"/> YES Provide name(s) and Social Security Number(s) in Remarks Go to #13	<input type="checkbox"/> NO Go to #13		
13. If you (and your spouse filing for benefits) were a United States citizen at birth, go to #17; otherwise go to (a).				
	You		Your Spouse, if filing	
(a) Are you a naturalized United States citizen?	<input type="checkbox"/> YES Go to #17	<input type="checkbox"/> NO Go to (b)	<input type="checkbox"/> YES Go to #17	<input type="checkbox"/> NO Go to (b)
(b) Are you an American Indian born outside the United States?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (d)

12 (f) If the child is blind or visually impaired, answer Yes.

13 (a) Indicate if the applicant (and the applicant's spouse, if applying) is a naturalized U.S. citizen.

More about 12 (g) One requirement about SSI is that the applicant must apply for all benefits to which he or she may be eligible. If the applicant was disabled before age 22, and the applicant's parent(s) receive Social Security benefits, or are deceased, but were insured for Social Security benefits, the applicant might be eligible for Social Security under the parent(s) record.

13 (c) If the applicant (and spouse, if applying), is an American Indian, choose the appropriate response.

13. (c) Check the block that shows your American Indian status.

You	Your Spouse, if filing
<input type="checkbox"/> American Indian born in Canada Go to #17	<input type="checkbox"/> American Indian born in Canada Go to #17
<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe: <input type="text"/> Go to #17	<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe: <input type="text"/> Go to #17
<input type="checkbox"/> Other American Indian	<input type="checkbox"/> Other American Indian
Explain in Remarks, then Go to (d)	Explain in Remarks, then Go to (d)

(d) Check the block below that shows your current immigration status.

You	Your Spouse, if filing
<input type="checkbox"/> Amerasian Immigrant Go to #14	<input type="checkbox"/> Amerasian Immigrant Go to #14
<input type="checkbox"/> Asylee Date status granted (MM/DD/YYYY): <input type="text"/> Go to #16	<input type="checkbox"/> Asylee Date status granted (MM/DD/YYYY): <input type="text"/> Go to #16
<input type="checkbox"/> Conditional Entrant Date status granted (MM/DD/YYYY): <input type="text"/> Go to #16	<input type="checkbox"/> Conditional Entrant Date status granted (MM/DD/YYYY): <input type="text"/> Go to #16
<input type="checkbox"/> Cuban/Haitian Entrant Go to #16	<input type="checkbox"/> Cuban/Haitian Entrant Go to #16
<input type="checkbox"/> Deportation/Removal Withheld Date (MM/DD/YYYY): <input type="text"/> Go to #16	<input type="checkbox"/> Deportation/Removal Withheld Date (MM/DD/YYYY): <input type="text"/> Go to #16
<input type="checkbox"/> Lawful Permanent Resident Go to #14	<input type="checkbox"/> Lawful Permanent Resident Go to #14
<input type="checkbox"/> Parolee for One Year Go to #16	<input type="checkbox"/> Parolee for One Year Go to #16
<input type="checkbox"/> Refugee Date of entry (MM/DD/YYYY): <input type="text"/> Go to #16	<input type="checkbox"/> Refugee Date of entry (MM/DD/YYYY): <input type="text"/> Go to #16
<input type="checkbox"/> Unknown/Other	<input type="checkbox"/> Unknown/Other
Explain in Remarks, then Go to (e)	Explain in Remarks, then Go to (e)

(e) If you have status, or have applied for status, as the spouse, child, or parent of a child of a United States citizen, or a lawfully admitted permanent resident, Go to #15; otherwise, Go to #17.

13 (d) If the applicant (and spouse, if applying), is not a U.S. citizen, choose the appropriate response regarding lawful status in the U.S.

13 (e) If status is derived from an established relationship with a U.S. citizen, or lawfully admitted permanent resident.

14 (a) If the applicant (and spouse, if applying), is a non-citizen of the U.S., please indicate the date the applicant (and spouse, if applying) entered the U.S.

14 (e) If the applicant is an adult, and the applicant's parent(s) worked in the U.S., indicate Yes, and provide the parent(s) name(s) and Social Security Number(s) in (f).

16 Indicate whether the applicant (and spouse, if applying) is active duty military, or veteran.

	You (MM/DD/YYYY)	Your Spouse, if filing (MM/DD/YYYY)
14. (a) Date of admission:		
(b) Was your entry into the United States sponsored by any person or promoted by an institution or group?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)
(c) Give the following information about the person, institution or group:		
Name	Address	Phone Number
	You (MM/DD/YYYY)	Your Spouse, if filing (MM/DD/YYYY)
(d) What was your immigration status, if any, before adjustment to lawful permanent resident?	From:	From:
	To:	To:
(e) If filing as an adult, did your parents ever work in the United States before you were 18?	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #16	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #16
(f) Name and Social Security Number of parent(s) who worked.		
Name	Social Security Number	
Name	Social Security Number	
	You	Your Spouse, if filing
15. (a) Have you, your child, or your parent, been subjected to battery or extreme cruelty while in the United States?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #17	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #17
(b) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty?	<input type="checkbox"/> YES Go to #16 <input type="checkbox"/> NO Go to #17	<input type="checkbox"/> YES Go to #16 <input type="checkbox"/> NO Go to #17
16. Are you, your spouse, or parent an active duty member or a veteran of the armed forces of the United States?	<input type="checkbox"/> YES Explain in Remarks, then Go to #17 <input type="checkbox"/> NO Go to #17	<input type="checkbox"/> YES Explain in Remarks, then Go to #17 <input type="checkbox"/> NO Go to #17
17. (a) When did you first make your home in the United States?	(MM/DD/YYYY)	(MM/DD/YYYY)
(b) Have you lived outside of the United States since then?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to #18	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to #18
(c) Give the date(s) of residence outside the United States.	Date Left:	Date Left:
	Date Returned:	Date Returned:

14 (b) If the applicant's (and spouse, if applying) entry into the U.S. was sponsored, indicate Yes, and enter the name, address, and phone number of the sponsor in 14 (c).

14 (d) If the applicant's (and spouse, if applying) immigration status was adjusted, please indicate the dates of the adjusted status.

15 (a) indicate whether applicant (or spouse, if filing) is a victim of cruelty, or filed a petition to change immigration status due to battery (b).

17 (a) indicate the date applicant (or spouse, if filing) first resided in the U.S. and then indicate if applicant (and spouse, if applying) lived outside the U.S. since that date in (b)

18 (a) Indicate whether the applicant has been outside of the U.S. during the past 30 days.

18. (a) Have you been outside the United States (the 50 States, District of Columbia and Northern Mariana Islands) 30 days prior to the filing date?

You		Your Spouse, if filing	
<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #19	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #19

(b) Give the date (MM/DD/YYYY) you left the United States and the date you returned to the United States.

You		Your Spouse, if filing	
Date Left:	(MM/DD/YYYY)	Date Left:	(MM/DD/YYYY)
Date Returned:	(MM/DD/YYYY)	Date Returned:	(MM/DD/YYYY)

18 (b) If the applicant (and spouse, if applying) has been outside of the U.S. during the past 30 days, indicate the dates of departure and return.

19 Indicate the address to which the applicant would like his or her mail sent.

19. Claimant's Mailing Address (Number & Street, Apt. No., P.O. Box, or Rural Route)

[Redacted Address]			
City and State (U.S.)	ZIP Code	Name of County in which you live	Telephone Number
State/Province/Region (Foreign)	Postal Code	Country	

20 If the applicant is blind or visually impaired, please specify how he or she wishes for mail to be sent.

20. If you are blind or visually impaired, check the type of mail you want to receive from us

<input type="checkbox"/> Standard notice First-Class	<input type="checkbox"/> Standard notice First-Class with a follow-up phone call
<input type="checkbox"/> Standard notice & data CD by First-Class	<input type="checkbox"/> Standard notice Certified
<input type="checkbox"/> Standard & Braille notices by First-Class	<input type="checkbox"/> Standard & large print notices
<input type="checkbox"/> Standard notice & audio CD	

21 Indicate if the applicant (and spouse, if applying) has had any felony warrants, and if so where, and if the warrant was satisfied, and when.

21. (a) Do you have any felony warrants for escape from custody, flight to avoid prosecution or confinement, or flight escape?

You		Your Spouse, if filing	
<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #22	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #22

(b) In which State or country was the warrant issued?

You	Your Spouse, if filing
Name of State/Country [Redacted] Go to (c)	Name of State/Country [Redacted] Go to (c)

(c) Was the warrant satisfied?

You		Your Spouse, if filing	
<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #22	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #22

(d) Date warrant satisfied:

You	Your Spouse, if filing
(MM/DD/YYYY) [Redacted]	(MM/DD/YYYY) [Redacted]

PART 2 - LIVING ARRANGEMENT (Use "Remarks" to explain any change between the first moment of the filing date month and today.)

22. Claimant's Residence Address (Number & Street, Apt. No., P.O. Box, or Rural Route)

[Redacted Address]			
City and State (U.S.)	ZIP Code	Name of County in which you live	
State/Province/Region (Foreign)	Postal Code	Country	

22 Indicate the applicant's residence address, i.e. the address where he or she lives.

23. (a) Mark the box that describes where you live.

- House, apartment, mobile home, houseboat
- Room in commercial establishment
- Room in private home
- Noninstitution (rest home, retirement home, foster home, or group home)
- Institution (hospital, rehabilitation center, prison, or school)
- Transient or homeless

(b) Date you began living there: (MM/DD/YYYY)

24. Mark the box that describes with whom you live. If you live in a foster home, group home, or an institution, or if you are a transient or homeless, do not answer but explain in remarks.

- Alone
- Spouse/Parents and/or Children
- Other People

PART 3 - RESOURCES (Show resources as of the first moment of the filing date month. Use "Remarks" to explain any changes.)

25. If you own, or your name or your spouse's/parent's name(s) appear on any of the following items (either alone or with other people's name(s)), enter the total cash value of item(s) on each line.

	Yes	No	Description of Items Marked Yes	Co-owned With Others		Dollar Value You Own	Dollar Value Spouse or Parents Own
				Yes	No		
(a) Trust.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(b) Vehicle.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(c) Real Property Other Than Home.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(d) Business Equipment.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(e) Achieving a Better Life Experience (ABLE) Account.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(f) Financial Institution Account.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(g) Cash.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(h) Stock, Bond or Mutual Fund.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(i) Promissory Note, Loan, or Property Agreement.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(j) Items Held for Potential Value or Investment.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(k) Life Insurance.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(l) Burial Fund.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(m) Burial Space or Related Item.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
(n) Other Resource.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

26. Are there any assets set aside to meet burial expenses for you or your spouse/parent(s)? (If "Yes" describe the item in "Remarks".

Your answer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Spouse's answer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parent 1's answer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parent 2's answer	<input type="checkbox"/> YES	<input type="checkbox"/> NO

23 (a) Indicate the type of residence in which the applicant lives, and (b) the date he or she began living there.

25 Indicate the resources the applicant(s) and spouse/parent in household own, and the value.

24 Indicate whether the applicant(s) live alone or with others.

26 Indicate whether any of the resources is set aside to pay for burial.

27 (a) and (b) Indicate whether the applicant(s) (or spouse, if filing) transferred any resources within the past 36 months. If you answer "Yes" to any of these questions, please list the item(s) in (c).

	You	Your Spouse, if filing
27. (a) Have you or your spouse sold, transferred title, disposed of or given away, any money or other property, including money or property in foreign countries, since the first moment of the filing date month or within the 36 months prior to filing date month?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) If you co-owned any money or property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property within the 36 months prior to the filing date month?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOU ANSWERED "YES" TO (a) or (b), GO TO (c). IF "NO" TO BOTH, GO TO #28.

(c)	Owner's/Co-Owner's Name	Description of Property	Date of Disposal
Item #1			
Item #2			
Item #3			
	Name and Address of Purchaser or Recipient	Relationship to Owner	Value of Property and/or Amount of Cash Gift
Item #1			\$
Item #2			\$
Item #3			\$
	Sale Price or Other Consideration	Are Other Considerations or Proceeds Expected? Explain	Do You Still Own Part of the Property?
Item #1			<input type="checkbox"/> YES <input type="checkbox"/> NO
Item #2			<input type="checkbox"/> YES <input type="checkbox"/> NO
Item #3			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Sold on Open Market?	Given Away?	Traded for Goods/ Services?
Item #1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Item #2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Item #3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

	You	Your Spouse, if filing
28. Do you give us permission to obtain any financial records from any financial institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 4 - INCOME (List all income received since the first moment of the filing date month or expected in the next 3 months.) Include you, your spouse/parents.

28 Indicate whether the applicant authorizes SSA to obtain financial records.

29. List cash, checks, and direct payment to bank accounts you (your spouse/parents) received or expect to receive. Include income from wages, sick pay, self-employment, interest, social security, assistance based on need, VA, gifts, pensions, and any other type of income. Give date last paid if income will stop in the next 3 months.

29 Indicate any income the applicant or his or her spouse receive, regardless of whether the spouse is applying.

Person Receiving Income	Type of Income	Amount	Frequency Received	Date Last Paid	Source of Income
		\$			
		\$			
		\$			

Also, note here if anyone pays any bills for you directly or gives you money to pay them.

30. (a) Does your spouse/parent pay court ordered child support? YES Go to (b) NO Go to #31

30 (a) Does the applicant's spouse pay court ordered child support? If yes, indicate how much in (b).

(b) Give the amount and frequency of payment:

\$

PART 5 - POTENTIAL ELIGIBILITY FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/ MEDICAL ASSISTANCE

31 Indicate whether the applicant currently receives, or previously received, SNAP (Food Stamps).

	You		Your Spouse, if filing	
31. (a) Are you currently receiving SNAP benefits (formerly food stamps)?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)
(b) Have you received a recertification notice within the past 30 days?	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #32	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #32
(c) Have you filed for SNAP benefits in the last 60 days?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)
(d) Have you received a favorable decision?	<input type="checkbox"/> YES Go to #32	<input type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to #32	<input type="checkbox"/> NO Go to (e)
(e) May I take your SNAP application today?	<input type="checkbox"/> YES Go to #32	<input type="checkbox"/> NO Explain in (f)	<input type="checkbox"/> YES Go to #32	<input type="checkbox"/> NO Explain in (f)

(f) Explanation:

32. You may be eligible for Medicaid. However, you must help your State identify other sources that pay for medical care. Also, you must give information to help the State get medical support for any child(ren) who is your legal responsibility. This includes information to help the State determine who a child's parent is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.

IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, Go to (b)

	You		Your Spouse, if filing	
(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #33	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #33

32 (a) (b) and (c) the application for SSI also may serve as the application for Medicaid.

	You		Your Spouse, if filing	
32. (b) Do you, your spouse, parent or stepparent have any private, group, or governmental health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid.)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month?	<input type="checkbox"/> YES Go to #33	<input type="checkbox"/> NO Go to #33	<input type="checkbox"/> YES Go to #33	<input type="checkbox"/> NO Go to #33

32 (b) and (c) the application for SSI also may serve as the application for Medicaid.

33 (a) If you are completing this application on behalf of someone else, and will be applying to serve as the applicant's Representative Payee, please indicate your name, relationship, and Social Security Number. For example, a parent applying on behalf of a child. If you have served as a Representative Payee previously, or currently are a Payee for someone else who receives Social Security and or SSI, please indicate in (b).

PART 6 - MISCELLANEOUS

ANSWER #33(a) ONLY IF YOU ARE REQUESTING BENEFITS ON BEHALF OF SOMEONE ELSE; OTHERWISE GO TO #33(b).

33. (a) Name of Person Requesting Benefits	Relationship to Claimant	Your Social Security Number

(b) Have you ever served as representative payee for a Social Security beneficiary or SSI claimant?

<input type="checkbox"/> YES Go to #34	<input type="checkbox"/> NO Go to #34
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PART 7 - REMARKS - (You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

If you wish to clarify the responses you provided in any other section of this application, please so indicate. Preface your entry with the number of the question whose response you are clarifying.

PART 8 - IMPORTANT INFORMATION - PLEASE READ CAREFULLY

34. The Social Security Administration will check your statements and compare its records with records from other state and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount. We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you or your spouse notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, (3) your eligibility for SSI terminates, or (4) we no longer consider your spouse's income and resources to be available to you. If you or your spouse do not give or cancel your permission you may not be eligible for SSI and we may deny your claim or stop your payments.

PART 9 - SIGNATURES

35. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

36. Your Signature (First name, middle initial, last name) (Write in ink.)	Date (MM/DD/YYYY)

37. Spouse's Signature (First name, middle initial, last name) (Write in ink.) (Sign only if applying for payments.)

WITNESSES

38. Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing, who know you, must sign below giving their full address.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, and ZIP Code)	Address (Number and Street, City, State, and ZIP Code)

34 Please read carefully the Important information in Part 8. After you have read 34 and 35, you then should sign in 36.

38 If the applicant is unable to sign, or signs with an X, the signatures of two witnesses are required, along with the witnesses' addresses.

36 Applicant must sign and date this application, and spouse, if applying, should sign in 37.

When you submit the completed application to your local Social Security office, the office will send you a completed receipt when they receive the application. The applicant should keep this receipt as proof that he or she submitted an application. After the application has been processed, the applicant will receive a notice by mail.

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

Name	Social Security Number	Date
Name	Social Security Number	Date

If you have a question or something to report call:

Social Security Office you may visit or write to:

Your application for Supplemental Security Income will be processed as quickly as possible. You should hear from us within days. If you do not hear from us within that time, please get in touch with us in person, by mail, or call us at the telephone number shown at the top of this page.

We may need more information before we can decide whether or not you are eligible for SSI payments. If we need more information, we will contact you. In the meantime, if you move or change your mailing address, you (or someone for you) should report the change to the office shown at the top of this page.

You (or someone for you) must let us know if your immigration status changes.

Also, you (or someone for you) must let us know if you are admitted to a hospital or other medical facility. You could lose some SSI payments if you do not let us know right away.

Always give your Social Security Number when writing or telephoning about your claim. If you have any questions about your claim, we will be glad to help you.

The applicant must review the Privacy Act Statement.

Privacy Act Statement
Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, allows us to collect this information. Furnishing this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to determine eligibility for Supplemental Security Income (SSI) payments. We may also share your information for the following purposes, called routine uses:

- To specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits under section 1631(e) of the Act; and
- To State agencies to enable them to assist in the effective and efficient administration of the SSI program.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on April 01, 2003, at 68FR 15784, and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 19-20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*