



DOCUMENTATION HELP GUIDE FOR SOCIAL SECURITY PROGRAMS

Prove: (Only one document is needed unless other specified)	Supplemental Security Income (SSI) Title XVI	Social Security Disability Insurance (SSDI) Title II	Social Security Retirement and Survivors Insurance (RSI) Title II
Identity & Age Must document who claimant is, age and the age of each person applying for assistance, where appropriate	<input type="checkbox"/> U.S. Passport <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Adoption Papers <input type="checkbox"/> Hospital/Doctor's Records <input type="checkbox"/> Driver's License	<input type="checkbox"/> Birth/Baptismal Certificate <input type="checkbox"/> Social Security Number (Note: this is not proof of identity or age) <input type="checkbox"/> Religious birth record recorded before age 5 <input type="checkbox"/> Public birth record recorded before age 5 <input type="checkbox"/> Other documents showing age or date of birth	
Marital Status Must document if married, divorced, separated, or widowed	<input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Separation Agreement <input type="checkbox"/> Statement from Clergy <input type="checkbox"/> Census Records	<input type="checkbox"/> Death Certificates <input type="checkbox"/> Divorce Papers <input type="checkbox"/> Social Security Records <input type="checkbox"/> Statements from another person: can be a clergy person or two witnesses with knowledge ceremony took place.	
Residency Must document where claimant lives	<input type="checkbox"/> Current lease or rent receipt <input type="checkbox"/> Deed or property tax bill <input type="checkbox"/> Income tax showing address <input type="checkbox"/> U.S. driver's license	<input type="checkbox"/> Official correspondence addressed to claimant <input type="checkbox"/> Information about household costs, <input type="checkbox"/> Telephone directory listing	
Shelter Expenses Claimant must document rent and other household expenses	<input type="checkbox"/> Current rent receipt/lease/mortgage records <input type="checkbox"/> Landlord statement <input type="checkbox"/> Garbage/trash collection bills or receipts <input type="checkbox"/> Property and school tax records <input type="checkbox"/> Sewer and water bills <input type="checkbox"/> Homeowner's insurance records <input type="checkbox"/> Fuel bills <input type="checkbox"/> Non-heating utility bills <input type="checkbox"/> Telephone bills (or a statement from the household that the expense is incurred)	Not applicable for SSDI or RSI claimants	



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<p>Citizenship/ Immigration Must document status in the U.S.</p>	<p><u>Citizenship Documentation:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Birth certificate showing individual was born in the United States <input type="checkbox"/> Religious record of birth or baptism showing place of birth in the United States <p><u>Immigration Documentation:</u> (sample only)</p> <ul style="list-style-type: none"> <input type="checkbox"/> A current immigration document; e.g., an I-551 (Permanent Resident Card) <input type="checkbox"/> I-94 (Arrival/Departure Record) <input type="checkbox"/> Military discharge paper (form DD-214). (If an immigrant who has served in the U.S. Armed Forces.)
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<p>Income Regularly recurring payment, counted in the month received</p>	<p align="center">Earned Income</p>		
	<p>SSI applicants/recipients must prove income.</p> <p>From Employer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current wage stubs <input type="checkbox"/> Pay envelopes <input type="checkbox"/> Contact with employer <input type="checkbox"/> Business records <input type="checkbox"/> Tax records <p>From Self Employment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Records and related materials concerning self-employment earnings and expenses <input type="checkbox"/> Current income tax return Income from rent or room/board <input type="checkbox"/> Current contribution check <input type="checkbox"/> Statement from roomer, boarder, tenant <input type="checkbox"/> Income tax records 	<p align="center">SSDI applicants/recipients must provide income from earnings, if working, ← see SSI.</p>	<p align="center">Not applicable for RSI, if 65 or older</p>



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<p style="text-align: center;">Unearned Income</p>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>Child Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Statement from Family Court <input type="checkbox"/> Check stubs <input type="checkbox"/> Statement/canceled checks or records from person paying support <input type="checkbox"/> Official correspondence from the Child Support Enforcement <p>In Receipt of Benefits (Unemployment, Social Security, SSI, Workers Compensation, VA benefits)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current award certificate <input type="checkbox"/> Current benefit check <input type="checkbox"/> Official correspondence with NYS Department of Labor, Social Security Administration, or Veterans Administration <p>Educational Grants and Loans</p> <ul style="list-style-type: none"> <input type="checkbox"/> Statement from school <input type="checkbox"/> Statement from bank <input type="checkbox"/> Statement from agency administering grant/award letter <p>Other Unearned Income (i.e. pension)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current award letter <input type="checkbox"/> Current benefit check <input type="checkbox"/> Contact with source of income <input type="checkbox"/> Current contribution check <input type="checkbox"/> Official correspondence from source of income </td> <td style="width: 50%; vertical-align: middle; text-align: center; padding: 5px;"> <p>Not applicable for RSI claimants</p> <p>SSDI claimants must report receipt of Worker’s Compensation</p> </td> </tr> </table>	<p>Child Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Statement from Family Court <input type="checkbox"/> Check stubs <input type="checkbox"/> Statement/canceled checks or records from person paying support <input type="checkbox"/> Official correspondence from the Child Support Enforcement <p>In Receipt of Benefits (Unemployment, Social Security, SSI, Workers Compensation, VA benefits)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current award certificate <input type="checkbox"/> Current benefit check <input type="checkbox"/> Official correspondence with NYS Department of Labor, Social Security Administration, or Veterans Administration <p>Educational Grants and Loans</p> <ul style="list-style-type: none"> <input type="checkbox"/> Statement from school <input type="checkbox"/> Statement from bank <input type="checkbox"/> Statement from agency administering grant/award letter <p>Other Unearned Income (i.e. pension)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current award letter <input type="checkbox"/> Current benefit check <input type="checkbox"/> Contact with source of income <input type="checkbox"/> Current contribution check <input type="checkbox"/> Official correspondence from source of income 	<p>Not applicable for RSI claimants</p> <p>SSDI claimants must report receipt of Worker’s Compensation</p>
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In-kind Maintenance and Support			
	<p>Need the first 2 items and last, if available</p> <p>___ Letter from the claimant stating what support is provided (assistance with rent, food etc.) and value</p> <p>___ A signed statement from household or other knowledgeable adult member of the household (not spouse) regarding the amount of the individual's contribution</p> <p>___ Cashed check for the expense paid</p>	<p>Not applicable for SSDI or RSI claimants</p>	
<p>Assets/Resources</p>	<p>___ Current Bank records for all accounts: savings, checking, CD's, IRA's, etc (statements from the Internet are acceptable)</p> <p>___ Current Credit Union Records</p> <p>___ Documents of stocks, bonds, certificates, mutual funds</p> <p>___ Trust fund agreement or court records</p> <p>___ Burial fund – records of when and how the fund was set up</p> <p>___ Funeral Agreement</p> <p>___ Life Insurance Policy, with conversion chart</p> <p>___ Non-homestead property deed</p> <p>___ If own home, property deed</p> <p>___ Non-homestead property, including deeds, public real estate records</p> <p>___ Titles or registrations for vehicles like cars, trucks, motorcycles, boats, campers, etc.</p>	<p>Not applicable for SSDI or RSI claimants</p>	



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	<p>___ Other resources, please bring necessary documentation</p>		
<p>Medical</p> <p>Each person who files a disability claim is responsible for providing medical evidence showing that he or she has an impairment (s) and how severe the impairment (s) is.</p>	<p>___ Disability Report (SSA 3368 BK for adults, SSA 3820 BK for children)</p> <p>This disability report requests a listing of the medical professionals the applicant has seen in reference to his/her disability, information the condition (when did it first manifest itself, how does it affect his/her work responsibilities, when did the condition finally prevent him/her working), past work experience, education, and a description of his/her daily activities (walking, standing, sitting, bending, lifting).</p> <p>The Disability Report form is available on SSA’s website, go to:</p> <p>⇒ For adults: https://www.socialsecurity.gov/disability/disability_starter_kits_adult_eng.htm.</p> <p>⇒ For children: https://www.socialsecurity.gov/disability/disability_starter_kits_child_eng.htm.</p> <p>___ Authorization to Disclose Information, SSA-827 form</p> <p>SSA requires all SSDI/SSI disability applicants to complete the <i>Authorization to Disclose Information, SSA-827</i> form. Under HIPAA, health care providers can release requested medical records to Social Security only if they receive a copy of the SSA-827 form giving permission to disclose a person’s protected health information. Treating physicians will provide a diagnosis explaining the nature of the impairment, clinical findings, laboratory findings, and any prescribed treatments.</p> <p>___ Health Card: If the individual has a Medicaid card, or other medical assistance cards from the State government, the number on the card may help SSA obtain the individual’s medical records.</p> <p>___ Other Sources: Any information from other sources such as public or private social welfare agencies, practitioners, chiropractors, and non-medical sources is helpful.</p>	<p>Not applicable for RSI claimants</p>	



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<p>Impairment Related Work Expenses (IRWE)</p> <p>The cost of certain impairment-related services or expenses and items that a disabled person needs to work can be deducted from gross earnings when calculating monthly SGA.</p>	<p>IRWE's may impact the calculation of SGA and initial, as well as ongoing eligibility for benefits. Provide SSA with documentation regarding IRWE's.</p> <ul style="list-style-type: none"> ✓ Transportation Costs: The cost of structural or operational modifications to a vehicle used to drive to/from work. ✓ Medical Devices: Wheelchairs, pacemakers, respirators, canes, crutches, inhalators, dialysis equipment. ✓ Work-related Equipment and Assistants: Typing aids, reading aids, telecommunication devices for the deaf, expenses of readers for the blind and interpreters for the deaf. ✓ Drugs and Medical Services: The costs of routine drugs and routine medical services are not deductible unless these drugs and services are necessary to control the disabling condition. Cost of physician's services to obtain these services. ✓ Residential Modifications: If you are employed outside of home, modifications to the exterior of your house that permit access to the street or to transportation, for example exterior ramps, railings, and pathways. ✓ Non-Medical Appliances and Devices: In unusual circumstances, devices or appliances are essential for the control of your disabling condition either at home or at work, for example an electric air cleaner if you have severe respiratory disease. Your physician must verify this need. ✓ Diagnostic Procedures: Any procedure related to the control, treatment, or evaluation of your disabling condition, for example brain scans and electroencephalograms. ✓ Prosthesis: Artificial hip, artificial replacement of an arm, leg, or other parts of the body. ✓ Job Coach Fees <p>Note: IRWE's must be related to the applicant/recipient's disability and needed in order to work. IRWE's for the blind are different from those who are disabled (see below, Blind Work Expenses)</p>	<p>Not applicable for RSI claimants</p>
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<p>Blind Work Expenses - BWE's A deductible expense need not be related to the worker's blindness; it need only be an expense attributable to the work. BWE's apply only to SSI claimants and can be used as a deduction in calculating the SSI benefit amount. BWE's do not apply to SSDI claimants.</p>	<ul style="list-style-type: none"> ✓ Guide Dogs: The cost of purchasing the dog and all associated expenses (food, licenses, veterinary services) ✓ Transportation to and from Work: Own vehicle - per mile rate based on allowed amount; or the cost of buses, carpools, or cab fares ✓ Taxes: The amount of Federal, State, and Local income taxes withheld, Social Security taxes (although not SSA taxes withheld on sick pay) ✓ Drugs and Medical Services which are essential to enable individuals to work ✓ Meals: consumed during work hours: the actual value of meals ✓ Job Equipment ✓ Job Licenses ✓ Job Training 	<p style="text-align: center;">Not applicable to SSDI or RSI claimants</p>
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<p>Work History</p>	<p> <input type="checkbox"/> Tax papers <input type="checkbox"/> W-2 forms <input type="checkbox"/> Audits <input type="checkbox"/> Papers from Unemployment </p> <p>Have Information On:</p> <ul style="list-style-type: none"> ✓ Names of Employers ✓ Job Titles ✓ Type of Business ✓ Dates Worked ✓ Hours Worked per day, per week ✓ Description of job duties for the type of work performed ✓ Days worked per week, and rates of pay for work in the previous 15 years before inability to work due to illnesses, injuries, or conditions
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