Improving Access to the Application for Supplemental Security Income (SSI) Benefits

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Wednesday, June 8, 2022
Housekeeping

• All on mute. Use Questions function for substantive questions and for technical concerns.

• Problems with getting on to the webinar? Send an email to trainings@justiceinaging.org.

• Find materials for this training and past trainings by searching the Resource Library, justiceinaging.org RESOURCE-LIBRARY. A recording will be posted to Justice in Aging's Vimeo page at the conclusion of the presentation, vimeo.com/justiceinaging.

• Enable closed captioning by selecting "CC" from the Zoom control panel.
Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.
To achieve Justice in Aging, we must:

- **Advance equity** for low-income older adults in economic security, health care, housing, and elder justice initiatives.

- Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.

- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.
Application for SSI Benefits
SSI Application

• SSA-8000 not a “self-help” form
  • 60 questions, 24 pages

• SSA needs to verify originals of certain documents, requires “wet” signature on certain forms

• Older adults (age 65+) cannot start an application for SSI online
SSI Applications During the Pandemic

- 2020 declines in numbers of SSI applications filed compared to 2019
  - Children with disabilities: 51% drop
  - Adults with disabilities: 32% drop
  - Age 65+: 55% drop

- Most pronounced for people with limited English proficiency and older adults
- Most pronounced in certain Regions: Boston, New York, Philadelphia, San Francisco
SSI Awards During the Pandemic

- 29% decline in SSI awards from July 2020 to April 2021 compared to same period one year earlier
- 18% fewer new SSI recipients in 2020 compared to 2019
- 23% fewer new SSI recipients in 2021 compared to 2019
- Total number of SSI recipients:
  - 8,075,000 (March 2020)
  - 7,625,000 (April 2022)
SSA Response

• High agency priority to reach those wanting to apply for SSI

• Partnering with community organizations

• New protective filing tool

• Streamlining SSI application for benefits
Protective Filing Date

• Date you initially notify SSA of intent to file for benefits

• For SSI, protective filing date determines when benefits begin, once claim approved

• Must complete SSI application within 60 days to lock in protective filing date
What should I do if I get a call claiming there's a problem with my Social Security number or account?
The Supplemental Security Income (SSI) program provides monthly payments to adults and children with a disability or blindness who have income and resources below specific financial limits. SSI payments are also made to people age 65 and older without disabilities who meet the financial qualifications.

You may be eligible to receive SSI monthly payments even if you are already receiving Social Security Disability Insurance or retirement benefits.

How to Apply

Tell us you want to apply or help someone else to apply

Get Started

Other Ways to Apply

Apply By Phone

Call us to make an appointment to file your application at 1-800-772-1213. If you are deaf or hard of hearing, you can call us at TTY 1-800-325-0778.

Apply Online

- Start a disability claim online (if age 18-64)
- Start a child’s disability claim online (under age 18)
Get Started to Apply for SSI (En español)

Tell us you want to apply for SSI and other benefits or help someone else to do so. This process takes about 5-10 minutes. We ask for basic information:

- Name, date of birth, and Social Security number of the person interested in SSI
- Mailing address, phone number, and email address (optional) for the person interested in SSI
- Your name, phone number, and email address (optional) if you are helping someone else

After you complete the online process, a Social Security representative schedules an appointment to help you apply for benefits. We will send the appointment date and time by mail (and email, if provided) within 7-14 business days to the person interested in applying. In some cases, a Social Security representative may call to schedule the appointment.

Next
Request an Appointment to File for Benefits

If you believe you may be eligible for Supplemental Security Income (SSI), or if you are assisting someone who wants to file for SSI, you can request an appointment to file for SSI and any other benefits you (or the person you are assisting) may be eligible to receive. The online process takes about 5-10 minutes and no documentation is required at this time. We will need basic information about you and, if applicable, the person you are assisting.

Information we need:

- Name, date of birth, and Social Security number of the individual interested in SSI.
- Mailing address, phone number and email address (optional) for the individual interested in SSI.
- Your name and phone number if you are assisting another individual.

Once you have completed the online process, a Social Security representative will schedule the appointment. We will send an appointment confirmation with the appointment date and time to the individual interested in filing by mail and email (if an email address is provided). In some cases, a Social Security representative may contact you by phone to schedule the appointment.

If you are not able to complete the request you may schedule an appointment by phone by calling 1-800-772-1213 (TTY 1-800-325-0778) from 8:00 a.m. to 7:00 p.m. Eastern time, Monday through Friday. You may also contact your local Social Security office. You can find the phone number for your local office by using our Field Office Locator.

Please read and review our Terms of Service.

Please read and review our Privacy Act Statement.
Terms of Service

I understand that I am entering a U.S. Government System to request an appointment with the Social Security Administration. I understand that I need to provide the Social Security Administration information in order to request an appointment. I understand that failing to agree to the statements below will prevent me from requesting an appointment online for me or for the person for whom I am requesting an appointment.

I understand that:

- my activities may be monitored within this site.
- use of the online form may protect an application filing date but is not itself an application for any benefit.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.

Information about Social Security's Online Policies

We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, SSA.gov. Our Internet Privacy Policy explains our online information practices.
Privacy Act Statement: Collection and Use of Information

Sections 202, 205, 223, 226, 806, 1611(c), 1616, 1631(d) and (e), 1634(a), and 1837 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from scheduling an appointment.

We will use the information you submit to schedule an appointment to determine a potential claimant’s eligibility for benefits. We may also share your information and the information you submit on behalf of a potential claimant for the following purposes, called routine uses:

• To third party contacts (e.g., employers and private pension plans) in situations where the party to be contacted has, or is expected to have, information relating to the individual’s capability to manage his or her benefits or payments, or his or her eligibility for or entitlement to benefits or eligibility for payments, under the Social Security program when: (a) The individual is unable to provide information being sought; OR (b) the data is necessary to establish the validity of evidence or to verify the accuracy of information presented by the individual; and

• To contractors, cooperative agreement awardees, State agencies, Federal agencies and Federal congressional support agencies for research and statistical activities that are designed to increase knowledge about present or alternative Social Security programs; are of importance to the Social Security program or the Social Security beneficiaries; or are for an epidemiological project that relates to the Social Security program or beneficiaries. We will disclose information under this routine use.

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 Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019 at 84 FR 58422. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.
Request an Appointment to File for Benefits

Answer a few questions to schedule an appointment

We will ask a series of questions about you (or someone you are assisting) and schedule an appointment to file for Supplemental Security Income (SSI) and other potential Social Security benefits. Answering the questions may take approximately 5-10 minutes.

We may use the date you submit the information as the date of the application if you submit the information and keep the appointment to file for benefits. It is important that you do not miss your appointment to avoid the loss of potential benefits.

This is NOT an application for benefits. You must file an application with SSA to receive a formal determination of eligibility or entitlement. Once you submit the information, we will schedule an appointment to file the application.

Please contact us right away if you are not available the date and time of the appointment we provide you or if you need to reschedule your appointment. Visit our Frequently Asked Questions to find out more about scheduling and rescheduling an appointment.

Please read and review our Terms of Service.

Please read and review our Privacy Act Statement.
Request an Appointment to File for Benefits

1 of 8  Who is scheduling

* Indicates required information

*Who are you answering these questions about?

- Yourself
- A minor child (including your own) whose care you are responsible for or for whom a court has appointed you the legal representative
- An incompetent adult whose care you are responsible for or for whom a court has appointed you the legal representative
- Your spouse
- Someone else who is with you as you answer these questions
- Someone else who is not with you but has a good reason why they cannot sign their own SSI application at this time

Next  Exit
Request an Appointment to File for Benefits

1 of 9 Who is scheduling

* Indicates required information

* Who are you answering these questions about?

- Yourself
- A minor child (including your own) for whom you are a caretaker or for whom a court has appointed you the legal representative OR
  An incompetent adult whose care you are responsible for or for whom a court has appointed you the legal representative
- Your spouse
- Someone else who is with you as you answer these questions
- Someone else who is not with you but has a good reason why they cannot sign their own SSI application at this time
Request an Appointment to File for Benefits

2 of 9 Personal Information

* Indicates required information

For the person you are assisting...

*First name
John

Middle name
Albert

*Last name
Doe

Suffix
Select one...

*Phone type
  - U.S.
  - International

*Phone number
444-444-4444

*Mailing address
Street address
123 Test St

Street address line 2

Street address line 3

Street address line 4

City
Baltimore

State
MD

ZIP Code
21231

Email
johndoe@mail.com

- Their phone number and address are being collected so we have a number to contact them about their appointment and an address where we can mail an appointment confirmation. We will also send their appointment confirmation electronically if an email is provided above.
Request an Appointment to File for Benefits

3 of 9  Date of Birth

*Indicates required information

For the person you are assisting...

*What is their date of birth?
Example: 4 21 1975

Month  Day  Year
12  29  1966

Next  Previous  Exit
Request an Appointment to File for Benefits

4 of 9  Social Security Number

* Indicates required information

For the person you are assisting...

*What is their Social Security Number (SSN)?
Example: 111-11-1111

XXX_XX_XXXX

If they do not have an SSN, please review the SSI eligibility requirements or learn more about obtaining an SSN.

Next  Previous  Exit
Request an Appointment to File for Benefits

4 of 9 Social Security Number

* Indicates required information

For the person you are assisting...

* What is their Social Security Number (SSN)?
  Example: 111-11-1111
  123-45-6789

If they do not have an SSN, please review the SSI eligibility requirements or learn more about obtaining an SSN.
Request an Appointment to File for Benefits

5 of 9  Disability

* Indicates required information

For the person you are assisting...

* Do they have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death?
  - Yes
  - No

* Are they blind or do they have low vision even with glasses or contacts?
  - Yes
  - No

There are several ways to receive information from us if they are blind or have a visual impairment. They can request special notice options at the conclusion of this request for an appointment.
Request an Appointment to File for Benefits

5 of 9  Disability

* Indicates required information

For the person you are assisting...

* Do they have a physical or mental disabling condition that has lasted or expected to last at least 12 months or result in death?
  - Yes
  - No

* Are they blind or do they have low vision even with glasses or contacts?
  - Yes
  - No

* What date did they have a physical or mental disabling condition?

We know it can be hard to identify a specific date for many people. If you do not know the specific day but you know the month, you can enter the first day of the month. If you do not know the specific month, try to make your best guess based on your memory.

Example: 4 21 1975

Month  Day  Year

4  21  1975

There are several ways to receive information from us if they are blind or have a visual impairment. They can request special notice options at the conclusion of this request for an appointment.

Next  Previous  Exit
Request an Appointment to File for Benefits

5 of 9  Disability

* Indicates required information

For the person you are assisting...

* Do they have a physical or mental disabling condition that has lasted or expected to last at least 12 months or result in death?
  - Yes
  - No

* Are they blind or do they have low vision even with glasses or contacts?
  - Yes
  - No

* What date did they have a physical or mental disabling condition?

1. We know it can be hard to identify a specific date for many people. If you do not know the specific day but you know the month, you can enter the first day of the month. If you do not know the specific month, try to make your best guess based on your memory.

Example: 4 21 1975

Month  Day  Year
4  21  1975

2. There are several ways to receive information from us if you are blind or have a visual impairment. You can request special notice options at the conclusion of this request for an appointment.

Next  Previous  Exit
Request an Appointment to File for Benefits

6 of 9  Your Information

* Indicates required information

This is information about you...

*First name  Middle initial  *Last name  Suffix
Robert  J  Doe  Select one...

*Phone type
○ U.S.
○ International

*Phone number
123-456-7890

Email
thirdpartyhelper@mail.com

We will use your email address to send you an appointment request receipt.

Next  Previous  Exit
Request an Appointment to File for Benefits

7 of 9  Language Preference

* Indicates required information

For the person you are assisting...

*What language do they prefer for speaking?

English

This is the language used while they go through the application process with a representative. We can arrange for an interpreter at no cost to them.

*What language do they prefer for reading?

English

Next  Previous  Exit
Request an Appointment to File for Benefits

8 of 9 Special Circumstances

* Indicates required information

For the person you are assisting...

* Select all life circumstances that apply to them
This information will help us provide the best service for these special cases.

- [ ] Military casualty/Wounded Warrior
- [ ] Veterans Affairs 100% disability
- [ ] Homelessness
- [ ] Medical condition that is untreatable and expected to result in death
- [ ] Need sign language interpreter services
- [ ] Need visual accommodation
- [ ] Recently released from a correctional institution
- [ ] None of the above

Next  Previous  Exit
Request an Appointment to File for Benefits

8 of 9 Special Circumstances

* Indicates required information

For the person you are assisting...

* Select all life circumstances that apply to them.
This information will help us provide the best service for these special cases.

- Military casualty/Wounded Warrior
- Veterans Affairs 100% disability
- Homelessness
- Medical condition that is untreatable and expected to result in death
- Need sign language interpreter services
- Need visual accommodation
- Recently released from a correctional institution
- None of the above

Next  Previous  Exit
Request an Appointment to File for Benefits

9 of 9  Review and Submit

Information about who you are assisting

Are you answering these questions about yourself? No
Who are you answering these questions about? Someone else

First name John
Middle name Albert
Last name Doe
Suffix No answer

Phone Type U.S.
Phone number 666-666-6666

Mailing address
Street address 123 Test St
City Baltimore
State MD
Zip Code 21231

Email johndoe@mail.com

What is their Date of Birth? 07/26/1980

What is their Social Security Number (SSN) ***.***.***

Do they have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death? No

Are they blind or do they have low vision even with glasses or contacts? No

Your Information

First name Robert
Middle Initial J
Last name Doe
Suffix No answer

Phone Type U.S.
Phone number 123-456-7890
Email thirdpartyhelper@mail.com

Appointment Information

What language do they prefer for speaking? English

What language do they prefer for reading? English

Select all life circumstances that apply to them None

Electronic Signature Agreement

I understand and agree that my request will be signed electronically when I select the check box below. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature. I have provided the Social Security Administration with truthful and accurate information.

[ ] I agree with the Electronic Signature Agreement above.

You can select the “Previous” button below to go back and make changes if needed. If the Information is correct, select the “Submit” button to complete the process and send all collected information to us.
Request an Appointment to File for Benefits

9 of 9  Review and Submit

Information about who you are assisting

Are you answering these questions about yourself? No
Who are you answering these questions about? Someone else
First name John
Middle name Albert
Last name Doe
Suffix No answer
Phone Type U.S.
Phone number 444-444-4444
Mailing address
Street address 123 Test St
City Baltimore
State MD
Zip Code 21234
Email jeheddo@email.com
What is their Date of Birth? 07/26/1968
What is their Social Security Number (SSN)?***-**-****
Do they have a physical or mental disabling condition that has lasted or can be expected to last at least 12 months or result in death? No
Are they blind or do they have low vision even with glasses or contacts? No

Your Information

First name Robert
Middle initial J.
Last name Doe
Suffix No answer
Phone Type U.S.
Phone number 123-456-7890
Email thirdpartyhelper@gmail.com

Appointment Information

What language do they prefer for speaking? English
What language do they prefer for reading? English
Select all Life circumstances that apply to them. None

Electronic Signature Agreement

I understand and agree that my request will be signed electronically when I select the check box below. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature. I have provided the Social Security Administration with truthful and accurate information.

☐ I agree with the Electronic Signature Agreement above.

You can select the "Previous" button below to go back and make changes if needed. If the information is correct, select the "Submit" button to complete the process and send all collected information to us.
Request an Appointment to File for Benefits

☑️ Appointment Request Received

What can I expect next?

We will schedule an appointment for John Doe to file for SSI and any other benefits John Doe might be eligible to receive. John Doe will receive the date and time of the appointment by mail (and email, if provided) in 7-14 business days.

What will happen at the appointment?

We will help figure out if John Doe is eligible for any Social Security benefit, including SSI. Because our applications can be complicated, our goal is to use the meeting to help John Doe understand and complete the application that applies to John Doe’s situation.

Is there anything else I should know?

We can’t make a determination until an application for benefits is filed. If John Doe is found eligible for benefits, we want to make sure John Doe receives the most benefit possible. **One of the ways we can help do that is by using today—MM DD YYYY—as the application date.** For us to do that, though, the signed application must be filed within certain dates. We will let John Doe know what those dates are if an application is not filed on the appointment date.

Special notices are available for blind users. They can request [Special Notice Options](#) that suit their needs.
Subject: Online Appointment Request

The Social Security Administration has received a request for an appointment for you. You will receive the date and time of the appointment by mail and email in 7-14 business days.

If you are interested in applying for benefits, we may use today—MM DD YYYY—as the application date, but only if you file a signed application at your appointment or by the dates we will provide if you do not file on your appointment date.

We are here to help. If you have questions about this message, please call us at 1-800-772-1213.

This email was automatically delivered. Please DO NOT REPLY to this message.
Subject: Online Appointment Request

The Social Security Administration has received your request for an appointment for John Doe. John Doe will receive the date and time of the appointment by mail (and email, if provided) in 7-14 business days.

If John Doe is interested in applying for benefits, we may use today—MM DD YYYY—as the application date, but only if a signed application is filed within certain dates. Additional information about these dates will be provided to John Doe if an application is not filed on the appointment date.

We are here to help. If you have questions about this message, please call us at 1-800-772-1213.

This email was automatically delivered. Please DO NOT REPLY to this message.
"We cannot process your request at this time. Please try again later, or if you need immediate help to schedule an appointment, please contact us."

- Application for SSI already pending
- Name, date of birth, SSN don't match SSA records
- On SSA death master file
Usage Data

- March 19 – May 21, 2022 (nine weeks)
- 6,900 submissions in week 1
- 10,328 submissions in week 9
- Approx. 108,000 attempted total
  - 76,095 successful
Simplifying the SSI Application
SSA Process

• Reviewed statutory and regulatory requirements for what must be covered in SSI application
• Taking User-Centered Design approach, focusing on what the user experiences as they move through the application
• Reducing the number of questions and reworking remaining questions to minimize burden on applicants
• Revising the order of questions
Two-Step Application

SSI Application Simplification using a User-Centered Design Approach

- Develop a hybrid SSI application process that includes online and technician-supported components as part of the overall online customer experience.

- **ONLINE**
  - FILING
    - Basic eligibility questions from the application

- **TECHNICIAN SUPPORTED**
  - DEVELOPMENT
    - Remaining questions limited to when actually needed
# Basic Eligibility Questions

<table>
<thead>
<tr>
<th>Part 1 – Basic Eligibility</th>
<th>Simplified SSI Application SSA-xxxx Number of questions</th>
<th>Full Application SSA-8000 Number of questions</th>
<th>Deferred Application SSA-8001 Number of questions</th>
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<tr>
<td>Part 2 – Living Arrangement</td>
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<tr>
<td>Part 3 - Resources</td>
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<td>Part 4 - Income</td>
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<td>Part 5 - Potential Eligibility for Supplemental Nutrition Assistance Program (SNAP)/Medical Assistance/Other Benefits</td>
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<tr>
<td>Total questions</td>
<td>23</td>
<td>60</td>
<td>32</td>
</tr>
</tbody>
</table>

Note: These totals do not include conditional responses.
Basic Eligibility Questions for Simplified SSI Application

- Name
- SSN
- Date of Birth
- Married?
- US Citizen?
- Blind or low vision?
- Disability?
  - If so, when began?
Basic Eligibility Questions

• Present in one of 50 states/DC/Northern Mariana Islands?
• Address?
• Living situation description?
• Receiving TANF this month?
• Receiving state or local assistance based on need?
• Self-employed?
Basic Eligibility Questions

- Wages this month?
  - If so, gross amount
- Sick pay this month?
  - If so, gross amount
- Any other source of income this month?
  - If so, gross amount
- Own any of listed resources?
  - If so, total value
- Own more than one vehicle?
Basic Eligibility Questions

• Own any real estate?
• Life insurance policies?
• Anything else that could be converted to cash?
  • If so, total value
• Transferred any money or property for less than it was worth in past 3 years?
• Permission to obtain financial records from any financial institution?
Beta Testing

• User-Centered Design = user testing
• Extensive and early user testing – wording of questions, order of questions, etc.
• Extract and utilize information via multiple testing techniques
• Iterative testing
• Help identify testers!
Questions?

Kate Lang
klang@justiceinaging.org

@justiceinaging
Join Our Network!

Want to receive Justice in Aging trainings and materials?

Go to justiceinaging.org and hit “Sign up” or send an email to info@justiceinaging.org.