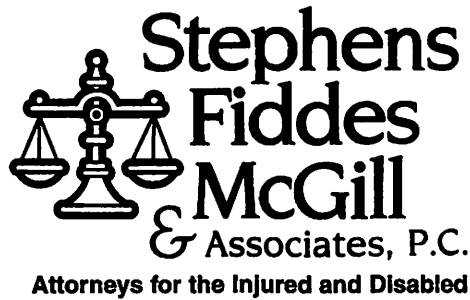


- G. Douglas Stephens
- Norman L. McGill



- Heather L. Calvert
- Of Counsel  
Gordon M. Fiddes

## FREE SOCIAL SECURITY SOCIAL SECURITY DISABILITY AND/OR SUPPLEMENTAL SECURITY INCOME CLAIM EVALUATION

Thank you for your recent contact regarding your Social Security Disability (SSD) and/or Social Supplemental Income (SSI) Claim. To complete a free evaluation of your claim, we will need some information and documents. Therefore, attached please find the following:

1. Social Security Interview Sheet.
2. Social Security Claim Process Information Sheet.
3. Explanation of Difference between SSD and SSI.

Please complete the interview sheet and return it to our office **along with your last claim denial letter from the Social Security Administration** either by email, USPS mail, or personal delivery at our downtown Peoria office.

Once we have a fully completed Interview Sheet and the last denial, we will immediately file an appeal on your behalf to preserve your appeal rights. Please note that our filing the appeal on your behalf is not the same as accepting your case for representation. It is to protect your appeal rights.

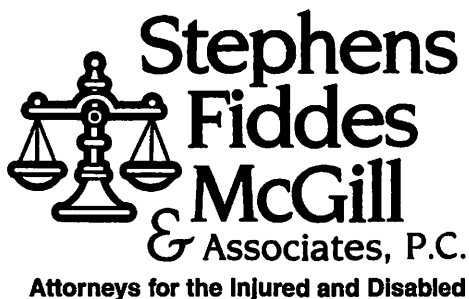
Once the appeal is filed protecting your rights, your case will then be timely evaluated by our team of professionals to determine if you have a case that we can accept for representation. After evaluation, if you have a case we can accept, we will contact you and send you documents you will need to sign to appoint us as your Attorney Representative with the Social Security Administration. If your case is not accepted, we will so advise.

This email confirms that there is no attorney-client relationship at this time, and only after the representation documents have been signed and returned, will the attorney-client relationship begin. Thank you and we look forward to reviewing your case.

### THE STEPHENS FIDDES MCGILL & ASSOCIATES, P.C. SOCIAL SECURITY TEAM

**NOTICE:** If the attached documents are not completed and returned within 14 days, we will presume you have chosen not to proceed with your case using our services, and your file will be closed. This again confirms that there is no attorney-client relationship until the documents confirming formal representation have been completed after we advised you that we have accepted the case and you have signed and returned the representation documents that we will send you.

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## **The Social Security Disability/SSI Claim Process**

The Social Security Disability/SSI Claim process consists of five levels. The first level is Initial Application, and if the Initial Application is denied, the second level is an appeal called a Request for Reconsideration. If the Request for Reconsideration is denied, the third level is a Request for Hearing. If an unfavorable decision is received, the fourth level is an appeal to the Appeals Council. Finally, if the Appeals Council denies the appeal, the fifth level is an appeal to Federal Court.

The Social Security determines if you are disabled by looking at the evidence presented on your behalf as follows:

**STEP 1: Are you working?** If you are working, and your earnings averaged more than \$1,690.00 per month (during the year 2026), that is considered "Substantial Gainful Activity." and Social Security won't consider you to be disabled.

**STEP 2: Is your condition severe?** Your impairments must interfere with basic work-related activities for you to be considered disabled. Your physical and/or mental impairment must be proven by medical evidence. Your medical impairments must have lasted or be expected to last for a continuous period of at least 12 months or be expected to result in your death.

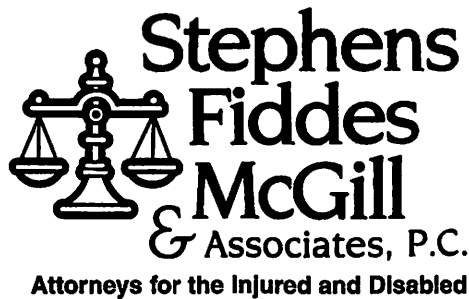
**STEP 3: Is your condition found in the Listing of disabling impairments?** Social Security has a Listing of impairments for each of the major body systems. If your impairment is described in the Listing and meets the severity described, you will be found disabled. If it is not, then the analysis moves to Step 4.

**STEP 4: Can you do any prior work?** If your condition is severe, but not at the same or equal severity as an impairment on the Listing, then Social Security must determine if your impairments prevent you from doing any prior work. If, despite your medical impairments, you can still perform any prior work, your claim will be denied. If your impairments prevent any prior work, then the analysis moves to Step 5.

**STEP 5: Can you do any other type of work?** If you cannot do the work you did in past, Social Security will determine your "Residual Functional Capacity." The RFC considers the limitations you have due to the symptoms of your impairments, to determine if you can do any other type of work in the national economy. Your age, education and transferable skills are also considered.

The process favors those who are older. For example, if you are age 50 and limited to sedentary unskilled work, with less than a high school education, you will be found disabled. If you are age 55 or older and limited to sedentary or light work, but have no transferable vocational skills, you will be found disabled. Thus, if you are older but retain the ability to do some work, you may still qualify for Social Security Disability or SSI benefits.

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## **SOCIAL SECURITY DISABILITY vs. SSI**

There are two federal programs that individuals can apply for when they become disabled and are unable to work. Figuring out the difference between these two programs can often be confusing. Here are some basic similarities. Both of these programs — Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) — are funded by the federal government to provide financial support for individuals who are disabled for 12 or more months. In both programs you are required to prove that you are not able to work as a result of a physical or mental condition. For both programs, you must also show that your condition is expected to last for at least 12 months or result in death. So, what is the difference between SSDI and SSI? The major difference between SSDI and SSI is the non-medical proof you must show to qualify.

### **SOCIAL SECURITY DISABILITY**

SSDI is a federal insurance program of the government that is funded by your payroll taxes. That means if you are working and paying taxes, you are paying into this federal insurance program. Your eligibility for SSDI is based on whether you have worked enough time and paid enough into the system. Generally, if you have worked for 5 of the past 10 years as of the date of onset of disability, you will qualify for SSDI. Younger claimants need to work for less time to become insured by SSDI. Your benefit amount is based on your earnings. By and large, the more you've earned, the more benefits you will receive if you qualify for SSDI.

### **SUPPLEMENTAL SECURITY INCOME**

SSI is a needs-based program of the government administered by the Social Security Administration (SSA). To qualify, SSA will evaluate your financial situation, and not your previous work. SSA will assess your financial situation by examining your assets and determining how much SSI benefit you are eligible for based on any income you receive.

In certain circumstances you can receive benefits under both SSDI and SSI. This generally occurs when you apply for and qualify for both programs and your SSDI benefits are under the SSI benefit amount you would be eligible for. As a result, it is generally a good idea for claimants to apply for both SSDI and SSI at the initial stage of the application process to ensure receipt of the maximum benefits.

## **SOCIAL SECURITY INFORMATION SHEET**

### **CLIENT INFORMATION:**

Client Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Dependents # \_\_\_\_\_ Birthplace City/State: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Mother's Birthdate: \_\_\_\_\_

Mother's Birthplace City/State: \_\_\_\_\_

### **EDUCATION:**

Education Level: \_\_\_\_\_

Special Education? \_\_\_\_ Yes \_\_\_\_ No Subjects: \_\_\_\_\_

Vocational Training: \_\_\_\_\_

### **WORK HISTORY:**

Amount and Current Sources of Income \_\_\_\_\_

Past Relevant Work of Last 15 Years

	<u>Name of Employer</u>	<u>Approximate Start Date</u>	<u>Approximate End Date</u>	<u>Position/Title</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Did you receive unemployment in the last 15 years? \_\_\_\_ Yes \_\_\_\_ No Date last received \_\_\_\_\_

### **MINOR CHILDREN** (name/ages):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**SOCIAL SECURITY INFORMATION:**

Case based on own earnings? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, whose: Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**TYPE OF CASE:**

\_\_\_\_\_ SSD \_\_\_\_\_ SSI \_\_\_\_\_ Childhood \_\_\_\_\_ Other: \_\_\_\_\_

**STAGE OF PROCEEDINGS:**

\_\_\_\_\_ Initial Denial – Denial received, but not yet appealed. Date of denial \_\_\_\_\_

\_\_\_\_\_ Reconsideration Stage – Reconsideration already filed. Date of filing: \_\_\_\_\_

\_\_\_\_\_ Hearing – Hearing has been requested. Hearing date, if known: \_\_\_\_\_

\_\_\_\_\_ Appeals Council Stage – Date of Unfavorable Decision: \_\_\_\_\_

**MEDICAL INFORMATION:**

**IMPAIRMENTS:** List those medical conditions that interfere with work duties.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. Others: \_\_\_\_\_

**BRIEF DESCRIPTION OF SYMPTOMS:** \_\_\_\_\_

\_\_\_\_\_

**MEDICAL PROVIDERS:**

	<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Last Seen</u>	<u>Next Appt.</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

7. \_\_\_\_\_  
8. \_\_\_\_\_

**MEDICATIONS:** You can attach a printed list from a provider if you have one instead of listing them below.

	<u>Name</u>	<u>Dosage</u>	<u>Side Effects</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

**NAME OF THIRD-PARTY CONTACT:** Friend or family member that knows about your conditions.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**MISC:**

Have you ever been treated at a Mental Health Clinic or by a Psychiatrist? \_\_\_\_ Yes \_\_\_\_ No

If yes, Name and Location of Treatment \_\_\_\_\_

Have you ever been treated for alcohol or drug addiction? \_\_\_\_ Yes \_\_\_\_ No

If yes, Name, Location and Dates of Treatment \_\_\_\_\_

Have you ever been incarcerated? \_\_\_\_ Yes \_\_\_\_ No

If yes, Dates of Incarceration \_\_\_\_\_

Are you currently receiving Workers' Compensation or Disability Benefits from your past employer?

\_\_\_\_ Yes \_\_\_\_ No

If yes, please list the name of the attorney handling your Workers' Compensation claim and/or name of the defending Insurance Company.  
\_\_\_\_\_  
\_\_\_\_\_