

**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
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
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)

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 _____

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

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)

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
(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 Go to (d)	<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
(e) When did the child become disabled? (MM/DD/YYYY)	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)
(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)

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: Go to #17	<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe: Go to #17
<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (d)	<input type="checkbox"/> Other American Indian 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): Go to #16	<input type="checkbox"/> Asylee Date status granted (MM/DD/YYYY): Go to #16
<input type="checkbox"/> Conditional Entrant Date status granted (MM/DD/YYYY): Go to #16	<input type="checkbox"/> Conditional Entrant Date status granted (MM/DD/YYYY): 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): Go to #16	<input type="checkbox"/> Deportation/Removal Withheld Date (MM/DD/YYYY): 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): Go to #16	<input type="checkbox"/> Refugee Date of entry (MM/DD/YYYY): Go to #16
<input type="checkbox"/> Unknown/Other Explain in Remarks, then Go to (e)	<input type="checkbox"/> Unknown/Other 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.

	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)
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(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
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(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
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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
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17. (a) When did you first make your home in the United States?	(MM/DD/YYYY)	(MM/DD/YYYY)
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(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
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(c) Give the date(s) of residence outside the United States.	Date Left:	(MM/DD/YYYY)	Date Left:	(MM/DD/YYYY)
	Date Returned:	(MM/DD/YYYY)	Date Returned:	(MM/DD/YYYY)

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

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

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 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 | |

	You	Your Spouse, if filing
21. (a) Do you have any felony warrants for escape from custody, flight to avoid prosecution or confinement, or flight escape?	<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?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
(c) Was the warrant satisfied?	<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:	(MM/DD/YYYY)	(MM/DD/YYYY)

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)

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

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

	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.

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.

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 NO
 Go to (b) Go to #31

(b) Give the amount and frequency of payment:
 \$

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

	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

	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

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

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.)