

SOCIAL SECURITY QUESTIONNAIRE

CLIENT _____ DATE _____

1. I last worked on _____

2. I can't work because _____

3. I applied for Social Security on _____

4. They rejected me on _____

5. I have worked for _____ years in U.S.A.

6. I came to U.S.A. on _____

7. I am in the country legally YES NO

8. I was paid with checks YES NO

9. I went to these schools _____

10. I can speak English fluently? YES NO

11. I have worked in the following occupations:

<u>Occupation</u>	<u>from</u>	<u>to</u>	<u>city</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Other: _____

13. My date of birth is _____

14. I have seen the following doctors for my condition:

<u>Date</u>	<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. The address of the Social Security office where I first applied is:

BY _____ ACCEPTED: YES OR NO _____