DISABILITY UPDATE REPORT

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a) and 1631(e)(1)(A) and (B) of the Social Security Act, as amended, and Social Security regulations at 20 C.F.R. 404.1589 and 416.989 authorize us to collect this information. We will use the information you provide to further document your claim and permit a determination about continuing disability.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than for the reasons explained above. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);

2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notices entitled, Claims Folders Systems (60-0089) and the Master Beneficiary Record (60-0090). Additional information about this and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0511. We estimate that it will take 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to:*** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*

Name and Address

Claim Number

1.Within the last 2 years have you worked for someone or been self-employed? ☐ Yes ☐ No

If yes, please complete the information below.

	Work Began (month/year)	Work Ended (month/year)	Monthly Earnings
1.	____ / ____	____ / ____	$ ____
2.	____ / ____	____ / ____	$ ____
3.	____ / ____	____ / ____	$ ____

2. Check the block which best describes your health within the last 2 years:

☐ Better ☐ Same ☐ Worse

3. Within the last 2 years has your doctor told you that you can return to work?

☐ Yes ☐ No

4. Within the last 2 years have you attended any school or work training program(s)?

☐ Yes ☐ No

5. Would you be interested in receiving rehabilitation or other services that could help you get back to work?

☐ Yes ☐ No

6. Within the last 2 years have you been hospitalized or had any surgery?

☐ Yes ☐ No

If yes, please list below:

Reason	**Date: (month/year)**
1.	
2.	
3.	

7. Within the last 2 years have you gone to a doctor or clinic for your condition?

☐ Yes ☐ No

If yes, show the date and the reason for the visit.

1.Date _____

Reason _____

2.Date _____

Reason _____

3.Date _____

Reason

Date Report Completed (MM/DD/YYYY)	Telephone Number