

## **Quick Guide to Social Security Disability**

## Who should apply for Social Security Disability?

There are three general categories of people who should apply for Social Security Disability benefits:

- 1. If you have been seriously ill or injured and are not able to work for an extended period of time.
- 2. If you are unable to work and are covered by private disability insurance.
- 3. If you are receiving Workers' Compensation benefits and expect to be off for 12 months or more, you may apply for Social Security Disability benefits as a "safety net" should anything happen to your Workers' Compensation benefits. (You can receive both Social Security and Workers' Compensation at the same time, subject to certain rules.)

## What is the process?

It takes a very long time to get Social Security benefits. Before you are finished, you will have filled out many, many forms and you will have waited a long time for a final decision. Therefore,

- 1. **Meet with us.** If we have advised you to apply for Social Security disability benefits and have agreed to represent you, it is because WE BELIEVE that you are disabled. You should meet with us <u>BEFORE</u> you apply.
- 2. **The Initial application.** You must file the initial application yourself. We will meet with you and provide written instructions for you before your telephone interview. After you have filed, we will file an Appointment of Representative with Social Security, which will allow us to represent you in this matter.
- 3. Within 1-4 months, the Bureau of Disability Determination will send questionnaires, gather medical evidence, and issue a written determination. They also may schedule a Consultative Medical Examination, in which case, you must attend.
- 4. **The Denial.** Most applicants receive a Denial. We will file a Request for Reconsideration on your behalf.
- 5. **The Reconsideration level.** Your file will be reviewed by a different adjudicator at the Bureau of Disability Determination and a new determination will be made within 1 3 months. If your claim is denied again, then we will file a Request for Hearing by Administrative Law Judge.
- 6. **The Hearing.** You will receive a letter telling you that you will be given at least 20 days notice before your hearing. In actuality, it generally takes 12-19 months to receive a hearing date. During that time, you will work with our paralegals and attorneys to prepare. Your attorney will accompany and represent you at the hearing.
- 7. **The Written Decision.** Within 1-3 months, you will receive a written decision on whether or not to grant benefits. A large majority of our clients are granted benefits at this stage.
- 8. **Request for Review of Hearing Decision.** If you are denied benefits after your hearing, we can either file a Request for Review of Hearing Decision to the Appeals Council or assist you with a new application. A Request for Review of Hearing Decision usually takes 18 -24 months. The judge's decision can be overturned and benefits granted; your case can be sent back to the judge for another hearing; or the Appeals Council can choose to uphold the judge's decision and the denial will stand.
- 9. **If Benefits are Granted.** After benefits are granted, it will take 2-3 months to receive your Notice of Award and first benefit check.