# WAYNE TOWNSHIP GOVERNMENT

Jeb Bardon, Trustee

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**SOCIAL SECURITY DISABILITY (SSD)**

**SUPPLEMENTAL SECURITY INCOME (SSI)**

1. Are you or a member of your household under Dr. care or off work for medical reasons? \_\_\_\_yes \_\_\_\_no.
2. Have you or a member of your household applied for Social Security Disability? (SSD) \_\_\_\_yes \_\_\_\_no.

If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you or a member of your household applied for Supplemental Security Income? (SSI) \_\_\_\_yes \_\_\_\_no.

If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you or a member of your household plan on applying for Social Security Disability? (SSD) \_\_\_\_yes \_\_\_\_no.

If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you or a member of your household plan on applying for Supplemental Security Income? (SSI) \_\_\_\_yes \_\_\_\_no.

If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you answered yes to any of the above questions do you have an attorney that is assisting you with your application/appeal for Social Security Disability (SSD) and/or Supplemental Security Income? (SSI) \_\_\_\_yes \_\_\_\_no.

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**Name Date**