

CLIENT INTAKE SHEET - SOCIAL SECURITY

Date: _____ Referred by: _____

Social Security Number: _____ - _____ - _____

Name: _____ Telephone No. (____) _____

Address: _____ Date of Birth: _____ Age: _____

_____ Height: _____ Weight: _____

Marital status: _____ Spouses name & SSN: _____

Children under age 18 - provide names, dates of birth & Soc. Sec. No.:

Please provide the name and telephone number of closest relative or friend who can be contacted if we are unable to reach you?

Have you applied for: Disability Yes / No
 SSI Yes / No
 Both Yes / No

What Social Security Office did you file your application at?

List your health problems: _____

Date last worked: _____

Where were you employed? _____

What did you do? _____

Why did you stop working? _____

Have you received an income tax refund within the past 2 years? Yes / No

Education: Last grade completed in school: _____ Maiden Name: _____

School attended: _____ City/State _____

Place of Birth: _____ Mother's Maiden Name: _____

For office use only:
Intake Attorney: _____

Current stage: _____
Any prior apps. _____