

The Supplemental Security Income (SSI) Appeals Process

Supplemental Security Income (SSI) is one of the most important federal programs for people with disabilities. SSI provides eligible individuals with a monthly check, and access to services such as food stamps and Medicaid.

SSI can provide financial support during periods you are only able to work minimum hours or while you are looking for employment. SSI benefits can also be received while in vocational training or attending other post-secondary education programs. Another important benefit is that almost everyone who receives SSI is also eligible to have health care coverage through Medicaid.

Because these benefits can be a valuable resource to transition-aged students, youth with significant disabilities often apply for SSI before their 18th birthday. Even if you received SSI benefits as a child, you must reapply when you turn 18 to see if you qualify under adult eligibility requirements.

The application process for SSI is very complex. Because applicants must provide a great deal of detailed information and may not be familiar with the kind of information the Social Security Administration needs to make a decision, many applicants find that their application is denied at first. However, by appealing that decision and providing updated information, it is often possible to change this initial decision. This handout provides information on the appeals process.

If you receive a letter from the Social Security Administration (SSA) denying your application, the reason for denial should be clearly stated on the letter. If you disagree, you may appeal that decision. The letter will state the steps needed to appeal the decision. You must respond within 60 days from the date you receive the letter. This article will provide information on how to appeal, including:

- Why applications are frequently denied
- The four levels of appeal
- Where you can get more information

Why appeal?

Many people are denied initially who are later found eligible through the appeal process. Appealing also ensures a record of the application date for back pay of benefits once found eligible. Simple mistakes in the initial application may cause denial. Most people who appeal are granted reversals at the first and second levels of appeal.

Why are applications frequently denied?

Applications are lengthy and call for many details and the information provided may be have been incomplete. Assuming the resource and income limits are met (see eligibility question), applications are denied for two main reasons:

1. All required medical information may not have been submitted or might not be specific to the impact on work and daily living activities. The medical information must provide specific details about your disability and how it limits your ability to participate in the community or workplace.

This information may not be in your medical file or only referred to briefly. It is important to speak with your medical providers about why this information is required. Request additional data be included if appropriate and a review of your files for completeness.

2. SSA requests a detailed description of your day-to-day activities on a form called the Activities of Daily Living (ADL) questionnaire, which lists common activities that everyone who is self-sufficient may be expected to perform, such as mowing the lawn, grocery shopping, dressing, and going to work.

SSA has an official form for this purpose, [socialsecurity.gov/forms/ssa-3373-bk.pdf](https://www.socialsecurity.gov/forms/ssa-3373-bk.pdf), that is

completed by the applicant and people who know the applicant's disability-related needs (e.g., teachers, job coach, parents, and caretakers). The information provided by your references may not have been specific to your disability-related services and supports needed.

The third-party references you choose to list should stress how your disability limits and restricts your ability to work and do common activities. It is important for the people responding to the ADL questionnaire to understand the need to provide information that describes your limitations or restrictions for work and not focus on your strengths. It is perfectly appropriate to discuss this with your references. Only then can you be sure that the person you have asked to vouch for you will provide the information needed.

What information should be included on work experiences?

Current transition programs provide many supports to enable students with disabilities to work, have positive learning experiences, and develop good career goals. Reports from teachers, work-experience counselors, employers, and parents usually emphasize the individual's strengths without describing the limitations and supports utilized. Information on all assistance being provided to a person with a disability and the employer should be noted on the ADL questionnaire.

If there are any built-in supports or job coaches providing services on a regular basis, those services need to be listed in detail, such as: interpreters, assistive technology, flexible hours, work-behavior guidance, co-worker and/or employer support, limited duties, rest periods, special transportation, adapted equipment and devices, alternative communication methods, and others.

What if my child can work but there are no appropriate jobs in my community?

The individual must not be able to engage in any kind of substantial, gainful work which exists in the national economy regardless of whether jobs are available locally, or are accessible, or desirable to individuals. The lack of appropriate work options locally or regionally is not generally taken into account.

How does the appeal process work?

There are four levels of appeal. If you disagree with SSA's

decision it is highly recommended that you appeal. The first level can be completed without an attorney; whereas, an attorney is helpful at the second level and beyond. It is standard, with some exceptions, that appeals be initiated within 60 days of receiving the denial letter.

- **1st Level: Reconsideration.** Reconsideration means that all of the documentation will be reevaluated by a disability examiner who was not part of initial determination. Sometimes all the medical files are not received or there may be a change in the disability condition that needs to be considered. It is generally to the applicant's advantage to request to review the file and to submit additional medical or ADL information if available.

When requesting reconsideration, the applicant must state a brief reason, which requires no more than a few sentences on the reconsideration form. The link to the form and steps to be taken will be provided on the denial letter or you can download the form at: [socialsecurity.gov/forms/ssa-561.pdf](https://www.socialsecurity.gov/forms/ssa-561.pdf)

- **2nd Level: The Hearing.** If the reconsideration is denied and you wish to appeal, the next step is the hearing before an Administrative Law Judge (ALJ). You can bring an advocate, witnesses, family members, or have an attorney represent you. Before the hearing, make sure that all the medical records are included in the file.

Other people present at the hearing will include the court reporter who will record the proceedings, and medical or vocational experts if the judge requests their help in making a fair decision. There is no jury or spectators. There is not an attorney for SSA and therefore no cross examination. The hearing will last about one hour and a written notice of the decision will be sent to you.

- **3rd Level: Appeals Council Review.** This is a request for a review by the Appeals Council. The role of the Appeals Council is to review the ALJ's decision. No one besides council members are present at this level. The council will review documentation and the ALJ's decision and either make a decision or send it back to the ALJ for a second hearing. This could mean that a different judge would hear the appeal. A written statement will be sent to you regarding how the appeal will be handled.
- **4th Level: Federal Court Action.** If the appeal is again denied, a lawsuit with a Federal District

Court can be filed within 60 days. The federal court will review all the information provided and make a decision without any future hearings. It is also possible to bring an appeal to the Supreme Court. This level of appeal is rarely done.

Remember, if your SSI application is denied, you have a right to appeal. The process is set up to protect you—use it.

Where can I get more information?

You can visit the Social Security website at [socialsecurity.gov](https://www.socialsecurity.gov), ask the interviewer during your application appointment, or call toll-free 1-800-772-1213.