

# A Parkinson's disease specific guide to Federal Social Security Disability (SSD) Application (this is not for SSI)

\*All forms listed below can be found and downloaded or completed on-line at:\*

[www.ssa.gov](http://www.ssa.gov)

\*\*The Social Security Administration (SSA) recommends that forms be filled out on-line.\*\*

**1<sup>st</sup> Step** Read the Disability Starter Kit. This is Form **SSA-3381**. You will want to gather the information listed in the Disability Starter Kit prior to proceeding with your application. This will make the application process easier to complete.

**2<sup>nd</sup> Step** APPLICATION FOR DISABILITY INSURANCE BENEFITS, Form **SSA-16-BK** is the next form to be filled out and turned in to SSA. This form can be filled out on-line, and in fact SSA prefers that it be filled out on-line. SSA states that on-line forms can be processed quicker than paper forms. As of November, 2008, Form SSA-16-BK contains 33 numbered sections for the applicant to complete. Most of these sections request basic demographic information about the applicant.

**3<sup>rd</sup> Step** DISABILITY REPORT – ADULT – Form **SSA-3368-BK** is the next form that you will need to fill out. This form has 9 sections. It requests information about your diagnosis, asks questions about your condition related to work, asks questions about what you are able to still do functionally (e.g.-lifting, carrying), and among other things, asks about your medications, doctor(s), and your medical records. The majority of the rest of this form will serve as a PD-specific guide as to how to complete this form. The goal of this guide is to make it easier for you the patient to fill out Form **SSA-3368-BK** and to increase the chances you win your claim for disability at the application level so you do not have to appeal. Please, note this is only a guide, and is written from the perspective of a patient filling out the form. There are many manners in which you can fill this form out, and you will need to take the language presented here and alter it to fit you. Feel free to use the parts of this guide that apply to you and your condition, and disregard the portions that do not apply to you.

## Section 1 – INFORMATION ABOUT THE DISABLED PERSON

Questions A-I are all self-explanatory.

## Section 2 – YOUR ILLNESSES, INJURIES OR CONDITIONS AND HOW THEY AFFECT YOU

Questions in this section are lettered A-J.

**A. What are the illnesses, injuries, or conditions that limit your ability to work?**

Parkinson's disease is a degenerative brain disorder for which there is no cure. My symptoms of Parkinson's disease are significant rigidity, bradykinesia and/or tremor in my \_\_\_\_\_ (list all extremities) which makes it so \_\_\_\_\_ (*here describe how this impacts your gross and dexterous movements and/or your gait and station here. Highlight whether this impact is sustained and how rigidity, bradykinesia, and tremor disturb your gross and dexterous movements*). (**\*Federal disability claims people require that the rigidity, bradykinesia, and/or tremor affect at least 2 extremities**). My symptoms are physical and I have significant difficulty with \_\_\_\_\_ (Describe this here. Examples: clumsiness, lose balance frequently, awkward gait, falls, dyskinesia, drop things). My symptoms have also been mental and emotional and show up as \_\_\_\_\_ (*Describe these here. Some examples are: difficulty with concentration so I cannot finish even simple tasks, attention, memory, sequential organization, and multi-tasking irritability, loss of social inhibitions, confusion, apathy, and significant depression*). Symptoms will continue to get worse until I can't walk, talk or swallow any more, and dementia will eventually set in.

**B. How do your illnesses, injuries, or conditions limit your ability to work?**

Increasing forgetfulness and loss of short-term memory make it almost impossible for me to perform even routine tasks (if this applies to you). Any stress caused by due-dates or schedules exacerbates my symptoms and makes my symptoms more exaggerated than they already are. Chorea movements and lack of balance control makes it impossible for me to type, hold things, or carry things for very long. My impaired balance makes it very difficult to navigate the office environment without a constant fear of falling or in fact falling. Thus far I have fallen 3 times at work. One fall resulted in me bruising and spraining my wrist. I frequently miss deadlines for everyday projects and tasks that require my sustained focus, organization of data, or multi-tasking. I am also unable to stand for periods longer than \_\_\_\_\_, without having to sit and rest.

**C. Question C is self-explanatory.**

**D. When did your illnesses, injuries, or conditions first interfere with your ability to work?**

Be sure to put down when your condition/symptoms first began to interfere with your work, not when you were first diagnosed or when others may have first noticed.

**E. Question E is self-explanatory.**

**F. Question F is self-explanatory.**

G. Question G is self-explanatory.

H. If “Yes,” did your illnesses, injuries, or conditions cause you to: *(check all that apply)*

- **Work fewer hours?** (explain below)
- **Change your job duties?** (explain below)
- **Make any job-related changes such as your attendance, help needed, or employers?** (explain below)

All of the above. Due to the progressive nature of Parkinson’s disease once symptoms start they continue to get worse and worse until you are afraid to do things and lose the ability to do simple ordinary tasks. I had to miss days of work due to medical appointments and due to side-effects from taking medications and medication adjustments necessary to attempt to get some relief from the insidious symptoms associated with Parkinson’s disease.

I. Question I is self-explanatory.

J. Why did you **stop working?** (below is an example only)

I stopped working because I can no longer perform the basic, essential functions of my job. My disease has progressed and I’m having difficulty with memory, problem solving, and concentration which significantly affected my performance at work. Because of my lack of balance and chorea movements I fell twice at work, with one of the falls resulting in a sprained wrist. I have tried accommodations at work to help and even attempted to work at another job with some different functions, but was still unable to perform the basic, essential functions of the job.

SECTION 3 – INFORMATION ABOUT YOUR WORK
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Questions in this section are lettered A-J.

**A.-J.** Questions A-J are self-explanatory.

SECTION 4 – INFORMATION ABOUT YOUR MEDICAL RECORDS
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Questions in this section are lettered A-F.

**A.-F.** Questions A-F are self-explanatory.

SECTION 5 – MEDICATIONS
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Section 5 is self-explanatory. However, be sure to take the time to discuss the side-effects that occur for you with your medications. For example, some patients would want to report that they experience impending doom or emotional discontrol when their carbodopa/Levodopa wears off. Be sure to state that you will never be able to discontinue taking medications, and that many you will have to take more of in the future.

## SECTION 6 – TESTS

Section 6 is self-explanatory.

## SECTION 7 – EDUCATION/TRAINING INFORMATION

Section 7 is self-explanatory.

## SECTION 8 – VOCATIONAL REHABILITATION, EMPLOYMENT, or OTHER SUPPORT SERVICES INFORMATION

Section 8 is self-explanatory.

## SECTION 9 – REMARKS

In addition to using this section to expound upon or attach further information from other sections, you may wish to write something like the following in this section:

Parkinson's disease is an incurable, degenerative brain disorder that affects every part of an individual's life. Characteristic features of PD include involuntary movements, memory deficits, rigidity in the body, bradykinesia that effects both gross and dexterous movements, as well as gait and station. Family members may first notice that the individual experiences, apathy, depression, changed gait, and tremor. In the case of bradykinesia, tremor, rigidity, and balance difficulty, all will worsen as the disease progresses. Depression may remit and recur multiple times. PD may affect the individual's memory and other cognitive functions. Early signs might include having trouble driving, learning new things, remembering a fact, answering a question, or making a decision. Many people with PD display changes in handwriting. As the disease progresses, concentration on intellectual tasks becomes increasingly difficult.

In some individuals, the disease may begin with uncontrolled movements in the fingers, feet, face, or trunk. These movements—which are signs of chorea—often intensify when the person is anxious. PD can also begin with mild clumsiness or problems with balance. Some people develop choreic movements later, after the disease has progressed. They may stumble or appear uncoordinated. Chorea often creates serious problems with walking, increasing the likelihood of falls.

The disease can reach the point where speech is so silent as to be unintelligible. Vital functions, such as swallowing, eating, speaking, and especially walking, continue to decline. Most individuals with PD, however, remain aware of their environment and are able to express emotions and recognize their loved ones.

### 4<sup>th</sup> Step medical release form

You will likely be asked to sign and turn in signed consents for the release of your medical records.

**Attachments provided with this packet**

- Copy of form SSA-3381 (Disability Starter Kit)
- Copy of form SSA-16-BK (Application for disability insurance benefits)
- Copy of form SSA-3368-BK (Disability Report – Adult)