



Improving outcomes for people with developmental disabilities

❖ Social Security Disability Insurance (SSDI) for Adults Disabled Since Childhood

Background

SSDI is a federal “insurance” program that may pay benefits to adults (18 and over) who have been disabled since childhood. (Children under age 18 may also receive dependents benefits if their parents are receiving Social Security retirement or disability benefits. They do not have to be determined “disabled” to receive dependents benefits.)

Eligibility

Parents paid into or received Social Security

■ The SSDI program pays benefits to adults who have a disability that began before they became 22 years old and whose parents paid into or received Social Security. This SSDI benefit is considered “child’s” benefit because it is paid on a parent’s Social Security earnings record. For a disabled adult to become entitled to this “child” benefit, one of his or her parents must be receiving Social Security retirement or disability benefits **or** must have died and have worked long enough under Social Security.

Note: Parents should supply their social security numbers to their child’s Regional Center Case Coordinator as this confidential information is necessary to apply for benefits after the parent’s death or incapacity.

- These benefits also are payable to an adult who received dependents benefits on a parent’s Social Security earnings record prior to age 18, if he or she is disabled at age 18. The disability decision at 18 is determined using the disability rules for adults rather than for children.
- SSDI disabled adult “child” benefits continue as long as the individual remains disabled. Work is not required by the recipient to get these benefits.

Adult with developmental disability who worked and paid into the system

- SSDI can also be received by adults with developmental disabilities who worked and paid into the system before acquiring the disability that caused them to not be able to work.

Disability Criteria for Adults

- An adult (18 or over) must have medically determinable physical or mental impairment(s) that results in the “inability to do any substantial gainful activity” **and** can be expected to result in death **or** has lasted or can be expected to last at least 12 months.

The Health Care Provider’s Role

A letter from or co-signed by the patient’s licensed medical provider can facilitate the application or appeal process significantly. Letters from other health care providers can also be helpful. Information on letter writing guidelines and the Social Security Administration’s Listing of Impairments is available in the “For More Information” section below.

Benefits

- Monthly income
- Medicare (after receiving SSDI for two years)
- Ticket to Work Program—The Ticket to Work Program increases opportunities for Social Security disability beneficiaries to obtain employment, vocational rehabilitation (VR), and other support services from public and private providers, employers, and other organizations.

How to Apply

The first step is to contact Social Security by telephone or visiting the local office to schedule an appointment. This is important because it establishes the *onset date* of disability. Currently, you cannot apply for SSI benefits online. Application must then be made within 60 days.

In certain cases, if the applicant's medical conditions are so serious that their conditions obviously meet disability standards, they can be found presumptively eligible. In these cases SSI can be paid immediately (and MediCal obtained) while the disability determination is proceeding. Only certain conditions are included. These conditions are referred to as "compassionate allowances". If however, the person is later found to be ineligible, they will be asked to pay this money back. This can be appealed.

In most cases, processing the SSI claim takes between 1-6 months if all required documentation is provided. When a claim is denied by Social Security and an appeal is filed, the SSI claim process can take longer.

Appeals Process

If an application is denied, there are multiple levels of appeal. The first step is called reconsideration. The second step is a hearing in front of an administrative law judge. There is also an appeal process for overpayments, known as waivers. Many previously denied applications are approved on appeal. Claims for appeal must be made within 60 days of denial at each stage. Documentation of medical impairments by the treating provider(s) is critical to this process.

For More Information

- Disability Evaluation Under Social Security (includes Listing of Impairments): <http://www.socialsecurity.gov/disability/professionals/bluebook/index.htm>
- Disability Letter Guidelines: <http://familymedicine.medschool.ucsf.edu/odpc/docs/word/letter%20writing%20guidelines.doc>
- Social Security Administration: <http://www.socialsecurity.gov/disability/>. To contact your local Social Security Administration: (voice) 800-772-1213; (TTY) 800-325-0778; <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>
- Regional Center clients may also contact their Case Coordinator for more information.

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