


Getting Started Worksheet—SSI

Use this worksheet to help gather information needed to do a Benefits and Work Estimator Session.

 *Note: If you are unsure about what benefits you are on, **DB101 Talk to an Expert** might be able to help with the items marked by a (*).*

Household Information

What is your citizenship status?*

- US Citizen
- Qualified Alien
- Other Legal Resident
- Undocumented or Non-immigrant

What is your disability determination status?

- I have been determined disabled*
- I have been determined blind
- My determination is pending
- I am disabled without determination
- I am not disabled

Who determined that you are disabled?*

- Social Security*
- SMRT*

Are you on GA/MFIP/GRH/PASS/Workers' Compensation?
If you answered "Yes" to any one of these, stop and call the Disability Linkage Line® at 1-866-333-2466 or chat with a DB101 Talk to an Expert.

- Yes
- No

What zip code do you live in?*

Are you married and living with your spouse?*

- Yes
- No

How many children do you and/or your spouse have, who are under 21 and who live with you?*

Which best describes your living situation?

- Group home/Foster care
- Shared home (roommates)
- My own place
- Someone else's place

Household Information (cont'd)

Do you pay at least your fair share of household expenses?*

Yes

No

What is the amount of the rent or mortgage you pay each month?

Are you on Section 8?

Yes

No

Current Income *Please note your current income*

SSI – Supplemental Security Income*

MSA – Minnesota Supplemental Aid*

Supplemental Nutrition Assistance Program (SNAP)
(formerly called Food Support)*

SSDI – Social Security Disability Insurance (If you receive SSDI, you need to complete the Benefits and Work Estimator Worksheet for SSDI instead of this one.)*

Disabled Adult Child benefit (DAC)*

Short-Term/Long-Term Disability*

Cash support from individuals (only if on SSI)*

Unearned Income not counted by SSI

Other Unearned Income

Have you received any SSI benefit in the last or 12 months, participated in a PASS in the last 12 months, or are you in 1619(b) status now?

Yes

No

Recent Work

Have you worked at all since the beginning of the year?*

Yes

No

Recent Work (cont'd)

If yes, what is your last month's:
Monthly gross earnings from work (other than self-employment)?

Monthly Impairment-Related Work Expenses (IRWE) claimed

Have you had any net income from self-employment since the beginning of the year? Yes
No

If yes, what is your self-employment income for each month since the beginning of the year?

Health Coverage *Please note what health coverage you have, if any*

Standard MA (Medical Assistance)* Yes
No

MA with spenddown* Yes
No

MA-EPD (Medical Assistance for Employed Persons with Disabilities)* Yes
No

MinnesotaCare* Yes
No

Medicare* Yes
No

Private individual health coverage* Yes
No

Coverage through spouse or domestic partner* Yes
No

Cobra or OBRA* Yes
No

If yes, End Date*

Future Jobs Work Information

IRWEs/BWEs

Childcare

Other work expenses

Wage

Hours

Tips

Income type

Hourly

Daily

Weekly

Every two weeks

Twice a month

Monthly

Health coverage service waiting

YOUR RESOURCE. YOUR WAY.



1-866-333-2466

