

HELP SAVE SOCIAL SECURITY: SEND YOUR PERSONAL STORY

The Consortium for Citizens with Disabilities - a coalition of over 100 national consumer, provider & advocacy organizations - needs information to help protect the future of Social Security. As you know, there is a lot of discussion about changing Social Security. This is a very serious concern for people with disabilities and their families because changes in the program will have a huge impact on everyone who gets benefits – not just people who retire. **If you or a family member gets Social Security benefits, we want to hear from you!** By giving us information, you may remain anonymous OR you may share your name with us. If you do share your name, please indicate below if you would appear at a public meeting to talk about the importance of Social Security benefits for you and/or your family.

What we need are stories about Social Security benefits only, not about Supplemental Security Income (SSI) benefits. If you receive only SSI benefits, please do not use this form. But if you get both Social Security and SSI benefits or if you are not sure which benefits you get, please share your story by completing this form.

YOUR PERSONAL STORY

I get a monthly Social Security check.
 Someone else in my household gets a monthly Social Security check. This person is [describe relation to you] _____

I get Social Security because [check answer that applies to you]:
 It's my own disability insurance because I can no longer work due to a disability.
 It's disability insurance from one of my parents or my spouse.
 It's my own retirement insurance because I no longer work.
 It's retirement insurance from one of my parents or my spouse.
 It's survivors insurance from one of my parents or my spouse who are now dead.

Are you a “**disabled adult child**” under the Social Security rules? [This means that you have a severe disability that began before age 22; are not married; and are unable to earn more than a certain amount of money each month] Yes No

I wish to **remain anonymous**. I live in _____ [state].

I am willing to share **anonymous private and confidential** information about my personal/family story, including how we use the Social Security benefits, with public officials who are deciding the future of the Social Security program.

I am willing to have others **publicly share my personal/family story**, including how we use the Social Security benefits, and identify me/my family by name.

I am willing to **speak at public meetings** before public officials in my own state to share my personal/family story, including how we use the Social Security benefits.

For each person in your household who gets Social Security benefits, please answer the following questions:

If you are the person who gets Social Security:
Age _____ Amount of monthly check _____ Received benefits for how long? _____

If one of your parents gets Social Security:
Age _____ Amount of monthly check _____ Received benefits for how long? _____

If one or more of your children gets Social Security:
Age(s) _____ Amount of monthly check(s) _____ Received benefits for how long? _____

What is your disability or the disability of your family member?

**How long did you (or your family member) work before receiving Social Security benefits?
What was your job?**

Please explain briefly why the Social Security benefits are important to you and your family.

It's helpful to know how most people spend their Social Security benefits. Please check any items listed below that you use the money for and place a star [*] next to the 3 items where you spend the most money.

- Rent or mortgage payment
- Food
- Utilities
- Special food for person with disability in household
- Clothing
- Car payments/gasoline
- Transportation
- Medical bills
- Prescription drugs
- Respite care
- Special services for person with disability in household
- Education or job training
- Others [please list]

If you did not get this money from Social Security, what would you do? Could you get help from any other public or private agency?

When you hear about the President's proposals to change Social Security, what concerns do you have?

Your name:

Address:

Phone number:

Email address:

**Please return this form by any of the following methods:
Mail: Disability Policy Collaboration, Social Security Task Force, 1660 L Street NW, Suite 701,
Washington DC 20036
Fax: 202-783-8250
E-mail: info@c-c-d.org**