

Effective Date: March 16, 2012



Representatives must submit the following electronically:

- Request for appeal forms i561 and i501
- The Disability Report-Appeal form i3441

And continue to submit paper documentation, such as:

 SSA-827, SSA-3881, SSA-1696



If you answer yes to all these questions:

• Are you eligible for direct fee payment?



If you answer yes to all these questions:

- Are you eligible for direct fee payment?
- Are you asking us to pay you directly in this particular case?



If you answer yes to all these questions:

- Are you eligible for direct fee payment?
- Are you asking us to pay you directly in this particular case?
- Did we deny your client's original claim for medical reasons?

Then you must file the appear

Please take a few minutes to fill out our brief survey



Your feedback is important to us



Your client has applied for disability benefits



Your client has applied for disability benefits

2) Your client has received a notice of decision



Your client has applied for disability benefits

- 2) Your client has received a notice of decision
- 3) Your client disagrees with the disability decision and wants to file an appeal



- Your client has applied for disability benefits
- 2) Your client has received a notice of decision
- 3) Your client disagrees with the disability decision and wants to file an appeal
- 4) You client lives in the United States or one of its territories

Contact Social Security at: 1 - 800 - 772 - 1213 $(\mathbf{I} \mathbf{Y})$ 1-800-325-077

Visit the website: www.socialsecurity.gov/d isability/appeal



• Weekdays: 5am - 1am ET



- Weekdays: 5am 1am ET
- Saturdays: 5am 11pm ET



- Weekdays: 5am 1am ET
- Saturdays: 5am 11pm ET
- Sundays: 8am 10pm ET



- Weekdays: 5am 1am ET
- Saturdays: 5am 11pm ET
- Sundays: 8am 10pm ET
- Select Holidays: 5am 11pm ET



It can take up to 1 hour to complete the forms online.



First Part: Disability Internet Appeal Request





Second Part: Disability Report







Disability Appeal

Welcome. Thank you for filing your disability appeal online.

Before you begin...

You need to have your Notice of Decision.

We recommend you review the following links:

- <u>Video: Preparing to File Your Disability Appeal Online</u>
- <u>Checklist: Information You Will Need</u>
- Tips for Using this Website
- Instructions for Blind or Visually Impaired Users

You may also want to review:

- Social Security's Definition of Disability
- How the Disability Appeal Process Works
 Information About Social Security's Disability
- Programs
- Your Right to Representation
- Other Ways to Complete a Disability Appeal

Contact Us | Tips for Using this Website

To start your disability appeal...

Please read Tips for Using this Website.

Start Your Appeal

To continue working on your disability appeal...

If you want to finish a disability appeal you already started:

Go Back to the Appeal You Already Started



Your client's name, Social Security Number, address, and phone number



- Your client's name, Social Security Number, address, and phone number
- Your client's Notice of Decision



- Your client's name, Social Security Number, address, and phone number
- Your client's Notice of Decision
- Your name, address, and phone number



- Your client's name, Social Security Number, address, and phone number
- Your client's Notice of Decision
- Your name, address, and phone number
- The name, address, and phone number of a friend or relative who knows about your client's medical condition



 A description of any changes in previously reported medical conditions



- A description of any changes in previously reported medical conditions
- New medical conditions



- A description of any changes in previously reported medical conditions
- New medical conditions
- The name, address, phone number, type of treatment, and visit dates for all doctors, hospitals, and clinics



 The names of over-the-counter and prescription medicines your client currently takes, who prescribed them, and any side effects



- The names of over-the-counter and prescription medicines your client currently takes, who prescribed them, and any side effects
- The name, location, and date of all medical tests you have had and who sent your client for them





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Your answers are saved automatically when you select "Next"



- Your answers are saved automatically when you select "Next"
- To complete the appeal later, you can select "Sign Off finish later" after you receive a reentry number.



- Your answers are saved automatically when you select "Next"
- To complete the appeal later, you can select "Sign Off finish later" after you receive a reentry number.
- You can print the summary page for your records.



 We recommend you make sure your printer is working properly before you begin the application.



- We recommend you make sure your printer is working properly before you begin the application.
- If you want a copy of all of your answers, you will need to print or save each page.



- We recommend you make sure your printer is working properly before you begin the application.
- If you want a copy of all of your answers, you will need to print or save each page.
- When printing, use the print feature located in your web browser.



You will receive a time limit warning if you have been working on one page for longer than 25 minutes.

If you would like to continue, select the option to continue working on that page when you see this message.



After three 25 minute warnings, you must move onto the next screen to prevent your information from being lost

Social Security Online www.socialsecurity.gov

Your session has expired

Disability Appeal

We are sorry for the inconvenience but your session has expired. Only the information you entered on the last page has been lost. All of the other information you entered during this session will be available when you return to the report.

If you would like to continue completing the Disability Reports Appeal, you may try again by selecting the "Return to Report" button below.

Select the Exit button to leave this report. You will be taken to the Social Security home page.

Return to Report





Items marked with an asterisk (*) are required.



- Items marked with an asterisk (*) are required.
- To navigate within the appeal, use the "Next" and "Previous" buttons.



- Items marked with an asterisk (*) are required.
- To navigate within the appeal, use the "Next" and "Previous" buttons.
- Do not use the "Back" button or "X" located in your browser.



 You can use the "Sign Off (finish later)" button once you have obtained your reentry number.



- You can use the "Sign Off (finish later)" button once you have obtained your reentry number.
- The summary pages have edit buttons if you would like to change information you entered.





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- Other Ways to Complete a Disability Appeal

Please read T	ips for Using this Website.
	Start Your Appeal
lo continue	working on your disability appeal



	Disability Appeal
Social Security Online www.socialsecurity.gov	Distability ripped
	Can you use this online disability appeal?
	Please note: if you are helping another person fill out this appeal, answer all of the questions as they apply to the person you are helping.
	To complete an appeal online, you must have a notice of decision.
* Do you live in the United States or one of its territories / commonwealths?	© Yes ◎ No
* Did you receive a notice of decision?	© Yes ◎ No
	Previous Next
	Contact Us Tips for Using this Website



Social Security Online

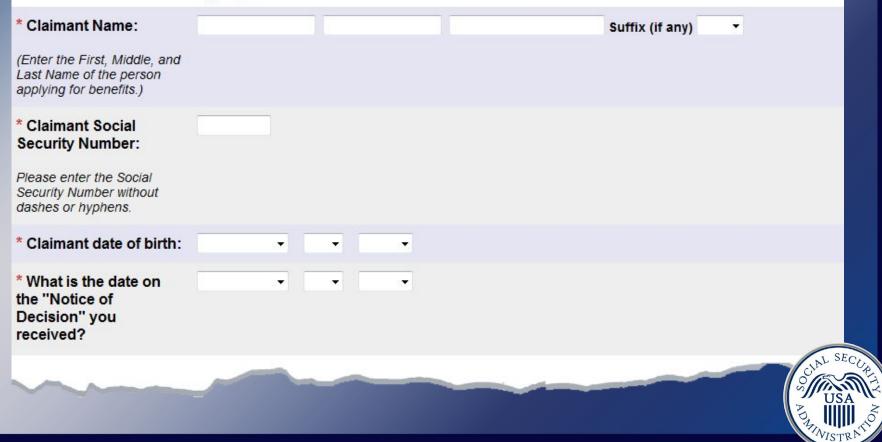
Disability Appeal

www.socialsecurity.gov



Claimant information

Please note: "Claimant" refers to the adult or child whose disability decision is being appealed.



Social Security Online www.socialsecurity.gov	Disability Appeal	
Name: John G Public SSN: xxx-xx-0823	Request for reconsideration Your privacy is important. For details about our use of your information, we encourage you to read our <u>Privacy Act Statement</u> .	OMB No. 0960-0622 Paperwork Reduction Act
Name of Claimant:	John G Public	
(First, Middle, Last)		

* Claimant Mailing Address:

Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101. If the address on your notice is correct, please enter it exactly as it appears on the denial notice.

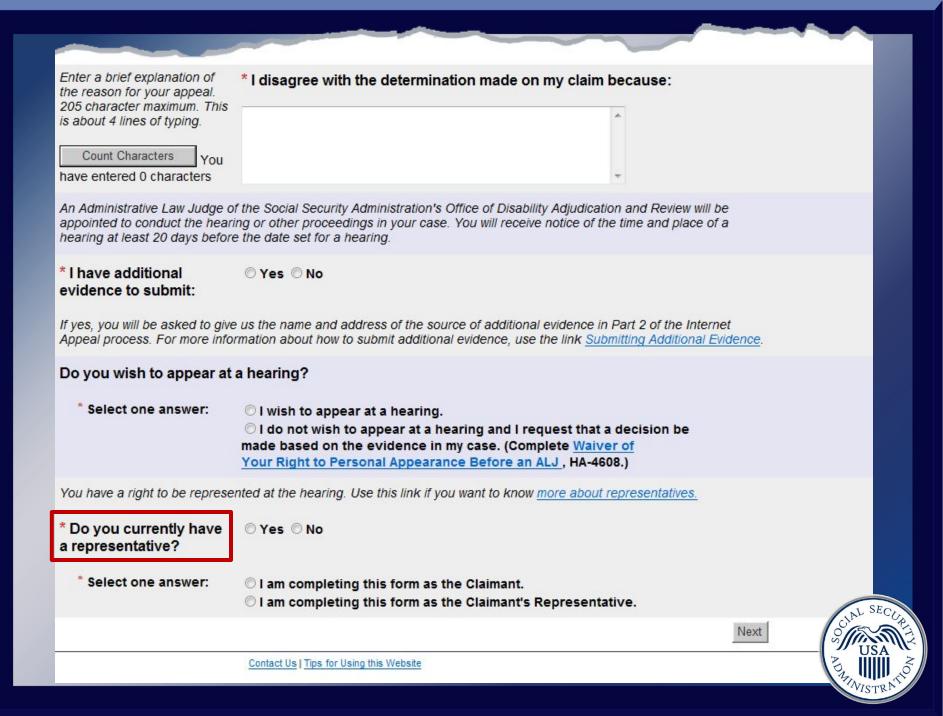
* (Street Line 1)		
(Street Line 2)		
(Street Line 3)		
(Street Line 4)		
* (City, State, ZIP Code)	▼ 21087	
Claimant Telephone Number:	CLAL SECUR	
		TY NO

Disability Appeal Social Security Online www.socialsecurity.gov OMB No. 0960-0269 Name: John G Public Request for hearing by administrative law Paperwork Reduction Act SSN: xxx-xx-0822 judge Your privacy is important. For details about our use of your information, we encourage you to read our Privacy Act Statement. Claimant Name: John G Public (First, Middle, Last) * Claimant Address: Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101. If the address on your notice is correct, please enter it exactly as it appears on the denial notice.

* (Street Line 1)		
(Street Line 2)		
(Street Line 3)		
(Street Line 4)		
* (City, State, ZIP Code)	▼ 21087	
Claimant Telephone Number:		CUAL SECUR
		Contraction of the second seco

Wage Earner Name (If different from Claimant):	Suffix (if any)
(First, Middle, Last) Who is the Wage Earner?	
I REQUEST A HEARING B	EFORE AN ADMINISTRATIVE LAW JUDGE.
Enter a brief explanation of the reason for your appeal. 205 character maximum. This is about 4 lines of typing.	* I disagree with the determination made on my claim because:
Count Characters You have entered 0 characters	-
	the Social Security Administration's Office of Disability Adjudication and Review will be ng or other proceedings in your case. You will receive notice of the time and place of a the date set for a hearing.
* I have additional evidence to submit:	©Yes ◎No
	us the name and address of the source of additional evidence in Part 2 of the Internet mation about how to submit additional evidence, use the link <u>Submitting Additional Evidence</u> .
Do you wish to appear at	a hearing?
* Select one answer:	 I wish to appear at a hearing. I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete <u>Waiver of</u> Your Right to Personal Appearance Before an ALJ, HA-4608.)

I



Social Security Online www.socialsecurity.gov	Disability Appeal
Name: John G Public SSN: xxx-xx-0823	Representative's information
	You said earlier that the claimant has a representative. If this is not correct, you can <u>Change Your Answer</u> If the claimant has not done so previously, he or she may need to complete and submit <u>a form SSA-1696 (Appointment of Representative)</u> . See <u>About Your Right to</u> <u>Representation for more information</u> .
* Representative's Name:	Suffix (if any)
(First, Middle, Last)	
* Is the Representative an attorney?	©Yes ◎No
* Mailing Address:	
	ddress, including apartment number if applicable. Please do NOT use punctuation; for nas. Example: 528 Dawn St Apt 101
* (Street Line 1)	
(Street Line 2)	
(Street Line 3)	UNAL SECU
	By WSA

Social Security Online

Disability Appeal

www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0012



Review and submit your request for hearing

Please review and submit your request for hearing below. If you need to make changes, select "Previous" to go back. To submit your request select "Submit" and continue to the next portion of your appeal.



The answers you provided are shown in bold text. This will be your last chance to change your answers.

Claimant's name is John G Public . The Claimant's mailing address is 555 Main Street, Anywhere, MD 21087 . The Claimant's phone number is (410) 555-1212 .

If the Claimant has additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.

I, Mike P Public, declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

I, Mike P Public, have read and agree with the above.





Disability Appeal

Social Security Online www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0013



Print your reentry number and receipt

To print or save this page, please use your browser's Print button or File menu commands.

You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.

During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. **Select "Next" to continue.**

Your reentry number is: 74549174

To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."

The Claimant is represented by Mike P Public, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is 111 South Street, Anywhere, MD 21212.



Sign Off (finish later)

Disability Appeal

Social Security Online www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0822



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Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.

Social Security employees cannot access your reentry number.

1. Print your reentry number and receipt.



1. Print your reentry number and receipt.

2. Guard your reentry number carefully.



- 1. Print your reentry number and receipt.
- 2. Guard your reentry number carefully.
- 3. The medical information we gather is **necessary**.



Use the "Sign Off (finish later)" button to come back another time or select "Next" to continue.

Claimant's Social Security number is xxx-xx-0013.

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: Any Reason.

The Claimant is represented by Mike P Public, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's mailing address is 111 South Street, Anywhere, MD 21212.

Next

Sign Off (finish later)

Three Sections of the Disability Report

- About You
- Medical History
- Review and Send



Name: John G Public SSN: xxx-xx-0823	About you: general information	OMB No. 0960-0144 Paperwork Reduction Act
	Your privacy is important. For details about our use of your informat encourage you to read our Privacy Act Statement.	tion, we
The name and address v	vere entered on the Appeal Request.	
Name:	John G Public	
(First, Middle, Last)		
* Address:		
* (Street Address 1)	13 Nophat Ln	
(Street Address 2)		
(Street Address 3)		
(Street Address 4)		
*(City, State, Zip Code)	Owings Mills MD - 21117	
Telephone Number:	410-555-1213	
We need to know how to contact or leave a message	Extension:	
for the claimant.	 This is the claimant's phone number. The claimant does not have a phone, but you can leave a phone. 	message at this number.
Email Address:		

Social Security Online	Disability Appeal
www.socialsecurity.gov Name: John G Public SSN: xxx-xx-0823	About you: someone we can contact about your conditions
	Please tell us about someone else, other than your doctor or health care provider, whom we can contact to help with your appeal if necessary. Doctors and hospitals may not have a complete picture of how your conditions affect your daily life and your work. We may need to talk with someone who knows you and knows about your conditions.
	If you are completing this for a child, please give us your name and address or that of the person who is giving you the information.
* Contact Person's Name:	Suffix (if any)
(First, Middle Initial, Last)	
Relationship to You:	 Husband or Wife Mother Father Sister Brother Grandparent Child Aunt Uncle Cousin Stepmother Stepfather Neighbor Friend Significant Other Other (such as Social Worker, Attorney, Legal Representative) :

- O Aunt
- O Uncle
- Cousin
- O Stepmother
- O Stepfather
- Neighbor
- **Friend**
- O Significant Other
- Other (such as Social Worker, Attorney, Legal Representative) :

* Address:

Please provide this contact's complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

	Check if same as John Public's address	
* (Street Address 1)		
(Street Address 2)		
(Street Address 3)		
* (City, State, ZIP)		
Daytime Phone Number:	Check if same as John Public's phone number	
We need to be able to contact this person during the day.	Extension:	
Sign Off (finish later)	Add Another Contact Previous Next	AL S
	Contact Us Tips for Using this Website	US
	ADATA	NIST

Social Security Online

Disability Appeal

www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0012



About you: updated information

Please tell us about changes in your illnesses, injuries, or conditions **since you last completed a Disability Report**. Look at the medical decision notice you received in the mail if you are not sure what you already told us. If you previously filed an Internet report, please refer to any pages you saved or printed.

You must answer all of the questions on this page before you can continue. We will ask you to explain some of your "yes" answers.

Your Conditions Since You Last Completed a Disability Report:

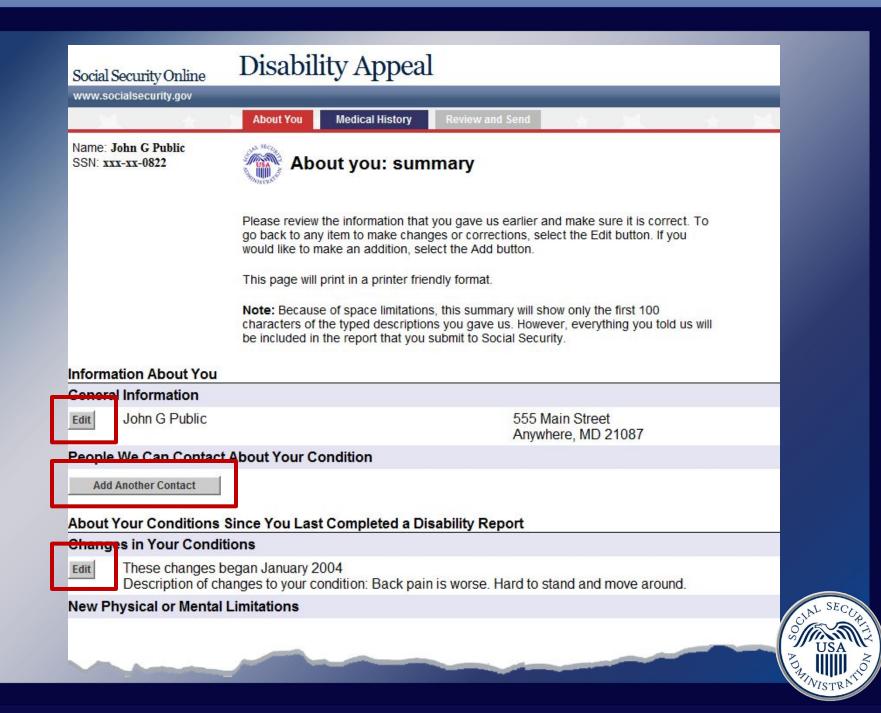
* Has there been any change (for better or worse) in any of your conditions? 🔿 Yes 🔘 No

Examples: blood pressure has gotten higher, asthma is worse

* Do you have any new O Yes O No physical or mental limitations as a result of your conditions?

Examples: can't walk without a walker now; can't take gym class





Social Security Online	Disability Appeal	
	About You Medical History Review and Send	
Name: John G Public SSN: xxx-xx-0822 Medical history: treatments and medicines		
	Please tell us about hospital visits, doctor visits, medicines, and tests since you last gave us medical information. If you are not sure what information you've already given us, look at the medical decision notice you received in the mail. If you previously filed an Internet report, please refer to any summary pages you printed.	

Treatments and Tests Since You Last Gave Us Medical Information:

Be sure to include any doctors who prescribed medicines that you are currently taking as well as those who sent you for tests.



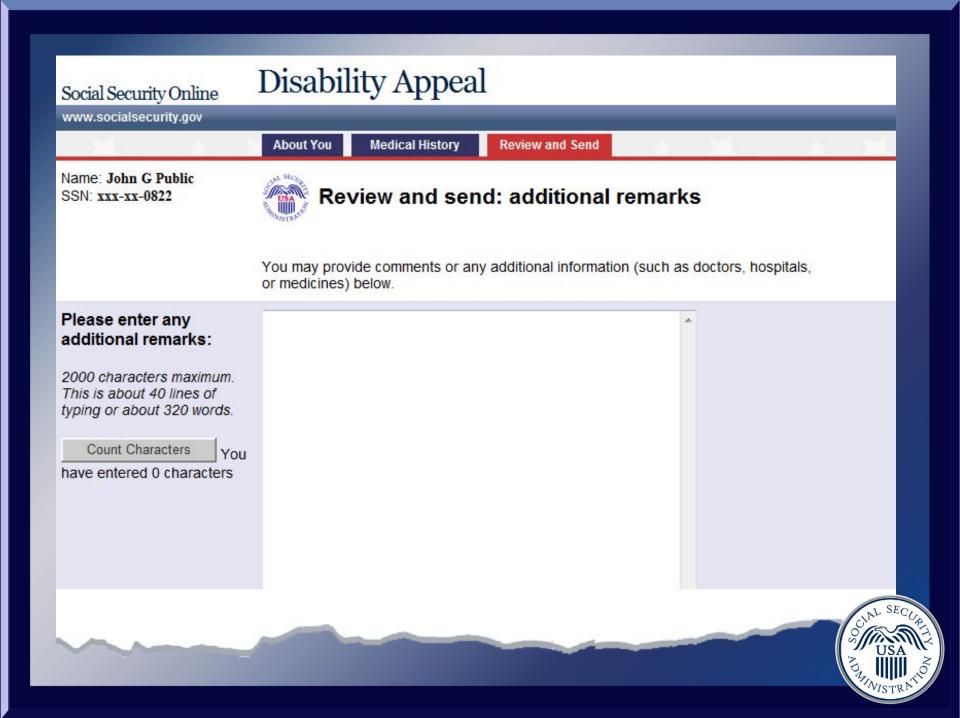
Social Security Online www.socialsecurity.gov	Disat	oility Appe	eal	_	_	_		
	About You	u Medical History	Review a	nd Send	141 M			
Name: John G Public SSN: xxx-xx-0822		Medical histo	ry: more a	about Dr	. Stepher	n Miles		
	the inform delay us in	ve us enough inform lation, give us as mu n getting your record none doctor, we'll as	ich as you can. ds or we may n	Missing or in ot be able to g	complete infor	mation can		
* Name of Doctor:	Dr. 🗸	Stephen	Miles					
(First, Last)								
HMO, Clinic, or Office Name:	Jackson	County Clinic						
(If applicable)								
* Address:								
Check the phone book, your	appointmen	nt card, or billin <mark>g</mark> stat	ement for the a	address.				
Please include ZIP code, sinc example, no periods or comm		s contact Dr. Stephe	en <mark>Miles mo</mark> re q	uickly. <mark>Please</mark>	e do NOT use	punctuation; for	6	
(Street Address 1)	5285 E 3	Jackson St						
(Street Address 2)								
(Street Address 3)								
* (City, State, ZIP)	Medford		MD - 2111	4				
								OS ADA

Social	Security Online	Disability Appeal						
	ocialsecurity.gov							
		About You Medical History Review and Send						
	John G Public xx-xx-0822	Review and send: summary						
		Please review your answers below. Select "Edit" if you need to make a change.						
		You can print or save a copy for your records.						
About	You Summary							
Inform	ation About You							
Genera	al Information							
Edit	John G Public	555 Main Street Anywhere, MD 21087						
People	We Can Contact	About Your Condition						
Add	Another Contact							
About	Your Conditions S	Since You Last Completed a Disability Report						
Chang	es in Your Conditi	ons						
Edit		egan January 2004 anges to your condition: Back pain is worse. Hard to stand and move around.						
New P	hysical or Mental L	Limitations						
Edit	Description of new physical or mental limitations: Back pain is worse. Hard to stand and move around.							
New C	onditions							
Edit	The new condition began January 2004 Description of new condition: Back pain is worse. Hard to stand and move around.							
About	Your Activities							
Edit	Description of changes to daily activities: Hard to stand and move around. Have to lay down a lot. Description of ability to care for personal needs: Cannot do droceny shopping. Hurts to move							



	ocialsecurity.gov	About You Medical History Review and Send
	John G Public xx-xx-0822	Review and send: summary
		Please review your answers below. Select "Edit" if you need to make a change.
		You can print or save a copy for your records.
bout	You Summary	
nform	ation About You	
Conor	Information	
Edit	John G Public	555 Main Street Anywhere, MD 21087
People	We Can Contact	About Your Condition
Add	Another Contact	
		Since You Last Completed a Disability Report
About		
About	Your Conditions s s in Your Condit These changes b	
About Chang Edit	Your Conditions s s in Your Condit These changes b	ions egan January 2004 anges to your condition: Back pain is worse. Hard to stand and move around.
About Chang Edit	Your Conditions s s in Your Condit These changes b Description of changes ysical or Mental	ions egan January 2004 anges to your condition: Back pain is worse. Hard to stand and move around.
About Chong Edit New P Edit	Your Conditions s s in Your Condit These changes b Description of changes ysical or Mental	ions egan January 2004 anges to your condition: Back pain is worse. Hard to stand and move around. Limitations
About Chong Edit New P Edit	Your Conditions s in Your Condit These changes b Description of char Tysical or Mental Description of ner Inditions The new condition	ions egan January 2004 anges to your condition: Back pain is worse. Hard to stand and move around. Limitations
About Chang Edit New P Edit New C Edit	Your Conditions s in Your Condit These changes b Description of char Tysical or Mental Description of ner Inditions The new condition	ions egan January 2004 anges to your condition: Back pain is worse. Hard to stand and move around. Limitations w physical or mental limitations: Back pain is worse. Hard to stand and move around. n began January 2004

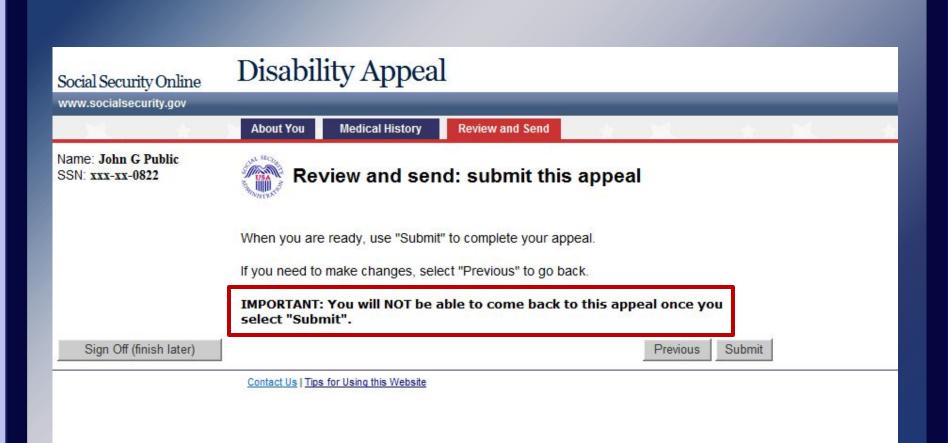




* Information About the Person Completing this Report	 John Public completed this re June Public completed this re Someone else completed this 	eport		
If you completed this report fo completed the report for your		ublic, please	provide the inf	provide the information requested below. Skip
Name:			Suffix (if	Suffix (if any)
(First, Middle Initial, Last)				
Address:				
(Street Address 1)				
(Street Address 2)				
(Street Address 3)				
(City, State, ZIP)		•		
Email Address				
(Optional)				
Relationship to Disabled Person				
Daytime Telephone Number	Extension:			
Sign Off (finish later)				Previous Next
·	Contact Us Tips for Using this Website			









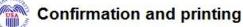




Disability Appeal

www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0822



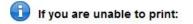
Thank you. You can print your receipt for disability appeal report for your records.

Although you have submitted your disability appeal online, we still need a few items from you.

Please print and complete the following:

- 1. Cover sheet.
- Medical Release Form (Authorization to Disclose information to the Social Security Administration) (View instructions for completing this form.)
- If you have not already done so, print and complete <u>Form SSA-1696</u>
 - (Appointment of Representative)
- Print and complete Form HA-4608 (Waiver of Your Right to Personal Appearance before an ALJ)

Mail your cover sheet and completed form(s) to any Social Security Office.



Some forms require Adobe Reader. If you do not already have this free software, refer to our page on <u>downloading and printing PDF documents</u>.

If you still cannot print, you can contact us and tell us you need the following:

- Form SSA-827 (Medical Release Form)
- Form SSA-1696 (Appointment of Representative)
- Form HA-4608 (Waiver of Your Right to Personal Appearance before an ALJ)

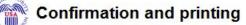
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Finish

Disability Appeal

www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0822



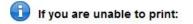
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Finish



Disability Appeal

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- Print and complete Form HA-4608 (Waiver of Your Right to Personal Appearance before an ALJ)

Mail your cover sheet and completed form(s) to any Social Security Office.

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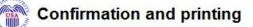
You can also try printing these forms later. Go to www.socialsecurity.gov and enter the form number (i.e. 827) in the search box.

Finish

Disability Appeal

www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0822



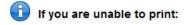
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Finish

Disability Appeal

www.socialsecurity.gov

Name: John G Public SSN: xxx-xx-0052



Date: February 9, 2012

John Public's contact information:

555 Main Street Anywhere, MD 21087 (410) 555-1212

Name of person completing this disability report: John Public

The following items are attached (check all that apply):

Medical Release (Authorization to Disclose information to the Social Security Administration)

Form HA-4608 (Waiver of Right to Personal Appearance)

Other medical evidence

Other (Please list below.)

Mail completed forms to any Social Security Office

John Public's local Social Security office is located at:

SOCIAL SECURITY ADMINISTRATION 110 WEST ROAD SUITE 500 CORP CENTER TOWSON, MD 21204 (866) 614-4758

Close this window to return to the appeal process.



Disability Appeal

www.socialsecurity.gov

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Date: February 9, 2012

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Disability Appeal

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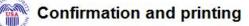
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Disability Appeal

www.socialsecurity.gov

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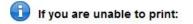
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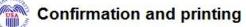
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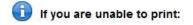
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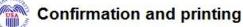
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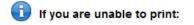
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Monday - Friday 7 am – 7 pm (local) at

1-800-772-1213 or TTY 1-800-325-0778



Please take a few minutes to fill out our brief survey



Your feedback is important to us



