

# Social Summary Report For Disability Determination



**JFS 07004**  
Rev 06/2006

Date  County

**Recipient Information**

Recipient ID  SSN  DOB  Sex

Last Name  First Name  MI

**Section I: Current Disabling Medical Conditions / Observations**  
(most severe to least severe)

Disability	Requested Onset Date	How Condition Prevents Client From Working

**Section II: Current Health Care Providers For the Last 18 Months**

Physician / Specialty	Hospital	Address

**Section III: Education History**

Highest Grade Completed

Special Education (K-12)  → 

Special Education

Client Can Read

Client Can Write

Client Understands English

Specialty Degrees, Apprenticeships, Vocational Training

**Section IV: Work Background**

Employed From	Employed To	Employer	Reason For Leaving	Job Duties

No Employment History

**Section V: Personal Information**

Living Arrangements

Housing Type

**Observed Difficulties:**  Speaking  Understanding  Sitting  
 Hearing  Seeing  Walking

**Activities of Daily Living:**

Performs Own Personal Needs

Participates in Social Activities Outside the Home

**Comments**