Justification for Non-Substantive Changes for SSA-3368-BK
Disability Report -- Adult
20 CFR 404.1512 and 416.912
OMB No. 0960-0579

Background

On April 18, 2024, we published the final rule (FR), ***Intermediate Improvement to the Disability Adjudication Process, Including How We Consider Past Work*** at 89 FR 27653. At the time of publication, we also submitted a new Information Collection Request (ICR), which OMB approved under 0960-0834 on May 28, 2024. The FR-related ICR, 0960-0834, combined all of the FR-related changes for all of the forms associated with the FR. Upon OMB's approval of the ICR 0960-0834, we integrated the requested changes to the Form SSA-3368 which OMB approved.

As per our agreement with OMB when we received the approval for 0960-0834, we are now moving the regulatory changes to Form SSA-3368 which we implemented due to the FR back under the already established OMB approval for this form (0960-0579). Upon OMB's approval of this Change Request (as well as the Change Request for 0960-0578, and the full renewal for 0960-0300), we will discontinue the OMB approval under 0960-0834 to avoid double-counting the burden for these information collections.

Revisions to the Form SSA-3368, Disability Report – Adult) which OMB approved under OMB No. 0960-0834:

Note: As per our language in the Addendum for the FR, **changes which OMB approved for this IC because of the FR are in blue font.** Under 0960-0834, OMB also approved some non-rule related non-substantive changes to improve the readability, usability, and accuracy of the ICs, and to align them with other forms. **These non-final rule related changes are in black font.**

- **(Pages 1-2) Change #1:** In the Instructions Section, under the heading "if you need help," we made the following approved changes:
    1. We added the statement, "if you cannot complete the report, you may contact us at 1-800-772-1213 (TTY 1-800-325-0778)" under the heading "if you need help."
    2. We added the statement: "if you cannot speak or understand English, we will provide an interpreter free of charge," under the heading "if you need help."
    3. We revised the heading to: "What you need to complete this report" and adding items needed to the bulleted list, including a bullet for "Information about all the jobs that you had in the last 5 years before you became unable to work."

Justification #1: In response to the NPRM comment solicitation, several commenters suggested we increase the form's accessibility, while others expressed we should improve the form's instructions. Accordingly, we made the above instruction changes to ensure an individual knows how to reach us if they need assistance, is aware we provide interpreters if needed, and has a guide about which information they need to provide to complete the form.

- **(Pages 1-2) Change #2:** We made multiple other miscellaneous changes to the form's instructions, including:

    1. We revised the introductory paragraph to "the office that makes the disability decision on your case will use the information you provide in this report to decide whether you are disabled. Please complete as much as you can."

    2. We added the statement: "you may be able to apply online at www.ssa.gov/apply."

    3. We moved the paragraph under the heading "what we mean by disability" from page 2 to page 1.

    4. We added a bullet for "if you cannot remember exact dates, provide the closest date that you can remember."

    5. We added the statement: "provide as much detail as possible" in the bulleted list.

    6. We added a heading and paragraph for "how to submit this report."

    7. We revised the paragraph under the heading "your medical records" and moving it from page 2 to page 1.

- **Justification #2:** We made the above changes to the form's instructions to improve their clarity, and to align them with those of our other forms.

- **(Page 3, Section 1) Change #3:** We made the following changes to this section:
    1. We revised the statement "when a question refers to "you," or "your," it refers to the person applying for disability benefits."

    2. We replaced the pronouns "him" or "her" with "them."

Justification #3: We changed the descriptors we use to non-gendered pronouns to align with Executive Order (EO) 13988, *Preventing and Combating Discrimination on the Basis of Gender Identify and Sexual Orientation*.

Note: OMB approved this under the previous Administration. We have since ensured that the form is in compliance with the current Administration's E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.

- **(Page 3, Section 1) Change #4:** We made the following changes to this same section:

    1. We revised the title of the section to "Information About You."

    2. We revised the sentence to include other names the person with a disability may have used in medical or educational records and moving it from 1.J. to 1.C.

    3. We added a statement about providing a phone number where we can leave a message in 1.F.

    4. We combined our request for a primary and secondary phone number in 1.F.

    Justification #4: We made these additional changes for consistency with other forms.

- **(Pages 3-4, Section 2) Change #5:** We made the following updates:

    1. We revised the introduction to "is there someone we can contact who can help with your claim, if needed," including examples, and adding check boxes for "yes" or "no."
        a. For "yes," we added text about providing two contacts other than a doctor who know about your medical conditions and can help us reach you.

        b. For "no," we added text that recommends providing us with at least one contact.

    2. We replaced "you" with "Person in 1.A." in question 2.B.

    3. We moved the questions about who is completing the form in 2.F. through 2.J. to the end of the form in new Section 12.

    Justification #5 (Changes 1-3): We added this information for consistency with other forms, and to improve accuracy and usability.

    4. We are added an additional contact to 2.F. through 2.J. and requesting the same information as 2.A. through 2.E

    Justification #5 (Change 4): We added the additional contact to conform to the revised failure to cooperate-insufficient evidence policy.[1] Under our current policy,

[1] SSA's failure to cooperate-insufficient evidence policy (FTC) describes what SSA requires adjudicators to do when a claimant does not comply with an initial request for evidence or action, or an initial notice of a

we require field office technicians to collect the additional third-party contact in the Remarks section. This change streamlined the collection of this information for the respondents.

- **<u>(Page 4, Section 3) Change 6</u>:** We made the following changes:

  1. We revised the title of the section to "Medical Information."

  2. We revised the question about medical conditions to "separately list each physical and/or mental condition that limits your ability to work" in question 3.A.

  3. We removed "without shoes" from questions 3.B. and 3.C.

  4. We removed the question about pain and other symptoms in question 3.D.

  <u>Justification #6</u>: We made these changes to improve accuracy, usability, and to achieve consistency with the current version of SSA Form SSA-454, Continuing Disability Report (OMB No, 0960-0072).

- **<u>(Pages 4-5, Section 4) Change #7</u>:** We updated this section in the following manner:

  1. We changed the date format to MM/DD/YYYY in questions 4.B., 4.C., 4.D., and 4.F.

  2. We relocated the sentences "please explain why you stopped working" and "even though you stopped working for other reasons" to situate them after the sentence "because of other reasons" in question 4.C.

  3. We added "or your employer" and revised the sentences "for example" to "examples include" and "when did the changes start" in questions 4.D. and 4.F.

  4. We updated the SGA amount and replacing "gross" with "before tax" in questions 4.E. and 4.G.

  <u>Justification #7</u>: We made these changes to improve accuracy, clarity, and usability.

- **(Pages 5-6, Section 5) <u>Change #8</u>:** We changed this section as follows:

  1. We revised the title of the section to "Education, Training, and Literacy."

  2. We changed the wording of the question to say "select" instead of "check" the highest grade.

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consultative examination (CE) appointment. FTC procedures apply to initial and reconsideration level claims.

3. We added text about "including homeschooling, online education, and education received in a foreign country" in question 5.A.

4. We changed the wording of the questions in 5.B. to state:
   a. "Were you in special education,"

   b. "If yes, select the last grade you were in special education,"

   c. "Reason(s) for special education," and

   d. "The school where you were last in special education."

5. We changed the wording of the question in 5.C. to state:
   a. "Have you received any type of training (specialized job, trade, or vocational),"

   b. Added instructions "go to 5.E." for the no box, and "complete the table below" for the yes box, and

   c. Added a table to collect the name and location of a training facility, type of program, and the date completed.

6. We added "READING" in question 5.E. and "WRITING" in question 5.F.

Justification #8: We made these changes to improve the accuracy and usability of the form, and to align the form with the SSA-454.

- **(Pages 6-9, Section 6) Change #9:** We updated this section as follows:

1. We revised the title of the section to "Work History."

2. We moved the statement "if you need more space, use Section 11" beneath the section heading.

Justification #9 (changes 1, 2): We made these changes to improve clarity and usability.

3. We made the following change to the question in 6.A.:
   a. Replaced "15" with "5" years.

   b. Added the question "did you have a job in the 5 years before you became unable to work because of your medical conditions" with check boxes for "yes" and "no."

Justification #9 (Changes 3a, 3b): We made these changes to align with the final rule's new policy of only requiring 5 years of PRW.

4. We added instructions not to report jobs held for less than 30 days.

5. We moved "List your most recent job first" to a bulleted list and added bullets for "List all job titles even if they were for the same employer," "Do not include jobs you held less than a month," "Include self-employment (e.g., rideshare driver, hair stylist)," and "Include work in a foreign country."

6. We added an example of a job title and type of business, changing the date format to MM/YYYY, and clarifying the frequency of pay in the job table.

Justification #9 (Changes 4-6): In the NPRM, we solicited feedback on whether we should revise our requirements so that individuals completing the work history forms do not need to report jobs held for a short period of time. Ultimately, in response to public feedback, we decided only to require information about jobs held for 30 days or more. We updated the instructions on this form accordingly. In response to NPRM public comments on the form's instructions and the content of the questions we ask, we improved the instructions on job and adding examples.

- **(Page 7, Question 6.B.) Change #10:** We made the following additional changes to work history in question 6.B.:

1. We added the heading "Information About Your Work."

2. We changed the wording of the question about describing what you did all day at this job and adding examples in 6.B.1.

3. We added a question about workplace interactions and check boxes for "yes" or "no" answers and including examples in 6.B.5.

4. We moved the statement "if you need more space, write in the remarks section" to the top of the page for all the work history sections.

Justification 10 (changes 1-4): We changed the format, order, and wording of these questions to improve their accuracy, usability, and for consistency with other forms.

5. We took the questions that were previously in question 6C, and moved them to 6b, diving the questions up, and rewriting them. As well, we added examples. These questions related to tasks performed, supervisory duties, tools and equipment used, writing, and social interactions in a typical workday or workweek.

Justification 10 (change 5): We made these changes in response to the NPRM comments asking that we make our questions easier to understand. As well, the new questions and formatting help us to obtain more information about mental and physical demands of an individual's work.

- **(Page 8, Question 6.C.) Change #11:** We removed the elements of the old question 6.C. and incorporated them in edited form in the new 6.B. (see above). The new question 6.C. now:
  1. Has a new title/heading.

  2. Asks about how much of their workday was spent on each of a list of various physical activities (see form for the list).

  3. Has a new format; where previously these questions had "yes" and "no" to various check box options, plus an option to add more narrative information.

  4. Asks for more information about factors related to the workplace.

  5. No longer asks about technical knowledge or skills.

  Justification #11: In response to NPRM commenters asking for simpler, easier to complete questions, we made these changes to allow for more response flexibility on the respondents' part. The other changes we made to improve clarity and ease of completion, and to obtain more information upfront that would help us make a better informed initial determination. Some of the content of this new question was previously included in question 6.D.

- **Change #12:** We updated the following additional changes to job history in 6.D. (page 9):
  1. We moved the work activity table from 6.D. to 6.C. (see above for explanation of further edits that we made there).

  2. The new question 6.D. now asks respondents to explain how their medical conditions would affect their ability to do the previous job(s) in their work history (that they just described in the previous questions).

  Justification #12: We added this new question to capture any additional work requirements and improve accuracy. In addition, we expect this new question reduces our need to recontact and will allow the claimant an opportunity to directly consider the issue. We consider the claimant's statements regarding their limitations and abilities to be a valuable source of evidence.[2]

- **(Page 9, Section 7) Change #13:** We changed the wording from "Are you taking any medicines (prescription or non-prescription)" to "are you currently taking any prescription or non-prescription medicine(s)." We also added "(if known)" to "reason for medicine" in the table.

[2] Our regulations at 20 CFR 404.1512 and 416.912 discuss the need for this request.

<u>Justification #13</u>: We are now only asking for current medications so that we are collecting the most relevant information needed to establish impairment severity. We made the other changes to align this form with the SSA-454.

- **<u>(Pages 10-12, Section 8) Change #14</u>:** We made the following changes to this section ("Medical Treatment"):

  1. We changed the wording of the introductory text from "doctors or other health care professionals" to "healthcare providers;" we clarify whom we consider to be a healthcare provider; and we added "yes" or "no" check boxes to the question.

  2. We removed the questions about whether you were treated for physical or mental conditions and the check boxes in questions 8.A. and 8.B. and the statement about "if you answered no to both questions 8.A. and 8.B., go to Section 9."

  3. We added the statement "you may find this information on medical bills, online medical chart, or the internet."

  4. We removed the introductory text about who may have medical records and about your next appointment.

  5. We moved the treatment tables (formerly in 8.C. through 8.G.) to questions 8.A.1 through 8.A.5.

  6. We added the text "name of facility or office" and "name of the healthcare provider that treated you."

  7. We removed the patient ID# field.

  8. We removed specific medical sources of treatment from the dates of treatment (e.g., clinic, emergency room, overnight hospital stays).

  9. We revised the question about dates the respondent was seen by a healthcare provider to "first seen," "last seen," and "next appointment," and adding "if known."

  10. We changed the date format to MM/YYYY.

  11. We removed the question about what treatment you received.

  12. We removed the question about tests the provider performed or sent you to, or scheduled you to take, and the check boxes, and moved the medical test table to question 8.B.

13. We removed tests and check boxes from the medical treatment table (discussed in Change 15) and moved them to question 8.B.

14. We added "Psychological/IQ test" to the table.

15. We added a "name of healthcare provider" column to the table.

16. We changed the formatting for date of test to MM/YYYY.

Justification #14: We made these changes to be consistent with the SSA-454.

- **(Page 13, Section 9) Change #15:** In this section ("Other Medical Information") we changed the wording of the question about whether anyone else has information about the individual's physical and/or mental condition. We also added the Department of Veterans Affairs to the list of examples of potential sources.

  Justification #15: We made these changes to improve accuracy, usability, and for consistency with other forms.

- **(Pages 13-14, Section 10) Change #16:** We made the following changes in Section 10 ("Support Services"):

  1. We changed the title from "Vocational Rehabilitation, Employment, or Other Support Services" to "Support Services."

  2. We added introductory text about participation in support services and moved the bulleted examples to the introductory text, except the bullet about any program that helps you go to work, in question 10.A.

  3. We changed the wording to "facility or organization name" in the support services table in question 10.B.

  4. We combined former questions in 10.C. and 10.D. and included check boxes with "date began," expected completion date" and "date stopped" fields in question 10.C.

  5. We changed the question about listing services from a narrative form to check boxes for each test or service in former question 10.E and are moved the question to 10.D.

- **Justification #16:** We made the changes to improve accuracy, usability, and for consistency with other forms.

- **(Page 15, Section 12) Change #17:** We revised the end of the form and adding a new Section 12 ("Who is Completing this Report") as follows:

1. We moved question former question 2.F., “who is completing this report,” to the title of Section 12 to “Who Is Completing This Report.”

2. We reformatted the date to MM/DD/YYYY.

3. We revised the check box options to include the person listed in 1.A, the person listed in 2.A, the person listed in 2.F, or someone else and adding a table to provide this information.

<u>Justification #17</u>: We added this information to conform to the revised failure to cooperate policy-insufficient evidence policy (FTC)[3] and improve accuracy, usability, and consistency with other forms.

<u>Burden Reduction Due to the Implementation of the FR, as Per the Documentation Under 0960-0834:</u>

The following chart shows the burden reduction for Form SSA-3368, associated with the FR, which OMB approved on May 28, 2025:

OMB #; Form #; CFR Citations	Number of Respondents	Frequency of Response	Current Average Burden Per Response (minutes)	Current Estimated Total Burden (hours)	New Burden Per Response Under Regulation (minutes)	Anticipated Estimated Total Burden Under Regulation (hours)	Estimated Burden Savings
0960-0579 SSA-3368 (Paper Form) 404.1560 416.960	6,045	1	90	9,068	80	8,060	1,008
0960-0579 SSA-3368 (EDCS Screens) 404.1560 416.960	1,263,104	1	90	1,894,656	80	1,684,139	210,517
0960-0579 i3368 (Internet Screens) 404.1560 416.960	989,361	1	90	1,484,042	80	1,319,148	164,894

[3] above SSA’s failure to cooperate-insufficient evidence policy (FTC) describes what SSA requires adjudicators to do when a claimant does not comply with an initial request for evidence or action, or an initial notice of a consultative examination (CE) appointment.

OMB #; Form #; CFR Citations	Number of Respondents	Frequency of Response	Current Average Burden Per Response (minutes)	Current Estimated Total Burden (hours)	New Burden Per Response Under Regulation (minutes)	Anticipated Estimated Total Burden Under Regulation (hours)	Estimated Burden Savings
Totals	**2,258,510**			**3,387,766**		**3,011,347**	**376,419**

The following chart shows the theoretical cost burdens associated with the final rule:

OMB #; Form #; CFR Citations	Number of Respondents	Anticipated Estimated Total Burden Under Regulation from Chart Above (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Average Wait Time in Field Office or Teleservice Centers (minutes)**	Total Annual Opportunity Cost (dollars)***
0960-0579 SSA-3368 (Paper Form) 404.1560 416.960	6,045	8,060	$13.30*	23**	$138,014***
0960-0579 SSA-3368 (EDCS Screens) 404.1560 416.960	1,263,104	1,684,139	$13.30*	102**	$50,957,833***
0960-0579 i3368 (Internet Screens) 404.1560 416.960	989,361	1,319,148	$13.30*		$17,544,668***
Totals	**2,258,510**	**3,011,347**			**$68,640,515*** **

* We based this figure on the average DI payments based on SSA's current FY 2024 (this is the most current figures we have for the DI payments) data (https://www.ssa.gov/legislation/2024FactSheet.pdf); on the average U.S. citizen's hourly salary, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/oes_nat.htm).

** We based this figure on the average FY 2025 wait times for field offices and hearings office, as well as by averaging both the average FY 2025 wait times for field offices and teleservice centers, based on SSA's current management information data.

*** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. **There is no actual charge to respondents to complete the application.**

NOTE: The total burden reflected in ROCIS is **5,163,963**, while the burden cited in the chart above is **3,011,347**. This discrepancy is because the ROCIS burden reflects the following components: teleservice center and field office waiting time + a rough estimate of a 30-minute, one-way, drive burden. In contrast, the chart above reflects actual burden

Note: As per our agreement with OMB upon approval of the ICR for the FR (OMB No. 0960-0834), and our finalized revisions to the form, we are submitting this Change Request to move the above, already approved changes under the established OMB approval for Form SSA-3368.

Upon approval of this Change Request, the Change Requests for 0960-0300 and 0960-0578, we will discontinue the OMB approval for 0960-0834 to avoid double-counting the burden for these forms.