

1. **Current Screen in Production:**

Schedule an Appointment

Communication Preferences

A red asterisk (*) indicates a required field.

Your Name

Carroll Leathers

***Appointment Phone Number**

SSA will call this number to conduct this Phone appointment

*** Do you consent to receive email and/or text messages from SSA?**



SSA can send messages to confirm, remind, and provide instructions for this appointment.

By consenting to receive text messages from Social Security, you understand that:

- You will receive messages related to your Social Security business.
- Message frequency varies.
- You can text STOP to opt-out at any time.
- For help, text HELP.
- Message and data rates may apply.

You can view our Terms and Conditions and Privacy Policy at <https://www.ssa.gov/ensms>

Yes, I consent
SSA may send email and/or text messages

No, I do not consent
Consent is required to schedule an appointment

Next

Previous

1. New Screen for 1.1:


We added the following language under Contact Preference:

You must provide at least one contact method to schedule an appointment online.

Above the Next and Previous buttons, we added the following language:

By clicking “Next” below, you consent to receiving electronic messages with information about your appointment at the phone number and/or email address you provided above.

An official website of the United States government [Here's how you know](#)

 Social Security [Build version: 3.1.0] [Sign Out](#)

Communication Preferences

Step 3 of 5

Language Preference

This is the language we will use during your appointment. We can arrange an interpreter at no cost to you.

Spoken language preference:

Written language preference:

Contact Preference

You must provide at least one contact method to schedule an appointment online.

Text this U.S. mobile phone number:

Email address:

i SSA can send messages to confirm, remind, and provide instructions for this appointment. By consenting to receive text messages from Social Security, you understand that:

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By clicking "Next" below, you consent to receiving electronic messages with information about your appointment at the phone number and/or email address you provided above.


OMB #0960-0828 [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)

2. Current Screen in Production:

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 Social Security [Build version: 3.1.81] [Sign Out](#)

Schedule an Appointment


 **Your appointment cannot be scheduled online.**
For assistance, please contact Social Security at 1-800-772-1213 (TTY 1-800-325-0078).

[Exit](#)

2. New Screen for 1.1:

 Social Security [Build version: 3.1.74] [Sign Out](#)

Review and Submit

Step 4 of 5 

Select a different time

The appointment time selected is no longer available. Please click 'OK' to select a different time.

[OK](#)

These are the answers you have provided for your appointment. If you need to make any changes, please select "Edit" to return to that section.

Customer Information

Appointment Reason:
Review of Hearing Decision

Your Name:
Heather Longfellow

Applicant SSN:
070-50-0209

Applicant Date of Birth:
November 17, 1970