

**STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL HISTORY SUMMARY FOR THE DISABLED**

_____ County Department of Social Services Date _____

Claimant _____ **SSN** _____

County Case # _____ **District #** _____

Telephone # or a number you can be reached _____

Person Providing Information and Telephone # (if different from claimant)

Nature of Disability (based on claimant's description or statement)

I. Onset of Impairment

A. Date of illness or injury began _____

B. Date claimant stopped work _____

C. Date the illness or injury became disabling _____

D. If still working:

Name of Employer _____

Supervisor's name and telephone # _____

Hours worked _____

Gross earnings _____ weekly _____ monthly _____

II. Claimant's Description of Impairment

A. Indicate how the claimant describes the symptoms of the disability and how they affect his ability to work.

- B. Describe claimant's daily activities and explain how the impairments affect him such as seeing, hearing, speaking, reading, walking, writing, standing, breathing, sitting, using hands, arms, and other joints. Describe how his impairments limit what he can do.

- C. Worker's Observation of Difficulties

III. Vocational Information (include self employment)

- A. Principal Job (job done the longest in 15 years prior to onset)

1. Job Title _____ 4. Hrs. /day _____
2. Industry _____ 5. Days/week _____
3. Beginning date _____ 6. Rate of pay/average earnings
Ending date _____ \$ _____ per _____

Other Jobs – List of jobs done in last 15 years prior to alleged onset date. Give approximate dates of employment (use additional sheet if necessary)

- B. Education/Highest Grade Completed _____

High School Graduate? _____

Name and address of school if known _____

Additional education _____ Type _____ Is claimant currently attending school? _____

Name of school and address if known _____

Can claimant read and write? _____

