

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

\_\_\_\_\_ County Department of Social Services      Date \_\_\_\_\_

Claimant \_\_\_\_\_ SSN \_\_\_\_\_

Income Support# \_\_\_\_\_ Caseworker Name # \_\_\_\_\_

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.

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- C. Worker's Observation of Difficulties

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### 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)

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- 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? \_\_\_\_\_

