

UNDERSTANDING SOCIAL SECURITY DISABILITY BENEFITS IN CALIFORNIA

**A practical guide to SSDI and SSI eligibility,
the application process, and how legal
support can help you navigate your claim**



LAW OFFICES OF
NORMAN J. HOMEN

Fighting for the Injured & Disabled

What Are Social Security Disability Benefits?

Social Security Disability benefits are intended to support individuals who are no longer able to work due to a medically documented physical or mental impairment. These benefits are administered by the Social Security Administration (SSA) through two distinct federal programs: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Each program has its own eligibility criteria, funding source, and application process.

The definition of disability used by the SSA is strict. A person must have a medically determinable condition that prevents them from performing substantial gainful activity (SGA). The condition must also be expected to last for at least 12 consecutive months or result in death. The SSA does not provide benefits for temporary or partial disabilities.

Eligibility for benefits is not based solely on a medical diagnosis or a doctor's opinion. Disability, for Social Security purposes, is a legal determination that depends on how the condition impacts an individual's ability to work. The evaluation process involves a review of medical records, work history, age, education, and the functional limitations caused by the impairment.

Many applicants mistakenly assume that a note from a physician stating they cannot work will automatically result in approval. In reality, approval requires comprehensive medical documentation, detailed work history, and evidence that the individual cannot return to their past work or adjust to other types of employment.

Understanding how the SSA defines disability and applies that definition in the decision-making process is essential to presenting a complete and accurate claim. While both SSDI and SSI are administered by the same agency, they serve different groups of people and have different rules for qualification, which are addressed in the following sections.

What Are the Two Types of Disability Benefits?

The Social Security Administration (SSA) provides disability benefits through two separate programs: **Social Security Disability Insurance (SSDI)** and **Supplemental Security Income (SSI)**. While both are designed to help individuals who are unable to work due to a qualifying medical condition, each program has different eligibility rules and serves different groups of people.

Social Security Disability Insurance (SSDI)

SSDI is available to individuals who have a work history and have paid Social Security taxes through their earnings. Eligibility is based on the number of “work credits” a person has accumulated. In general, a person needs to have worked at least five of the last ten years. For younger individuals, the requirement is adjusted based on age.

To qualify for SSDI, a person must:

- Have a disability that meets the SSA’s definition.
- Be unable to perform substantial gainful activity (SGA).
- Have earned enough work credits through past employment.

SSDI is not a needs-based program, so income and assets do not affect eligibility. Benefits may also be available to certain family members, such as minor children or a spouse who meets specific conditions. After being approved, there is a five-month waiting period before benefits begin. Medicare eligibility starts 24 months after the date of entitlement.

Supplemental Security Income (SSI)

SSI is a means-tested program that provides benefits to individuals who are disabled, blind, or age 65 or older and who have limited income and resources. Unlike SSDI, SSI does not require a work history.

To qualify for SSI, a person must:

- Meet the SSA's definition of disability.
- Have countable resources below a certain limit, generally \$2,000 for individuals and \$3,000 for couples.
- Have a limited income from all sources.
- Be a U.S. citizen or meet specific immigration status requirements.
- Reside in the United States and not be outside the country for more than 30 consecutive days.

Some assets, such as one vehicle and the applicant's primary residence, are excluded from the resource limit. In California, individuals who qualify for SSI also automatically qualify for Medi-Cal, the state's Medicaid program. SSI benefits may be reduced if the person receives help with housing, food, or other living expenses.

The next section explains how Social Security determines whether an applicant meets its definition of disability.

Do You Qualify for SSDI or SSI?

Eligibility for Social Security Disability benefits depends on which program you are applying for, Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). Each program has its own requirements related to work history, income, resources, and legal status.

Work Credits and Income Requirements

SSDI eligibility is based on work history. A person must have worked long enough and recently enough in jobs covered by Social Security. Work credits are earned through wages or self-employment income. In 2025, one work credit is earned for every \$1,810 in covered earnings, up to a maximum of four credits per year. Most adults need 40 credits,

20 of which must have been earned in the last 10 years before the disability began. Younger applicants may qualify with fewer credits.

There is no income limit for SSDI, but individuals who are working and earning over the **Substantial Gainful Activity (SGA)** threshold are generally not considered disabled. In 2025, the SGA limit is \$1,620 per month for non-blind individuals and \$2,700 for individuals who are blind.

SSI eligibility is not based on work history but is instead needs-based. Applicants must have limited income and resources. The SSA considers wages, Social Security benefits, pensions, and in-kind support (such as free housing or food) when calculating income. Even small amounts of income can affect eligibility or reduce monthly benefit amounts.

U.S. Residency and Citizenship Requirements

For both SSDI and SSI, applicants must reside in the United States or the Northern Mariana Islands.

- **SSDI** is generally available to U.S. citizens and some non-citizens who meet specific criteria and have a qualifying work history.
- **SSI** requires that applicants be either U.S. citizens or certain categories of qualified non-citizens. In addition, SSI recipients must live in the United States and not be absent from the country for more than 30 consecutive days. Extended travel outside the country may result in termination of benefits.

Resource and Asset Limits

SSI imposes strict limits on the value of resources an applicant may own:

- **\$2,000** for an individual.
- **\$3,000** for a couple.

Resources include cash, bank accounts, stocks, bonds, and certain types of property. Some assets are excluded, such as:

- One vehicle (regardless of value, if used for transportation).
- The applicant's primary residence.
- Household goods and personal items.

SSDI has no asset or resource limits. Applicants can have savings, retirement accounts, or property without affecting their eligibility, as long as they are not engaged in substantial gainful activity.

Restrictions on Travel

SSI recipients must remain physically present in the U.S. to maintain eligibility. If a person leaves the country for **more than 30 consecutive days**, benefits will usually stop and can only be reinstated after the individual returns and reestablishes residency. Certain exceptions apply for children of military personnel or individuals living in specific approved areas.

SSDI beneficiaries can travel or live outside the U.S. in some cases and continue receiving benefits, depending on their citizenship and the country of residence. However, not all countries permit the payment of SSDI, and certain restrictions may apply for non-citizens.

Understanding whether you meet the basic qualifications for SSDI or SSI is the first step in preparing a disability claim. The next section will explain how the Social Security Administration evaluates disability through a formal review process.

The Disability Application Process

Applying for Social Security Disability benefits involves a multi-step process that can take several months or even years to complete. Most applicants begin with an initial application and may go through one or more stages of appeal if their claim is denied. The

process is the same whether the claim is for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), although the eligibility rules differ between the two programs.

Initial Application

The initial application is submitted directly to the Social Security Administration (SSA), either online, over the phone, or in person at a local SSA office. During this stage, the SSA collects information about the applicant's medical conditions, work history, education, and daily activities. Applicants are required to provide medical records or the names of treatment providers so the SSA can request records on their behalf.

Once submitted, the application is reviewed by a Disability Determination Services (DDS) examiner in the applicant's state. DDS may also schedule a **consultative examination (CE)** with a third-party doctor if the medical evidence is incomplete or unclear.

At this stage, the majority of applications are denied. A denial does not necessarily mean the applicant is not disabled, but often reflects insufficient documentation or a failure to meet technical eligibility requirements.

Reconsideration

If the initial application is denied, the next step is a **Request for Reconsideration**. This is a complete review of the application by someone who was not involved in the original decision. The applicant can submit new or updated medical evidence during this stage.

In most states, including California, reconsideration is required before a hearing can be scheduled. The SSA does not actively seek out new medical evidence during this phase, so it is the applicant's responsibility to provide updated records or statements that support their claim.

Approval rates at this level are typically low, as the review is based on much of the same information provided during the initial application. If reconsideration is also denied, the applicant can request a hearing.

Hearing with an Administrative Law Judge

The third step in the process is a hearing before an **Administrative Law Judge (ALJ)**. This is a more formal stage where the applicant can present their case in person or by video. The hearing provides an opportunity to explain the limitations caused by the medical condition, clarify inconsistencies in the record, and present updated medical documentation.

The ALJ may also call expert witnesses, such as **vocational experts or medical experts**, to testify about the applicant's ability to work or the severity of the condition. The judge is required to issue a decision based on the evidence in the record, the testimony presented, and applicable Social Security regulations.

Unlike the earlier stages, the hearing allows for a more individualized assessment of the claim. Applicants are typically notified of the judge's decision several weeks after the hearing. If the claim is denied at this level, further appeals are available through the Appeals Council and, ultimately, in federal court.

Each stage of the process builds on the one before it. Keeping thorough records, updating medical documentation, and meeting deadlines are all essential to moving forward. The next section explains why providing the right type of medical evidence, and doing so early, can make a significant difference in how a claim is evaluated.

Common Misunderstandings About Medical Proof

A frequent point of confusion for many applicants is the role that medical evidence plays in a Social Security Disability claim. While medical records are a critical part of the evaluation, the way the Social Security Administration (SSA) considers that evidence is

often misunderstood. Many applicants believe that a simple statement from a doctor confirming they are unable to work will automatically qualify them for benefits. This is not the case.

Why a Doctor's Note Is Not Enough

A note from a physician that says a person “cannot work” or is “disabled” does not, by itself, meet the SSA’s standards. Social Security does not base its decision on general opinions or conclusory statements. Instead, the decision is based on objective medical evidence that demonstrates how a person’s condition limits their ability to function in a work setting.

The SSA requires detailed records that show:

- Diagnosed medical conditions supported by clinical findings and test results.
- Frequency and duration of treatment.
- Symptoms and side effects of medications.
- Functional limitations, such as the ability to walk, stand, sit, concentrate, or interact with others.

Doctors who provide clear, detailed documentation of how a condition affects a person’s daily activities and ability to perform work tasks are far more helpful to a claim than those who simply write a statement saying the patient is unable to work.

Legal vs. Medical Definition of Disability

Another common misunderstanding is the difference between how the SSA defines disability and how medical professionals use the term. In clinical settings, “disabled” may be used to describe someone who cannot return to their usual job or is experiencing significant symptoms. For Social Security purposes, however, disability is a legal standard.

Under SSA rules, a person is considered disabled only if:

- They have a medically determinable physical or mental impairment.
- The impairment prevents them from engaging in substantial gainful activity (SGA).
- The condition is expected to last at least 12 consecutive months or result in death.

This legal definition takes into account whether the person can return to past work or adjust to other types of work based on age, education, and transferable skills. The focus is not just on diagnosis but on whether the condition limits a person's ability to perform basic work activities consistently and reliably.

Understanding the distinction between medical opinion and legal requirements is important when preparing a claim. Medical records that clearly describe how an individual's condition affects their ability to function carry more weight than general statements of disability. The following section outlines how the SSA applies this standard in its five-step evaluation process.

The Five-Step Evaluation Process

The Social Security Administration (SSA) uses a five-step process to determine whether an individual qualifies as disabled under its rules. This structured evaluation applies to both Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims. Each step must be satisfied before moving to the next, and a claim can be approved or denied at any point in the process.

Step 1: Are You Engaging in Substantial Gainful Activity (SGA)?

The SSA first considers whether the applicant is working and earning above the SGA limit. In 2025, this threshold is \$1,620 per month for most individuals and \$2,700 for those who are blind. If an applicant is earning more than the SGA limit, they are generally not considered disabled, regardless of their medical condition.

Step 2: Is Your Condition Severe?

The SSA reviews whether the applicant has a medically determinable physical or mental impairment that significantly limits their ability to perform basic work activities. The condition must be expected to last at least 12 consecutive months or result in death. If the condition is not considered severe, the claim will be denied at this stage.

Step 3: Does Your Condition Meet or Equal a Listed Impairment?

The SSA maintains a list of impairments known as the “Listing of Impairments.” These are medical conditions that are considered severe enough to automatically meet the definition of disability, if documented appropriately. If a person’s condition meets or medically equals one of the listed impairments, the claim may be approved at this step.

If the condition does not meet a listing, the evaluation continues to Steps 4 and 5.

Step 4: Can You Perform Your Past Relevant Work?

The SSA considers whether the applicant can return to any job performed in the past 15 years. This includes both the physical and mental demands of prior work. If the SSA determines that the applicant can still perform past work, the claim will be denied.

This step requires a detailed work history and accurate descriptions of prior job duties, physical requirements, and mental demands.

Step 5: Can You Adjust to Other Work?

If the applicant cannot return to past work, the SSA evaluates whether there are other jobs in the national economy the person could do, considering their age, education, and past work experience. This is where **vocational factors** become especially important.

- **Age:** The SSA recognizes that older individuals may have a harder time adjusting to new types of work. For example, applicants aged 50 and above may have an easier time qualifying under what are known as the **medical-vocational guidelines**.

- **Education:** The level of education may affect a person's ability to be retrained or transferred into other occupations.
- **Work Experience:** The type of past work and whether the skills from those jobs can be transferred to new work settings also factor into the decision.

The burden of proof is on the applicant to show they cannot perform any work that exists in significant numbers in the national economy. If the SSA finds that such work exists and the applicant can perform it, the claim will be denied.

This five-step process forms the legal framework used to evaluate disability claims and ensures that each case is reviewed consistently. The next section explains why early representation and proactive preparation can influence how these steps are applied to an individual case.

Why Early Representation Matters

Pursuing Social Security Disability benefits involves more than completing forms and submitting medical records. It requires understanding how the Social Security Administration (SSA) evaluates disability, meeting strict deadlines, and providing evidence that aligns with legal standards. For many claimants, early representation by an attorney can make a significant difference in how effectively the claim is developed and presented.

How an Attorney Helps Gather Records

One of the most important aspects of a disability claim is the medical evidence. While the SSA may request records from listed providers, they do not follow up if those records are delayed or incomplete. This often results in a denial due to "insufficient evidence," even when a person is legitimately disabled.

An attorney assists by:

- Identifying gaps in the medical documentation.

- Requesting records directly from providers.
- Submitting functional assessments or treating physician opinions tailored to SSA's requirements.
- Coordinating updated records if treatment continues during the claims process.

Early involvement allows an attorney to ensure the file contains the right type of evidence before a decision is made, particularly at the initial application and reconsideration levels where the SSA does not offer opportunities for hearings or explanations.

Limitations of Unrepresented Claimants

Unrepresented claimants are responsible for managing all aspects of their case. This includes:

- Understanding complex eligibility rules.
- Meeting filing and appeal deadlines.
- Providing all necessary supporting documentation.
- Responding to SSA communications or requests.

The SSA does not provide individualized guidance or case management. While the agency offers general instructions, it does not explain how to strengthen a claim, request specific evidence, or prepare testimony. Mistakes or omissions, such as failing to submit key records or missing a deadline can lead to avoidable denials.

Unrepresented individuals may also have difficulty identifying which parts of their medical history are most relevant or how to present their work history in a way that aligns with the SSA's rules.

Judge Discretion and Decision Quotas

At the hearing stage, cases are reviewed by an Administrative Law Judge (ALJ). Judges have discretion in how they interpret medical records, evaluate testimony, and apply

vocational rules. They may ask for clarification during the hearing, call expert witnesses, or allow time to submit additional evidence.

However, ALJs work under administrative pressure. They are required to issue a certain number of decisions each year and must manage a large caseload. While some judges may grant additional time for unrepresented claimants to submit missing records, others may proceed with a decision based on the existing file, even if it is incomplete.

Attorneys are familiar with how different judges conduct hearings and what types of evidence or arguments may be most effective in front of a particular judge. Early representation allows for better preparation, more complete records, and a more accurate presentation of the claimant's limitations.

Beginning the process with legal representation can help ensure that each stage of the claim is handled thoroughly and within the framework of SSA's rules. The following section examines recent approval statistics and how representation may influence the outcome of a disability case.

Approval Rates and the Role of Legal Help

The Social Security Disability process is often lengthy and difficult, and approval is never guaranteed. National statistics show that many claims are denied at the early stages, with only a portion of applicants ultimately receiving benefits. Understanding the approval rates and how legal representation can influence the outcome provides important context for anyone considering or currently pursuing a disability claim.

Latest SSA Statistics (Updated)

According to the Social Security Administration's most recent data published in 2024:

- Approximately 36% of initial disability applications were approved.
- At the **reconsideration level**, the approval rate dropped to around 13%.

- For those who appealed and went to a hearing before an Administrative Law Judge (ALJ), about 51% were approved.

These figures reflect national averages and may vary slightly from year to year or by region. However, the general trend remains consistent: most claims are denied at the first two stages, and many applicants must go through the full appeal process before obtaining a favorable decision.

Attorney Representation and Its Effect on Outcomes

Applicants who are represented by an attorney are more likely to be approved for benefits than those who represent themselves. Legal representatives understand what evidence the SSA looks for and how to present a case in a way that matches the agency's evaluation process.

Attorneys assist in:

- Identifying and filling gaps in medical documentation.
- Preparing clients for hearings.
- Questioning expert witnesses.
- Explaining how the claimant's condition meets SSA's legal definition of disability.

Representation is particularly important at the hearing level, where the case is reviewed in greater depth. A well-prepared presentation at this stage can clarify inconsistencies in the record, respond to testimony from vocational or medical experts, and ensure that the judge has a complete picture of the claimant's limitations.

Why Experience Matters

While legal representation improves approval odds, not all representatives approach cases the same way. Experience in handling Social Security Disability claims is an important factor. Attorneys who regularly work with these cases are more familiar with:

- The SSA's procedural rules.
- Medical-vocational guidelines and how they apply to different claimants.
- How to develop evidence that supports functional limitations.
- The working styles and expectations of local ALJs.

Some representatives may accept only straightforward cases, which can lead to higher approval statistics but offers less help to those with more complex claims. Others may take on a broader range of cases, including those that require more time and preparation.

Approval rates reflect more than just the severity of a person's medical condition, they also reflect how well a case is documented, organized, and presented. The next section outlines practical information applicants should gather before they begin the process of applying for benefits.

Frequently Asked Questions

Understanding the Social Security Disability process can be challenging, especially for individuals dealing with serious medical conditions. The following questions address some of the most common concerns raised by applicants and those considering filing for disability benefits through Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).

How long does the disability process take?

The length of time varies depending on the stage of the application. An initial decision typically takes between **3 to 6 months**. If the application is denied and appeals are necessary, the process can extend **12 to 24 months or more**, especially if it reaches the hearing level before an Administrative Law Judge. Delays are often caused by backlog, waiting for medical records, or scheduling hearings.

Can I work while applying for disability benefits?

You may work while applying, but your earnings must stay **below the Substantial Gainful Activity (SGA) limit**, in 2025, this is **\$1,620 per month** for most applicants. Earning above this limit can lead to a denial, regardless of medical condition. Even if earnings are below the threshold, the Social Security Administration may still evaluate whether the work activity suggests the capacity to perform full-time work.

Will I receive back pay if I am approved?

If your application is approved, you may be eligible for **back pay** benefits that would have been paid during the period between the date your disability began and the date your claim was approved. In SSDI cases, back pay can extend up to **12 months before the application date**, depending on the established onset of disability. For SSI, benefits begin no earlier than the **month after the application was filed**.

Do I need to have a certain medical condition to qualify?

There is no specific list of required diagnoses. Instead, the Social Security Administration looks at how your condition limits your ability to function. While some conditions are included in SSA's **Listing of Impairments**, applicants with other conditions can still qualify if their symptoms are severe enough to prevent full-time work and meet the legal definition of disability.

Can I receive both SSDI and SSI at the same time?

Yes, in some cases. Individuals who have worked and qualify for SSDI but have **low income and limited resources** may also qualify for **SSI as a supplemental benefit**. This is referred to as receiving "**concurrent benefits**." SSI would make up the difference if SSDI payments are low due to limited work history.

What if I am denied benefits?

Most applicants are denied at the initial level. Denials can be appealed by filing a **Request for Reconsideration** within **60 days** of receiving the decision. If that is also denied, you may request a hearing before an Administrative Law Judge. At each level, new evidence can be submitted to strengthen your case.

Will Social Security contact my doctors?

The SSA will request records from the medical providers listed on your application, but they do not always follow up if responses are delayed. They may also schedule a **consultative examination** with an independent doctor if more information is needed. It is your responsibility to make sure your medical evidence is complete and current.

What happens if I move or change my phone number during the process?

If you move or change contact information, you must update the SSA immediately. Failing to respond to letters or appointment notices may result in a denial. It is also important to notify any legal representative so they can stay in contact and help manage your claim.

These questions reflect only a portion of what may come up during the disability process. The next section will describe what claimants should expect as their case moves forward.

What to Expect During Your Case

Navigating a Social Security Disability case involves multiple stages and ongoing responsibilities. Understanding what to expect at each point in the process can help reduce confusion and prevent unnecessary delays. While every case is different, certain patterns are common.

Timeline Overview

The disability determination process typically follows a series of steps:

- **Initial Application:** Most applicants receive a decision within **3 to 6 months**. If the claim is approved, benefits begin after the required waiting period. If denied, the appeals process begins.
- **Reconsideration:** If the initial application is denied, you may file a Request for Reconsideration. A decision at this level usually takes **2 to 4 months**.
- **Hearing Level:** If the claim is denied again, you may request a hearing before an Administrative Law Judge. Wait times for a hearing vary by location but often range from **6 to 12 months or longer**.

Each level of appeal has a **60-day deadline** from the date you receive a denial notice. Missing a deadline can result in your case being dismissed, which would require starting over.

Communication from SSA

Throughout your case, the Social Security Administration (SSA) will communicate by mail. You may receive:

- Requests for additional information or medical records.
- Appointments for consultative medical exams.
- Notifications about decisions and appeal rights.
- Instructions for preparing for a hearing.

The SSA does not typically call applicants. Calls requesting personal information should be treated with caution and verified directly with the SSA. If you have a legal representative, the SSA will also send copies of correspondence to them.

Responding promptly to all communication is important. Delays in submitting information or missing scheduled appointments can affect your claim.

Tips for Staying Organized

Managing deadlines, documentation, and correspondence during a disability claim requires attention to detail. Staying organized throughout the process can reduce stress and avoid delays. Consider the following tips:

- **Keep a dedicated file** for all SSA letters, medical records, appointment notices, and copies of your application and appeal forms.
- **Track all deadlines**, including those for appeals and submitting requested information.
- **Maintain a list of medical providers**, including addresses, phone numbers, and dates of treatment.
- **Update the SSA promptly** if you move or change your contact information.
- **Document your symptoms and limitations** in writing. A symptom journal can help support your claim and refresh your memory for interviews or hearings.

A disability claim may take time, but careful preparation and ongoing attention to the case can make the process more manageable. The next section outlines how the Social Security Administration evaluates disability for children and what families need to know about the SSI program for minors.

How the Law Offices of Norman J. Homen Can Help

Applying for Social Security Disability benefits can be overwhelming, especially when you are dealing with serious health concerns. The Law Offices of Norman J. Homen is committed to guiding individuals and families through every stage of the disability process with clarity, professionalism, and care. We focus on helping clients throughout California navigate both the SSDI and SSI systems.

Our Experience and Approach

With over 30 years of legal experience, our firm understands how the Social Security Administration reviews and decides claims. We know that a successful case depends on more than just a diagnosis, it requires a well-documented record, attention to detail, and an understanding of how legal standards are applied.

We help clients by:

- Reviewing eligibility and determining the best program for their situation.
- Assisting in the preparation and filing of initial applications.
- Gathering medical records and functional evidence that clearly describe how a condition limits daily activities and work ability.
- Managing communication with SSA and meeting all required deadlines.
- Representing clients at hearings and preparing them for what to expect.

We take the time to understand each person's unique background, work history, and medical challenges so we can present a strong and accurate case.

Schedule Your Free Consultation

If you are struggling with a serious medical condition and unsure whether you qualify for Social Security Disability benefits, now is the time to get the support you need. The application process can be complex and frustrating but you do not have to face it alone.

The Law Offices of Norman J. Homen has decades of experience helping individuals across California pursue the benefits they are entitled to under the law. We understand what the Social Security Administration looks for, how to build a strong case, and how to guide you through each step.

Contact us today to schedule your **free consultation**. There are no upfront fees, and we do not get paid unless your claim is approved. We are here to listen, to advise, and to help you move forward.

Our staff is accessible and responsive, whether you prefer to work with us in person, over the phone, or virtually. We are committed to providing clear guidance and dependable support from start to finish.

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