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## Disability Determination Ready Claim Certification Statement

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By checking the box, I certify that all of the following statements are true:

I wish to have my claim considered in the Disability Determination Ready Claim process.

I have submitted all evidence known to me, without redaction, that relates to whether I am blind or disabled.

I am not aware of any additional evidence that relates to whether I am blind or disabled which has not already been submitted.

If a consultative examination is needed to determine my claim, I will cooperate with that process, including attending the examination.

If I become aware of additional evidence that relates to whether I am blind or disabled, I will submit that evidence or notify the Agency about its existence.

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The following Paperwork Reduction Act Statement applies to the Certification Statement for the following OMB approvals: 0960-0004, 0960-0010, 0960-0144, 0960-0229, 0960-0444, 0960-0577, 0960-0579, 0960-0618, 0960-0622, and 0960-0623.

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### Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the [Paperwork Reduction Act of 1995](#). You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number on the attached form. We estimate that it will take under a minute to sign this Certification Statement. ***Send only comments regarding this burden estimate, the burden estimate on the attached form, or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***