This is an example of information needed on SSA-795 for ALS allegation:

Social Security Administration

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON OR NON-CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT (If other than above wage earner, self-employed person, or SSI claimant)	RELATIONSHIP TO WAGE EARNER SELF-EMPLOYED PERSON OR NON-CLAIMANT

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that:

ALS alleged onset date (AOD): _____

Listed below are all medical sources alleging claimant has ALS:

Name: _____
Address: _____
_____
Tel.#: ( ) _____
Fax#: _____
Date claimant first saw doctor for ALS: _____

Name: _____
Address: _____
_____
Tel.#: ( ) _____
Fax#: _____
Date claimant first saw doctor for ALS: _____

Name: _____
Address: _____
_____
Tel.#: ( ) _____
Fax#: _____
Date claimant first saw doctor for ALS: _____

SSA-795