

Date: [Date]

To: [Social Security Administration Office Address]

RE: Social Security Disability Referral

Claimant Name: [Claimant Name]

Claimant SSN: [Social Security Number]

Workers' Compensation Claim Number: [Claim Number]

Date of Injury: [Date of Injury]

To Whom It May Concern,

I am writing to formally refer the above-named individual for Social Security Disability Insurance (SSDI) benefits. The claimant is currently receiving Workers' Compensation benefits related to injuries sustained during the scope of their employment.

Based on our medical evaluations and vocational assessments, it appears the claimant's condition is expected to result in a long-term inability to engage in substantial gainful activity for a period of at least 12 months. Enclosed are the relevant medical records and reports detailing the extent of the claimant's functional limitations and permanent restrictions.

Please provide this office with a status update regarding the filing of the application. If you require additional documentation or have further questions regarding the workers' compensation status of this claim, please contact the undersigned.

Sincerely,

[Your Name]

[Your Title]

[Company/Law Firm Name]

[Phone Number]

[Email Address]

Enclosures: [List Medical Records/Reports]