disaster for Public Assistance Only for the state of Indiana (FEMA–4933–DR), dated August 25, 2026.

Incident: Severe Storms, Straight-line Winds, Tornadoes, and Flooding.

DATES: Issued on August 25, 2026.

Incident Period: August 11, 2026 and continuing.

Physical Loan Application Deadline Date: October 25, 2026.

Economic Injury (EIDL) Loan Application Deadline Date: May 25, 2027.

ADDRESSES: *Visit the MySBA Loan Portal at https://lending.sba.gov* to apply for a disaster assistance loan.

FOR FURTHER INFORMATION CONTACT: Shaquille Lewis, Office of Disaster Recovery and Resilience, U.S. Small Business Administration, 409 3rd Street SW, Suite 6050, Washington, DC 20416, (202) 205–6734.

SUPPLEMENTARY INFORMATION: Notice is hereby given as a result of the President's major disaster declaration on August 25, 2026, Private Non-Profit organizations providing essential services of a governmental nature may file disaster loan applications online using the MySBA Loan Portal *https://lending.sba.gov* or in person at other locally announced locations. For further assistance please contact the SBA disaster assistance customer service center by email at *disastercustomerservice@sba.gov* or by phone at 1–800–659–2955. If you are deaf, hard of hearing, or have a speech disability, please dial 7–1–1 to access telecommunications relay services.

The following areas have been determined to be adversely affected by the disaster:

Primary Counties: Delaware, Fayette, Franklin, Hamilton, Henry, LaPorte, Lake, Madison, Porter, Tipton, Wayne.

The Interest Rates are:

	Percent
For Physical Damage:	
Private Non-Profit Organizations with Credit Available Elsewhere	3.625
Private Non-Profit Organizations without Credit Available Elsewhere	3.625
For Economic Injury:	
Private Non-Profit Organizations without Credit Available Elsewhere	3.625

The number assigned to this disaster for physical damage is 218106 and for economic injury is 218110.

(Catalog of Federal Domestic Assistance Number 59008)

(Authority: 13 CFR 123.3(b).)

James Stallings,

Associate Administrator, Office of Disaster Recovery & Resilience.

[FR Doc. 2026–17866 Filed 8–31–26; 8:45 am]

BILLING CODE 8026–09–P

SOCIAL SECURITY ADMINISTRATION

[Docket No. SSA–2024–0053]

Social Security Ruling, SSR 26–2p; Titles II and XVI: Documenting and Evaluating Disability in Young Adults

AGENCY: Social Security Administration (SSA).

ACTION: Notice of Social Security Ruling (SSR).

SUMMARY: We are providing notice of SSR 26–2p. This SSR explains our policies and consolidates information from our regulations on documenting and evaluating disability in young adults. This ruling rescinds and replaces SSR 11–2p.

DATES: We will apply this notice on October 1, 2026.

FOR FURTHER INFORMATION CONTACT: Michael J. Goldstein, Disability Policy, Social Security Administration, 6401 Security Boulevard, Baltimore, MD 21235–6401, telephone: (410) 965–1020.

SUPPLEMENTARY INFORMATION: Although 5 U.S.C. 552(a)(1) and (a)(2) do not require it, we are publishing this SSR in accordance with 20 CFR 402.160(b)(1). Although SSRs do not have the same force and effect as statutes or regulations, they are binding on all components of SSA (20 CFR 402.160(b)(1)).

We use SSRs to make available to the public precedential final opinions, orders, and statements of policy and interpretation relating to the federal old-age, survivors, disability, Supplemental Security Income, and Special Veteran Benefits programs. We may base SSRs on determinations or decisions made at all levels of our administrative review process, federal court decisions, decisions of our Commissioner, opinions from our Office of the General Counsel, or other interpretations of the law and regulations.

This SSR will remain in effect until we publish a notice in the **Federal Register** that rescinds it, or we publish a new SSR that replaces or modifies it.

(Catalog of Federal Domestic Assistance, Program Nos. 96.001, Social Security—Disability Insurance; 96.002, Social Security—Retirement Insurance; 96.004—Social Security—Survivors Insurance; 96.006—Supplemental Security Income.)

Mark Steffensen,

General Counsel, Social Security Administration.

Policy Interpretation Ruling

SSR 26–2p: Titles II and XVI: Documenting and Evaluating Disability in Young Adults

This SSR rescinds and replaces SSR 11–2p but retains much of its substantive information. We are publishing this SSR to update certain content based on changes to our program rules since 2011. Additionally, we are clarifying some of the examples, adding new examples, and refining some content to emphasize information unique to young adult claims. Furthermore, we are reorganizing some sections to clearly identify information that is helpful to young adult claimants during the initial claims process and to young adult beneficiaries and recipients undergoing a continuing disability review (CDR) or age-18 redetermination. We are publishing these updates and revisions with the goal of improving our customer service to young adults. As a final note, we added a few new sections clarifying evidentiary considerations.

Purpose: This SSR explains our policies for evaluating disability in young adults between the ages of 18 to approximately 25. Specifically, we provide information about how we apply our policies when we determine whether a young adult is disabled under our rules and discuss considerations for developing evidence in young adult cases. This SSR also provides information about continued payments for young adults participating in vocational rehabilitation (VR) plans.

Citations (Authority): Sections 216(i), 222(c), 223(a), 223(c), 223(d), 223(f), 225(b), 1614(a)(3), 1614(a)(4), 1619, and 1631(a) of the Social Security Act (Act), as amended; Regulations 20 CFR 404.130; 404.316, 404.327, 404.328, 404.330, 404.348, 404.350–404.354; 404.1502, 404.1503, 404.1505, 404.1509–404.1510, 404.1512–404.1513, 404.1520–404.1522, 404.1525–404.1526, 404.1529–404.1530, 404.1545–404.1546, 404.1560, 404.1563–404.1569a, 404.1571–404.1576, 404.1584, 404.1589, 404.1590, 404.1593, 404.1594; 416.902, 416.903, 416.905, 416.909–416.910, 416.912–416.913, 416.920–416.922, 416.924a, 416.925–416.926a, 416.929–416.930, 416.945–416.946, 416.960, 416.963–416.969a, 416.971–416.976, 416.987, 416.989–416.989a; 416.990, 416.994; 416.1181; 416.1331, and 416.1338.

DATES: We will apply this notice on October 1, 2026.[1]

Introduction

We consider people between the ages of 18 to approximately 25 to be young adults. When we make disability determinations or decisions for young adults, we use the same definition of disability as we do for other adults.[2] Thus, we use the adult rules to make disability determinations or decisions for young adults in situations[3] including:

- When a young adult files a claim for title II child[4] benefits on a parent's record based on a disability that began before they attained age 22;
- When a child[5] who is receiving title XVI childhood disability benefits attains age 18 and must undergo a disability redetermination;[6] and
- When a young adult receiving disability benefits under title II or XVI undergoes a CDR to determine whether they are still disabled.[7]

As in all adult disability claims, a young adult who applies for disability benefits under title II or XVI[8] is disabled if they have a medically determinable physical or mental impairment(s) (MDI)[9] that results in an inability to engage in any substantial gainful activity (SGA).[10]

We use a sequential evaluation process[11] to determine disability in adult claims, which considers the individual's work activity,[12] the severity[13] and duration of physical or mental MDIs,[14] whether any impairment or combination of impairments meets or medically equals a listing in the Listing of Impairments (listings),[15] the individual's residual functional capacity (RFC),[16] and whether the individual has the ability to do their past relevant work or other work that exists in significant numbers in the national economy.[17]

This SSR identifies and explains issues relevant to determining disability for young adults, ages 18 to approximately 25, including the evidence we need to document a young adult's impairment-related limitations; considerations for evaluating limitations; issues regarding disability insured status; issues related to the sequential evaluation process; and considerations for resolving inconsistencies in the evidence. We also discuss issues related to continued payments for young adults participating in VR or an Individualized Education Program (IEP).

Policy Interpretation

Sources of Evidence About a Young Adult's Ability To Do Basic Work Activities

Once we have objective medical evidence[18] from an acceptable medical source[19] that establishes the existence of an MDI, we consider all relevant evidence in the case record to determine whether a young adult is disabled. This evidence may come from acceptable medical sources, other medical sources, and nonmedical sources.[20] Although we always need objective medical evidence from an acceptable medical source, we will determine what other evidence we need based on the facts of the case.

Medical Sources

In addition to providing evidence establishing an MDI, acceptable medical sources can provide information about how a young adult's impairments affect their ability to perform work-related activities. For example, a licensed physician, licensed advanced practice registered nurse, or a licensed physician assistant who has examined or treated a young adult for asthma might discuss the impact of asthma on the young adult's participation in physical activities. A qualified speech-language pathologist might discuss how a language disorder contributes to limited attention and difficulty communicating in a work setting. A licensed or certified school psychologist might discuss how conditions such as intellectual disability, learning disabilities, or borderline intellectual functioning impact a young adult's ability to remember and carry out instructions.

Additionally, we may receive evidence from other medical sources who we do not consider acceptable medical sources, such as chiropractors, occupational therapists (OT), or physical therapists (PT). We cannot use evidence from these sources to establish that a young adult has an MDI. However, we may use evidence from these sources to evaluate the severity of the impairment(s) and how it affects the young adult's ability to do work-related activities. This evidence can be very helpful, especially if a source sees the young adult regularly. For example:

- A psychiatric social worker (PSW) might comment on the young adult's ability to deal with changes in a routine

[1] We will use this SSR beginning on its applicable date. We will apply this SSR to new applications filed on or after the applicable date of the SSR and to claims that are pending on and after the applicable date. This means that we will use this SSR on and after its applicable date in any case in which we make a determination or decision. We expect that Federal courts will review our final decisions using the policies that were in effect at the time we issued the decisions. If a court reverses our final decision and remands a case for further administrative proceedings after the applicable date of this SSR, we will apply this SSR to the entire period at issue in the decision we make after the court's remand.

[2] See 20 CFR 404.1505 and 416.905.

[3] Under title II, we sometimes use the adult definition of disability to make disability determinations or decisions for people under age 18, see 20 CFR 404.1520. In these situations, we will use the content in this SSR to help us make our determination or decision.

[4] For purposes of title II entitlement, a child is a person who has the required relationship to the insured person. See generally 20 CFR 404.350 and 404.354.

[5] For purposes of determining disability under title XVI, a child is a person who has not attained age 18. See 20 CFR 416.902(c).

[6] See 20 CFR 416.987.

[7] See 20 CFR 404.1590 and 416.990.

[8] For simplicity, we refer in this SSR only to initial claims for benefits. However, the policy interpretations in this SSR also apply, with some exceptions, to age-18 redeterminations under section 1614(a)(3)(H)(iii) of the Act and 20 CFR 416.987, and to CDRs under sections 223(f) and 1614(a)(4) of the Act and 20 CFR 404.1594 and 416.994. When there is a difference in how the policy applies to age-18 redeterminations or to CDRs, we explain how the policy differs.

[9] See 20 CFR 404.1521 and 416.921 for the definition of MDI. We use the term impairment(s) in this SSR to refer to an ''impairment or a combination of impairments.''

[10] See sections 223(d)(1)(A) and 1614(a)(3)(A) of the Act. The impairment(s) must also satisfy the duration requirement in sections 216(i)(1), 223(d)(1)(A), and 1614(a)(3)(A) of the Act; that is, it must be expected to result in death or must have lasted or be expected to last for a continuous period of not less than 12 months. See also 20 CFR 404.1505, 404.1509, 416.905, and 416.909.

[11] See 20 CFR 404.1520 and 416.920 for information about the sequential evaluation process.

[12] If the individual is doing SGA, we will find them not disabled. 20 CFR 404.1520(a)(4)(i), 416.920(a)(4)(i). For the definition of SGA and the rules for how we determine whether work shows that a person has the ability to do SGA, see 20 CFR 404.1510, 404.1571–404.1576, 404.1584, 416.910, and 416.971–416.976. For the specific monthly earnings amounts we generally consider to be SGA, see: *https://www.ssa.gov/oact/COLA/sga.html.*

[13] An impairment(s) is severe if it significantly limits the person's physical or mental ability to do basic work activities. 20 CFR 404.1520(c) and 416.920(c).

[14] See 20 CFR 404.1509 and 416.909.

[15] The rules for how we determine whether an impairment(s) meets or medically equals a listing are in 20 CFR 404.1525, 404.1526, 416.925, and 416.926. The listings are at 20 CFR part 404, subpart P, appendix 1.

[16] For more information about the rules we use to assess RFC, see 20 CFR 404.1545–404.1546, and 416.945–416.946.

[17] For more information about the rules we use to determine whether a person can perform past work or other work, see 20 CFR 404.1560–404.1569a and 416.960–416.969a.

[18] See 20 CFR 404.1502(f) and 416.902(k).

[19] See 20 CFR 404.1502(a) and 416.902(a).

[20] 20 CFR 404.1502(a), (d) and (e), 416.902(a), (i) and (j).

work setting or on how they get along with others.[21]

- An OT or PT might evaluate the impact of a neurological disorder on the young adult's activities and comment on muscle tone and strength and how it affects their ability to stand and walk.
- An OT might comment on the young adult's ability to use fine motor skills to use a computer.

Nonmedical Sources

An individual who knows and has contact with the young adult, but is a nonmedical source, can also provide evidence to help us evaluate the severity and impact of a young adult's impairment(s). These sources include the young adult, family members, educational personnel (for example, teachers and counselors), public and private social welfare agency personnel, and others (for example, friends, neighbors, and clergy). Therefore, we consider evidence in the case record from nonmedical sources when we determine the severity of the young adult's impairment(s) and how the young adult is able to function.

School Programs

Evidence from school programs, including secondary and post-secondary schools, can also help us evaluate the severity and impact of a young adult's impairment(s). We will consider any evidence from school programs that the young adult participated in that had psychosocial supports, extra help, accommodations, or were in structured settings or living arrangements.[22] For example:

- Some young adults who received special education (including transition services) or related services[23] before they attained age 18 continue to receive these services until they are age 22. Other young adults may participate in postsecondary programs, including college or vocational training.[24]
- Young adults who receive special education services at age 16 or older will have an IEP, including an IEP transition plan.[25] The IEP transition plan describes a student's levels of functioning based on reasonable estimates by both the student and the special education team. It also identifies the kinds of vocational and living skills the young adult needs to develop in order to function independently as an adult.
- The IEP transition goals may range from the development of skills appropriate to supervised and supported work and living settings to those needed in independent work and living situations. For example, an IEP transition goal for an 18-year-old might be, ''The student will independently use public transportation,'' while specific objectives would identify the skills to be developed (for example, reading a bus schedule) and the particular instruction methods to be used to develop the skills (for example, one-to-one tutoring with practice reading a bus schedule).
- The goals in an IEP may be set at a level that the young adult can readily achieve to foster a sense of accomplishment and may be lower than what would be expected of a young adult without impairments.

Regarding IEP goals, a young adult who *achieves* a goal may or may not have limitations in performing basic work activities. We will not equate achievement of an IEP goal with the ability to perform basic work activities without considering if achievement of the goal was in whole or in part due to psychosocial supports and highly structured or supportive settings, or extra help and accommodations.[26]

A young adult who *does not achieve* a goal may have an impairment-related limitation(s) in their ability to perform work activity. However, a young adult's failure to achieve a goal does not, by itself, establish that the impairment(s) is *disabling.*

In addition to information about special support services, we will also consider results of standardized tests (such as intelligence tests and standardized tests of adaptive functioning We will consider any available testing in the context of all the evidence in the file, including information about developmental history and daily functioning in a variety of settings.

Considerations in Developing Evidence in Young Adult Cases

We also clarify in this SSR that before we determine that a young adult is not disabled, we will make every reasonable effort to develop a complete medical history for the following periods:

- *Initial-level claims:* Generally, at least 12 months preceding the young adult's application.[27]
- *Age-18 redeterminations:* Generally, at least 12 months preceding the date of the interview or the month the form *Disability Report-Adult (SSA–3368)*[28] is completed.

[21] A ''medical source'' is ''an individual who is licensed as a healthcare worker by a State and working within the scope of practice permitted under State or Federal law, or an individual who is certified by a State as a speech-language pathologist or a school psychologist and acting within the scope of practice permitted under State or Federal law.'' 20 CFR 404.1502(d), 416.902(i). State healthcare practice and licensure laws differ. A certain type of practitioner, *e.g.,* a naturopath or PSW, might qualify as a medical source under one State's laws but not under another's.

[22] Similar to childhood disability claims under title XVI, we may consider accommodations or one-to-one assistance in a school or work setting when evaluating function in young adults. We use this information when evaluating the degree of functional limitations for adults when evaluating mental impairments in 20 CFR 404.1520a(c), 404.1545(c), 416.920a(c), and 416.945(c).

[23] In this context, special education is defined as instructional services provided to students through age 21 in primary and secondary education under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA).

Transition services are a coordinated set of special education services designed to facilitate the student's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), independent living, or community participation. Such services include instruction, related services, community services, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

Related services include transportation and developmental, corrective, and other supportive services (for example, occupational therapy) as are required to assist a student with a disability, as defined by IDEA, to benefit from special education. A student who does not qualify for special education may qualify for related services under section 504 of the Rehabilitation Act of 1973 to ensure a free, appropriate public education.

[24] The Higher Education Opportunity Act of 2008 authorizes postsecondary educational services for students with disabilities.

[25] IEP transition plans are discussed in 34 CFR 300.320(b). The first IEP a child receives by the time they turn 16 must include transition assessments related to training, education, and employment, as well as the transition services the child needs to reach identified goals. The IEP may be established at a younger age if determined appropriate by the IEP team. IEPs are discussed in SSR 09–2p, 74 FR 7625 (February 2009), available at: *https://www.ssa.gov/OP_Home/rulings/ssi/02/SSR2009-02-ssi-02.html.* (For the complete titles of all SSRs cited in this footnote and those following, see the CROSS–REFERENCES section at the end of this SSR). The information about IEPs applies equally to people age 18–22 who are still in special education. We may also consider IEPs from a period before the person attained age 18 (for example, senior year of high school) if they are relevant to the period we are considering in connection with an application, age-18 redetermination, or CDR. Recent IEPs will frequently be relevant in age-18 redeterminations. Also see 34 CFR 300.320, available at: *https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300/subpart-D/subject-group-ECFR28b07e67452ed7a/section-300.320.*

[26] Similar to childhood disability claims, see 20 CFR 416.924a(b)(5) and (b)(7), we may consider special education programs and accommodations in school settings when evaluating function in young adults.

[27] We will develop evidence for a different period if there is a reason to believe that development of an earlier period is necessary or unless the young adult states their disability began less than 12 months before the application was filed. See 20 CFR 404.1512(b)(1) and 416.912(b)(1).

[28] The standard for requesting evidence for an age-18 redetermination aligns with the process for initial claims in 20 CFR 416.912(b)(1). Also see 20 CFR 416.987. The Disability Report—Adult form is available for viewing at: *https://www.ssa.gov/forms/ssa-3368-bk.pdf.*

• *CDRs:* Generally, at least 12 months preceding the month the form *Continuing Disability Review Report (SSA–454)* [29] or the *internet Continuing Disability Review Report (i454)* is completed.

In addition, we may develop the following types of evidence identified by the young adult or their parent or legal guardian and nonmedical sources:

• Evidence from school programs as discussed above, if the young adult is receiving special education services or received these services from age 16 forward.

• Evidence from community experiences discussed above.

• Evidence from a prior claim file if the young adult previously filed for disability benefits. We will copy relevant medical records and school records to the current file. Some examples of relevant records may include information relevant to a young adult's participation in school programs and community experiences, including work settings.

• Evidence that the young adult is participating in a VR or similar program (such as Section 301) [30] as described below.

• Longitudinal evidence (medical and nonmedical) if the young adult participated in school programs or has had community experiences including work from age 16 on, or if the impairment(s) or case facts warrant establishing a history that extends beyond the 12-month period of development. For example, intelligence tests administered by a licensed or certified school psychologist after a young adult has attained 16 years of age are relevant to assessing the young adult's general intellectual functioning. Some impairments have periods of fluctuating severity in terms of symptoms and functional effects over time as part of the ongoing disease process, for example, mental disorders or seizure disorders. In such cases, we may develop longitudinal evidence that extends beyond the 12-month period to assist us in evaluating the severity of a young adult's impairment(s) and resulting functional limitations.

[29] See 20 CFR 404.1589, 416.989, and 416.989a; and 20 CFR 404.1593(b) and 416.993. The Continuing Disability Review Report is available for viewing at: *https://www.ssa.gov/forms/ssa-454-bk.pdf.*

[30] Section 301 of the Social Security Disability Amendments of 1980 (Pub. L. 96–265) provides for continuation of disability benefits to certain individuals whose disability medically ceases while the individual is engaged in a VR program.

Considerations Related To Evaluating a Young Adult's Impairment-Related Limitations

We evaluate a young adult's impairment-related limitations, including symptoms, in the sequential evaluation process to:

• Determine whether their MDI or combination of MDI(s) is severe and meets the duration requirement (*i.e.,* an MDI(s) that is expected to result in death within 12 months of the onset of disability or has lasted or is expected to last a continuous period of at least 12 months);

• Determine whether their MDI(s) meets or medically equals a listed impairment; and

• Assess their RFC and determine if the young adult has the ability to perform past relevant work or other work that exists in significant numbers in the national economy.

The examples in the sections below do not necessarily establish that a young adult is disabled, only that the individual may have limitations affecting their ability to work. We will consider the context for any skills or abilities that are demonstrated when evaluating the ability to function. For example, we will consider whether the individual had psychosocial supports, a highly structured or supportive setting, extra help, or accommodations.

Evidence Regarding Functioning From Educational Programs

As discussed above, we may have evidence about a young adult's functioning from school programs, including their IEP. This evidence may provide insight as to how well a young adult can perform the mental and physical demands of work. The following examples of school-reported difficulties might suggest limitations in work activities:

• Difficulty in understanding, remembering, and carrying out simple instructions and work procedures during a school-sponsored work experience;

• Difficulty communicating spontaneously and appropriately in the classroom or educational setting; [31]

• Difficulty with maintaining attention for extended periods in a classroom or educational setting;

• Difficulty relating to authority figures and responding appropriately to correction or criticism during school or a work-study experience;

• Difficulty using motor skills to move between classrooms;

[31] Educational setting means any school-type activities or educational programs that take place outside of a traditional classroom setting.

• Difficulty functioning outside a supported or highly structured classroom or educational setting;

• Difficulty with hyperfocus (an intense focus on things that interest an individual, such as video games), along with a limitation in their ability to focus on other tasks, sustaining focus, or transitioning from one task to another in the educational setting;

• Difficulty independently and appropriately initiating, sustaining, and completing assignments within the classroom or educational setting; and,

• Difficulty sustaining attendance due to illness, treatment of medical conditions, or disciplinary action(s) related to medical conditions.

Community Experiences, Including Job Placements

A young adult may receive services in a community setting(s) through a school or a community agency, such as a mental health center or VR agency. These services may include:

• *Community-based instruction (CBI),* or instruction in a natural, age-appropriate setting (for example, trips to the grocery store to develop math, sequencing, travel, and social skills).

• *On-the-job training (OJT),* or placement in various work sites in the community for vocational training and experience, frequently in an enclave (small group) of students with a job coach (for example, placement in an enclave in a motel to learn housekeeping tasks such as bed-making and vacuuming).

• *Work experience* or supervised part-time or full-time employment to assist a young adult in acquiring job skills and professional work attitudes and habits.

• *VR services,* or services provided by states and local areas through the Workforce Innovation and Opportunity Act (WIOA),[32] which provide eligible students (in-school youth) aged 14 to 21 the opportunity to receive tutoring, mentoring, alternative secondary school opportunities, paid and unpaid work experiences, counseling, and related supports. The WIOA also provides services for eligible out-of-school youth (aged 16 to 24).[33]

A young adult may participate in OJT or work experience placements that are unpaid, paid at less than SGA levels, or

[32] The WIOA was signed into law on July 22, 2014. The intention of the WIOA is help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with skilled workers needed to compete in the global economy. See Pub. L. 113–128; 128 Stat. 1425, 29 U.S.C. 3164, 81 FR 56072 (August 2016), available at: *https://www.congress.gov/113/plaws/publ128/PLAW-113publ128.pdf.*

[33] See 20 CFR 681.210.

paid at SGA levels. Some young adults have multiple placements as part of a transition plan that exposes them to a variety of work settings. Other young adults may have multiple placements because of unsatisfactory performance.

Regardless of whether the work was SGA, information about how well a young adult performed in job placements can help us assess how the young adult functions. For example, a young adult who was unable to sustain OJT placements may have limitations in the ability to learn and remember information or to maintain attention to carry out work-related tasks. In contrast, a young adult who performed OJT placements successfully may have a good ability to respond appropriately to supervision. In addition, information about the degree to which a young adult needs special supports in order to work (such as in supported or transitional employment programs) may also help us assess the young adult's functioning.

The evidence might show that the claimant missed time from work. We will not consider the missed time from work in itself to reflect difficulties with function in the work place or the ability to sustain work activities on a continual basis. However, this evidence may be relevant when evaluating impairment-related limitations.

Psychosocial Supports and Highly Structured or Supportive Settings

As for all adults, psychosocial supports and highly structured or supportive settings may reduce the demands on a young adult and help them function. However, the young adult's ability to function in settings that are less demanding, more structured, or more supportive than those in which people typically work does not necessarily show how the young adult will be able to function in a work setting. We will consider the type and extent of support or assistance and the characteristics of any structured setting in which the young adult spends their time when we evaluate the effects of their impairment(s) on functioning.

Extra Help and Accommodations

Working requires an individual to be able to do the tasks of a job independently, appropriately, effectively, and on a sustained basis. In this regard, the analysis for adult disability determination purposes is similar to our extra help rules for children.[34] If a young adult with an impairment(s) needs or would need greater supervision, assistance, or some other type of accommodation because of the impairment(s) than an employee who does not have an impairment, the young adult has a work-related limitation that should be considered in the RFC. For example, a young adult with an intellectual development disorder or a severe anxiety disorder may need additional supports to stay on task or transition from one task to another; we would consider that when assessing the young adult's RFC.

We consider how independently a young adult is able to function, including whether the young adult needs help from other people or special equipment, devices, or medications to perform daily activities. We evaluate the degree of help, the use of any special devices or medications that enable the young adult to function, and if the extra help or support can be used effectively on a sustained basis. If there are adverse side effects or continuing limitations, we will evaluate limitations that nevertheless persist.[35]

Accommodations

Accommodations are adjustments or modifications to tasks or an environment that allow an individual with an impairment to complete the same activity or task as other people. Accommodations can include a change in setting, timing, or scheduling, or an assistive or adaptive device.

Some young adults with impairments need accommodations in their educational program in order to participate in the general curriculum or in a transitional program.[36] The fact that a young adult receives or has received accommodations as a part of their IEP or Section 504 plan[37] may be an indication that they have a limitation in the work setting.

Some accommodations may indicate or provide evidence to support that a young adult's impairment(s) meets or medically equals a listing. For example, a young adult's need for an augmentative or alternative communication (AAC) device (*e.g.,* an electronic picture board accessed via an app on a smartphone or electronic tablet) may indicate a speech impairment that meets listing 2.09 or might provide evidence to support impairment severity that meets one of the neurological listings in section 11.00 of the listings or the autism spectrum disorder listing 12.10.

When we determine whether an individual can perform their PRW, we do not consider potential accommodations or whether an individual would be eligible for or require a particular workplace accommodation. We cannot find that a young adult can do their PRW with accommodations unless we find the young adult actually performed that PRW with those accommodations.[38] If their employer made the accommodation, the young adult performed PRW with the accommodation, and the young adult's RFC supports they can do PRW with those accommodations, we will find the young adult can do PRW as they actually performed it.

When we determine whether an individual can adjust to other work that exists in significant numbers in the national economy, we do not consider whether the individual could do so with accommodations, even if an employer would be required to provide reasonable accommodations under a statute, including the Americans with Disabilities Act of 1990.[39]

Effects of Treatment, Including Medications

Treatment, including medications, can have a positive effect on an individual's ability to function in a work setting. For example, a young adult who takes an antidepressant medication may be able to interact appropriately with supervisors and co-workers. However, treatment may not resolve all of the functional limitations that result from an impairment(s). Medications or other treatment may cause side effects that affect the mental or physical ability to work. For example, an anti-epileptic medication may cause drowsiness that affects the ability to concentrate; daily chest percussion therapy for cystic fibrosis may cause fatigue because of the physical effort involved in the therapy. Common side

[34] See 20 CFR 416.924a(b)(5)(ii).

[35] Additional information that may provide insight to function and limitations or special support is in the Adult Listings for Mental Disorders, see 12.00C4; available at: *https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm.*

[36] We provide more detail about accommodations in IEPs in SSR 09–2p.

[37] Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs and activities that receive Federal financial assistance. Public Law 93–112, section 504; 29 U.S.C. 794(a), as amended. Under this section, schools must provide a free, appropriate public education to each student with a disability. See 34 CFR 104.33(a). When a student has a disability that limits his or her access to the educational setting, the school will conduct an evaluation of specific areas of educational need and, if necessary, have a written plan for the aids and services that will be provided.

[38] As described below, work may not be SGA due to a special employment situation, an impairment-related work expense, or extensive subsidy and therefore it would not be considered PRW.

[39] The Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodations to a qualified person with a disability. See 42 U.S.C. 12112; SSR 00–1c.

effects of medication causing symptoms such as fatigue, dizziness, and impaired motor function are considered in the medical evaluation.[40] The nature and frequency of a young adult's treatment may preclude them from maintaining a work schedule of 8 hours a day for 5 days a week, on a sustained basis.[41]

The record might include evidence that the individual failed to follow prescribed treatment. If the individual would otherwise be entitled to benefits, but we have evidence that (1) the individual's own medical source(s) prescribed treatment for the MDI(s) upon which the disability finding is based and (2) the individual did not follow the prescribed treatment, we will determine whether the individual has failed, without good cause, to follow prescribed treatment.[42] Examples of good cause include incapacity and circumstances where the individual's own medical sources disagree about whether the individual should follow a prescribed treatment.[43]

Work-Related Stress

Working involves many factors and demands that can be stressful. For example, some individuals may experience stress related to the demands of getting to work regularly, having work performance supervised, or remaining in the workplace for a full day, five days per week on a sustained basis. Moreover, one individual's reaction to stress associated with the demands of work may be different from that of another individual, even among individuals with the same impairment(s). Evaluating functional limitations based on the reaction to the demands of work is highly individualized.[44]

Evidence provided by nonmedical sources, including information contained in school records, may provide insight about the effect of stress on a young adult's physical or mental functioning and what, if any, psychosocial supports, or structure they would need when experiencing work-related stress.[45] We consider impairment-related limitations created by an individual's response to the demands of work on an individualized basis when we evaluate symptoms and assess RFC.

We consider the consistency of the young adult's statements about the effects of stress and determine whether they can be reasonably related to an MDI. If so, we consider the degree to which the intensity, persistence, and limiting effects of the individual's symptom(s) are consistent with and supported by the objective signs, laboratory findings, and other medical and nonmedical evidence.[46]

Insured Status Issues for Young Adults

When a young adult has worked, we consider whether they are insured for purposes of establishing a period of disability or becoming entitled to disability insurance benefits under title II of the Act. While the Act provides the standard for determining insured status for young adults aged 21 up to age 24, there is no similar statutory standard for young adults under the age of 21. We use the same rule for both groups—a young adult meets the disability insured status requirements if they have 6 quarters of coverage in the 12-quarter period ending with the quarter in which the disability began.[47]

When our records do not establish disability insured status, but the claimant alleges sufficient work and earnings for that purpose, we will look to see if there are any covered earnings that are not yet shown in our records to apply towards establishing insured status.

Determining Disability: Specific Issues That May Arise During the Sequential Evaluation Process

Determining Whether a Young Adult's Work Activity is SGA [48]

We primarily consider a young adult's earnings to determine if their work activity was SGA unless there is evidence that indicates that the earnings are greater than the reasonable value of the work.

Work Activity: Many young adults with mental or physical impairments have worked or are working. The work experience may have been (or may be, if the individual is still working) subsidized, in a sheltered setting, or performed under special conditions. As for any adult, we subtract the value of any subsidized earnings and the reasonable cost of any impairment-related work expenses from a young adult's gross earnings to determine if the work is SGA.[49] In addition, some young adults whose impairments arose during military service remain on active duty and receive full pay while they are in treatment for their impairments. They may also receive payments while working in a designated therapy program or on limited duty. Active-duty status or receipt of pay (for example, sick pay) by a member of the military *does not* indicate by itself that the service person has demonstrated the ability to do SGA. We will consider the actual work activity, not the amount of pay the service person receives or the duty status of the service person when we determine whether the work is SGA.[50]

Volunteer Service: Young adults with disabilities may participate in government-sponsored programs for volunteer activity, such as AmeriCorps VISTA. We do not count payments an individual receives from some of these programs as earnings.[51]

Considering Illiteracy When Evaluating MDI(s), RFC, and Vocational Factors

Under the vocational rules, we may find young adults not disabled even if we determine that their educational level is illiterate.[52] However, a young adult's illiteracy can be an indication of an underlying impairment(s) that affects our assessment of RFC. For example, if a young adult, despite having attended high school, is illiterate or has a limited reading ability, they may have an MDI, such as a learning disability or language disorder. Any such MDI may affect a young adult's RFC. As we noted above, these types of disorders can cause limitations in more than one area.

[40] For more information about how we consider the nature and severity of symptoms, see 20 CFR 404.1529 and 416.929.

[41] See 20 CFR 404.1545 and 416.945.

[42] See 20 CFR 404.1530 and 416.930.

[43] See SSR 18–3p.

[44] See 20 CFR 404.1545(c) and 416.945(c).

[45] See 20 CFR 404.1545 and 416.945.

[46] See 20 CFR 404.1529 and 416.929.

[47] Claimants age 24 to the attainment of age 31 meet the disability insured status requirement when they have quarters of coverage in at least one-half of the quarters beginning with the quarter after the quarter they attained age 21 and ending with the quarter in which disability began. For example, a claimant who becomes disabled in the quarter in which they attain age 25 needs 8 quarters of coverage during the 16 quarters ending in the quarter in which they became disabled. If the number of quarters in the period we are considering is an odd number, we reduce it by one to determine how many quarters of coverage the young adult needs. See 20 CFR 404.130(c).

[48] The SGA step of the sequential evaluation process applies only to applications under titles II and XVI and to CDRs under title II. We do not consider the SGA step in age-18 redeterminations or in title XVI CDRs. See 20 CFR 416.987(b) for the rules on determining disability in age-18 redeterminations. See 20 CFR 416.994(b)(5) for the sequential evaluation process for title XVI CDRs for adults.

[49] See 20 CFR 404.1574 and 416.974 for evaluating work as an employee and 20 CFR 404.1575 and 416.975 for work in self-employment. For monthly SGA amounts by disability type, see *https://www.ssa.gov/oact/COLA/sga.html*.

[50] See 20 CFR 404.1574(a)(3) and 416.974(a)(3) and SSR 84–24. Additionally, when calculating SGA, impairment-related work expenses may be considered and subtracted from the SGA amount, see 20 CFR 404.1576 and 416.976.

[51] See 20 CFR 404.1574(d) and 416.974(d); see also SSR 84–24.

[52] See 20 CFR, Part 404, Subpart P, Appendix 2, 201.00(h).

When illiteracy or limited reading ability is related to an MDI, we consider how the MDI affects the individual's ability to meet the requirements of work when we assess RFC.[53] For example, a young adult who has an intellectual disorder may be limited in their ability to understand and remember instructions, which results in an inability to read and write. The intellectual disorder may also affect their ability to maintain attention on tasks that they have difficulty remembering. When we assess the young adult's RFC, we assess limitations in maintaining attention as well as in understanding and remembering instructions. When we determine whether they can do other work, we assess an individual's vocational factor of education, including consideration of illiteracy as an educational category.[54]

Additional Considerations for Age-18 Redeterminations

Young Adult Previously Found Disabled as a Child Under a Listing [55]

Although our rules use different words to describe the concept, listing-level severity is generally the same for both the adult listings (part A) and the childhood listings (part B). Most of the part B childhood listings have an equivalent adult listing in part A, and many contain identical criteria. Listings that include functioning among their criteria are generally based on a standard of *extreme* limitation in a specific function (such as balance while standing or walking) or in a broad area (domain) of functioning (such as concentrating, persisting, or maintaining pace), or *marked* limitations in two areas of functioning.

While the areas of functioning may differ between analogous listings in parts A and B, we intend for these criteria to be equally severe. Therefore, a child's impairment(s) that met or medically equaled a part B listing will often meet or medically equal a part A listing at age 18, unless the impairment(s) has medically improved.

○ *NOTE:* We only use the medical improvement review standard in CDRs. In age-18 redeterminations, we evaluate the young adult's impairment(s) under the adult standard for disability used for initial claims.

Resolving Inconsistencies in the Evidence

We evaluate all the case evidence for relevancy, sufficiency, and consistency, and to resolve any inconsistencies.

After reviewing all relevant evidence, we determine whether there is sufficient evidence to make a finding about disability. The evidence we review may include: [56]

- A complete medical history;
- Evidence that establishes an MDI;
- Evidence (medical or functional) to evaluate impairment severity;
- Evidence to determine the duration of an MDI; and
- Evidence to support establishing the onset date of disability.

If the evidence is sufficient and there are no inconsistencies in the case record, we will make a determination or decision. We consider evidence to be inconsistent when it conflicts with other evidence, contains an internal conflict, is ambiguous, or when the medical evidence does not appear to be based on medically acceptable clinical or laboratory diagnostic techniques. If there are inconsistencies in the record, but the evidence is nevertheless sufficient, we will proceed to make a determination or decision, addressing and explaining the inconsistencies, as appropriate.[57]

For example, a young adult with vision loss had two visual acuity tests, one indicating best corrected visual acuity in both eyes was 20/200 and another indicating a best corrected visual acuity of 20/200 in one eye and 20/400 in the other eye. Despite the inconsistency in the visual acuity measurements, a visual acuity of 20/200 (or less) meets the listing criteria for 2.02. Thus, the evidence is sufficient despite the inconsistency.

A finding might appear inconsistent but may be a normal variation in function or reflect the impact of treatment on functioning. For example, the record for a young adult with attention-deficit/hyperactivity disorder (ADHD) may include longitudinal evidence of minimal hyperactivity at home, in the classroom, and on work experience placements, but at a consultative examination (CE) the young adult has great difficulty staying focused, cannot sit still, and leaves the room several times. The observations during the CE may represent increased symptoms or limitations on a particular day, rather than the overall level of functioning or the effect of an unfamiliar situation or setting.[58] In this case, the evidence is not inconsistent but documents a variation in functioning during a one-time event.

As another example, for a young adult with ADHD, their ability to play video games for extended periods may not be evidence of their ability to engage in work because of the difference in context. A young adult with ADHD may be able to play video games independently and maintain attention for several hours without being distracted at home, but the same individual may be unable, due to their impairment, to maintain attention in a task such as scanning items at a cash register in a work setting. The difference in the young adult's ability to maintain attention may be related to the context of each activity; these tasks may not demonstrate an inconsistency in the ability to maintain attention related to the ability to work. Additionally, the game play does not address how well a young adult would respond appropriately to others in the workplace, focus attention on work activities and stay on task at a sustained rate, and deal with changes in a routine work setting.

If the evidence of record is inconsistent and insufficient to make a determination or decision, or if the evidence is consistent but insufficient to make a determination or decision, we will determine the best way to resolve the inconsistency or insufficiency, *e.g.,* by requesting additional evidence or asking the claimant to attend a consultative examination.[59]

Continued Payments for Young Adults Participating in a VR or Similar Program (Section 301) [60]

When we determine that a young adult is no longer disabled due to medical improvement, we will continue payments if:

- The young adult is participating in an appropriate program of VR,

[53] See 20 20 CFR 404.1545 and 416.945.

[54] See 20 CFR 404.1564(b)(1) and 416.964(b)(1).

[55] See 20 CFR 404.1525(b) and 416.925(b). When we are making a disability determination or decision under title II for a person under age 18, we consider part B childhood listings until the person attains age 18. We may also consider part A adult listings for the period before the person attains age 18, if there is no appropriate part B listing and the disease processes have a similar effect on adults and children. As for all adults, we use only part A of the Listing of Impairments when we determine whether a young adult's impairment(s) meets or medically equals a listing. We never use part B childhood listings for people who are at least 18 years old.

[56] See 20 CFR 404.1512, 404.1520, 416.912, and 416.920.

[57] See 20 CFR 404.1520b(b)(1) and 416.920b(b)(1).

[58] See section 12.00C.6 of the adult listings at 20 CFR part 404, subpart P, appendix 1. Accepting the observation of the young adult's behavior or performance in an unusual setting, like a CE, without considering the rest of the evidence could lead to an erroneous conclusion about the young adult's overall functioning.

[59] See 20 CFR 404.1520b(b)(2) and 416.920b(b)(2).

[60] We commonly refer to this provision as ''Section 301'' because the initial legislative authority for continued payment of benefits was provided in Section 301 of the Social Security Disability Amendments of 1980 (Pub. L. 96–265).

employment, or other support services;[61]

- The young adult began participating in the program before the date their disability or blindness ended;[62] and
- Completion of the program or continued participation for a specified period will increase the likelihood that the young adult will not receive benefits based on disability or blindness once again in the future.[63]

This consideration for continued payment applies under title II and title XVI when an individual's disability or blindness ends for medical reasons while they are participating in an appropriate program, including when a young adult's disability has ended as a result of a title XVI age-18 redetermination.[64]

Appropriate programs include but are not limited to: The Ticket to Work and Self-Sufficiency Program, an individualized plan for employment (IPE) with a State VR agency, Plan to Achieve Self-Support (PASS) under title XVI,[65] and an IEP (ages 18–21) under the provisions of the IDEA.

To ensure that Section 301 benefits are applied to all eligible individuals, we will inquire whether a young adult is participating in an appropriate program and request evidence of that participation before we determine whether or not their disability ended for medical reasons. If we determine that they are no longer medically disabled and are participating in an appropriate program, we will issue a notice to the young adult containing language that their case is being referred to another office for a decision about continued payments based on their participation in a VR, employment, training, or educational program.

Likelihood Determination

When a young adult is a student age 18 through 21 participating in an IEP under the provisions of the IDEA, we will find that completion of or continuation in the IEP will increase the likelihood that they will not receive benefits based on disability or blindness once again in the future.[66] In this circumstance, we will continue benefit payments until the IEP is completed or the person stops participating in the IEP for any reason. When a young adult is participating in another appropriate program, we will find that completion of or continuation in that program will increase the likelihood that the individual will not receive benefits based on disability or blindness once again in the future if the program provides the individual with:

- Work experience that will increase the likelihood of being able to perform PRW; or
- Education or work experience that will increase the likelihood of adjusting to other work.[67]

For example, if a young adult successfully completed a VR-sponsored training program to become a certified computer technician, she has acquired computer skills that will permit direct entry into semiskilled or skilled occupations, thus increasing her overall ability to adjust to other work. We would determine that the training program would increase the likelihood that she will not return to the disability or blindness benefit rolls.

Effective Date: We will apply this SSR on October 1, 2026.

Cross-References: SSR 84–24: Titles II and XVI: Determination of Substantial Gainful Activity for Persons Working in Special Circumstances—Work Therapy Programs in Military Service—Work Activity in Certain Government-Sponsored Programs; SSR 00–1c: Sections 222(c) and 223(a), (d)(2)(a), and (e)(1) of the Social Security Act (42 U.S.C. 422(c) and 423(a), (d)(2)(A), and (e)(1)) Disability Insurance Benefits—Claims Filed Under Both the Social Security Act and the Americans with the Disabilities Act; SSR 09–2p: Title XVI: Determining Childhood Disability—Documenting a Child's Impairment-Related Limitations; SSR 09–3p: Title XVI: Determining Childhood Disability—The Functional Equivalence Domain of ''Acquiring and Using Information''; SSR 09–4p: Title XVI: Determining Childhood Disability—The Functional Equivalence Domain of ''Attending and Completing Tasks''; SSR 09–5p: Title XVI: Determining Childhood Disability—The Functional Equivalence Domain of ''Interacting and Relating with Others''; SSR 09–6p: Title XVI: Determining Childhood Disability—The Functional Equivalence Domain of ''Moving About and Manipulating Objects''; SSR 09–7p: Title XVI: Determining Childhood Disability—The Functional Equivalence Domain of ''Caring for Yourself''; SSR 09–8p: Title XVI: Determining Childhood Disability—The Functional Equivalence Domain of ''Health and Physical Well-Being''; SSR 18–3p: Titles II and XVI: Failure to Follow Prescribed Treatment; SSR 24–2p: Titles II and XVI: How We Evaluate Past Relevant Work.

[FR Doc. 2026–17814 Filed 8–31–26; 8:45 am]

BILLING CODE 4191–02–P

[61] See 20 CFR 404.316(c)(1)(i), 404.327(a), and 416.1338(a)(1), (c).

[62] 20 CFR 404.316(c)(1)(ii) and 416.1338(a)(2).

[63] See 20 CFR 404.316(c)(1)(iii), 404.328 and 416.1338(a)(3), (e).

[64] See 20 CFR 416.1338(a).

[65] See 20 CFR 416.1181.

[66] See 20 CFR 404.328(b) and 416.1338(e)(2).

[67] See 20 CFR 404.328(a) and 416.1338(e)(1).

DEPARTMENT OF STATE

[Public Notice: 13086]

Bureau of Political-Military Affairs, Directorate of Defense Trade Controls: Notifications to the Congress of Proposed Commercial Export Licenses

AGENCY: Department of State.

ACTION: Notice.

SUMMARY: The Directorate of Defense Trade Controls and the Department of State give notice that the attached Notifications of Proposed Commercial Export Licenses were submitted to Congress on the dates indicated.

DATES: The dates of notification to Congress are shown on each of the 25 Letters.

FOR FURTHER INFORMATION CONTACT: Ms. Paula C. Harrison, Directorate of Defense Trade Controls (DDTC), Department of State at (202) 663–3310; or access the DDTC website at *https://www.pmddtc.state.gov/ddtc* public and select ''Contact Us,'' then scroll down to ''Contact the DDTC Response Team'' and select ''Email.'' Please add this subject line to your message, ''ATTN: Congressional Notification of Licenses.''

SUPPLEMENTARY INFORMATION: Section 36(f) of the Arms Export Control Act (22 U.S.C. 2776) requires that notifications to the Congress pursuant to sections 36(c) and 36(d) be published in the **Federal Register** in a timely manner.

The following comprise recent notifications and are published to give notice to the public.

January 2, 2026

Congressional Notification Transmittal Letter

Please find enclosed the following notification from the Department of State.

Department Notification Number: DDTC 25–079.

Pursuant to Section 36(c) and 36(d) of the Arms Export Control Act, please find enclosed a certification of a proposed license amendment for the manufacture of significant military equipment abroad and the export of defense articles, including technical data, and defense services in the amount of $100,000,000 or more.

The transaction contained in the attached certification involves the export of defense articles, including