

**SOCIAL SECURITY ADMINISTRATION**  
**Supplemental Security Income**  
Claim Information

Office Address:

Telephone Number:

Contact Person:

Date:

Social Security Number:

We are writing to let you know that you may be able to receive a benefit from the organization shown at the bottom of this page. We need to know if you can receive benefits from this organization so that we can make a decision about your Supplemental Security Income (SSI) payments.

You must apply for and take any action needed to receive benefits from this organization by \_\_\_\_\_

If you do not take action by this date:

- You will not be eligible for SSI.
- You will have to pay back any SSI you may have received beginning \_\_\_\_\_
- We will send you another letter that explains our decision and what you can do if you think we are wrong before we take any further action on your claim.

If you want to receive SSI payments, you must apply for any benefits you can get now. In some cases, you can get a lower benefit if you apply now but a higher benefit if you apply later. You have to take whatever benefit the organization will give you now to receive SSI.

Please take or mail the enclosed form to the organization shown below right away. When the organization returns the form to us, we will make a decision about your SSI payments.

If you have any questions, please get in touch with the Social Security office shown above.

Manager

Organization Name and Address