

SOCIAL SECURITY ADMINISTRATION

Supplemental Security Income

Claim Information

Office Address:

Refer To:

Telephone Number:

Contact Person:

Date:

Social Security Number:

The person whose name and address is shown above may be eligible for benefits from you.

We have asked this person to apply for benefits from your organization.

We told this person to apply for benefits from your organization no later than _____.

We need the information about benefits from your organization to decide if this person is eligible to receive Supplemental Security Income (SSI). In some cases, the person can get a lower benefit if they apply now but a higher benefit if they apply later. In order to get SSI, the person whose name is shown above will have to take whatever benefit your organization will give now.

Please fill out Part 3 on the back of this page and return it to us in the enclosed postage paid envelope.

Thank you for your assistance.

Enclosure

Manager

Organization Name and Address