



**Recipient:** TDNY-LOF  
**Telephone:** (035) 030-3603  
**Form:** 3989  
**SSN:** 006-00-0006  
**State:** CA  
**Rep Payee:** LISA ARE A  
**Spoken/Written:** SPANISH/SPANISH

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- [Logout](#)

**Case Actions:** [Create SSA-5002](#) | [Create SSA-L732](#) | [DirCon Attempt](#) | [Make Note](#) | [View RZ Mailer](#) | [SSID](#)

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1. Child's Marital Status	No Issue
2. Parent's Marital Status	Change Date is Within Review Period
3. Child Live With Their Parent(s)	No Issue
4. Change of Residence Address (Child or Rep Payee)	No Issue
5. Current Household Members	No Issue
6. Parents Own or Rent	No Issue
7. Full Calendar Month In An Institution	No Issue
8. 30 Days or More Outside the U.S.	No Issue
9. Working or Expecting to Work (Child, Father and Mother)	No Issue
10. Self Employment Income (Child, Father and Mother)	No Issue
11. Other Income Received or Expect to Receive	No Issue
12. Direct Deposit	No Issue
13. Resources/Owner or Co-Owner	No Issue
14. Other Real Estate Owner/Co-Owner	No Issue
15. Other Medical Insurance	No Issue
16. Potential Eligibility to Social Security Benefits	No Issue
17. Language Preference (Spoken and Written)	No Issue
18. Fugitive Felon	No Issue