

POTENTIAL INTERIM BENEFIT CASE

Claimant's SSN: ___-___-___

Wage Earner's SSN: ___-___-___

Claimant's Name: _____

Telephone: (____) ___-___

In Care of: _____

Street: _____ City: _____ State: __ Zip: _____

Title II (Only)

Title XVI (Only) [SSI Child]

Concurrent Titles II and XVI

ALJ: _____

Hearing Office: _____

ALJ Decision Date: __/__/__ (mm/dd/yyyy) 110 days: __/__/__ To OAO, Exec. Dir. Ofc.: __/__/__

WC: Yes No

Application Date: __/__/__

Onset Date Established: __/__/__

Date of Birth: __/__/__

Remand Date: __/__/__

Representative's Name: _____

Telephone: (____) ___-___

Street: _____ City: _____ State: __ Zip: _____

Prisoner Suspension: Yes

No

Branch: _____

Comments: _____

Contact to Start: __/__/__

Contact to Stop: __/__/__

Office Contacted:

Title II (Office/FAX):

Title XVI: _____

E-Mail: _____

TOELs =

To Loc = _____

Additional Comments: _____