

TITLE IV-E VERIFICATION – COMMONWEALTH OF MA DCF

The Department of Children and Families has filed a claim for SSI benefits or is providing support for the person named below. The Social Security Administration needs to verify Title IV-E benefit information for the claimant.

PART I: TO BE COMPLETED BY SSA

Claimant Name:	Claimant SSN:
Adoptive Name (if different than SSA records):	Claimant Date of Birth:
SSA Reference Begin Date for any Title IV-E assistance payments (Month/Year):	

PART II: TO BE COMPLETED BY DCF RMU Employee

Refer to SSA Reference Begin Date in Part I when answering questions.

1. Has the consumer received Title IV-E foster care, kinship guardianship, or adoption assistance payments since the date above? (If "NO," skip to #6 below.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. If "YES" to #1, please indicate the type of IV-E assistance received: <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> Foster Care Payments <input type="checkbox"/> Kinship Guardianship Assistance	
3. Title IV-E Payment Amount:	4. Title IV-E Frequency:
5. Did DCF transfer the assistance identified above, beginning with SSA Reference Begin Date, to a program funded wholly by the State as Assistance Based on Need? If "YES", indicate start month.	<input type="checkbox"/> YES <input type="checkbox"/> NO Start Month: _____
6A. According to your records, is the child receiving any other income? If "YES", proceed to question 6B.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6B. If "YES," identify the source of the income, amount, and frequency received: Source: _____ Amount: _____ Frequency: _____	
Remarks:	

Please notify SSA when any current Title IV-E payments stop.

DCF RMU Signature: _____ Date: _____

Signatory's Title: _____