

REPORT OF CHANGE - SSI DATA

PART I IDENTIFYING INFORMATION (TO BE COMPLETED BY STATE)	1. RECIPIENT'S NAME		2. SOCIAL SECURITY NUMBER		
	3. ADDRESS			4. PHONE <input type="checkbox"/> NONE	
	5. WELFARE ID		6. NAME, RELATIONSHIP OF INDIVIDUAL FOR WHOM THE CHANGE IS APPLICABLE		
	7. DO ADDRESS		8. NO ADDRESS		9. STATE COMPONENT ADDRESS
PART II NATURE OF DISCREPANCY (TO BE COMPLETED BY STATE)	10. SSA RECORDS SHOW		11. STATE RECORDS SHOW		12. EFFECTIVE DATE OF CHANGE
	13. EXPLANATION OF DISCREPANCY (INCLUDING ORIGIN AND DATE OF REPORT)				
	14. RECIPIENT REFERRED TO DO <input type="checkbox"/> YES <input type="checkbox"/> NO →			IF YES SHOW DATE OF REFERRAL	
15. NAME OF STATE REPRESENTATIVE			16. TITLE		
17. SIGNATURE			18. PHONE NUMBER		19. DATE
PART III DISPOSITION OF REPORT (TO BE COMPLETED BY SSA)	20. <input type="checkbox"/> DATE CHANGE (S) INPUT				
	21. <input type="checkbox"/> STATE DATA INCORRECT BECAUSE				
	22. <input type="checkbox"/> DATA NOT CORRECTABLE BECAUSE				
	23. <input type="checkbox"/> INSUFFICIENT INFORMATION - NEED				
	24. <input type="checkbox"/> OTHER				
	25. NAME OF SSA REPRESENTATIVE			26. TITLE	
27. SIGNATURE			28. PHONE NUMBER		29. DATE

Form SSA-3911-U4 (12-78)

DISTRICT/BRANCH OFFICE (RETURN TO STATE)

