REPORT OF CONTACT (Use ink or typewriter)	ACCOUNT NUMBER AND SYMBOL			
	AM NAME OF WAGE EARNER OR SE PERSON			
PERSON(S) CONTACTED AND ADDRESSES WE OR SE PERSON OTHER (Specify)				
	DATE OF CONTACT			
	OTHER			
SUBJECT DECISION DOCUMENTATION FORM - CDR FAILURE I.A. Does the beneficiary/recipient have a re				
If "YES", answer I.B. If "NO", go to I.C. I.B. Is the representative payee a legal guar If "YES", go to Part II. If "NO", develo consider direct payment (see GN 00504.10 is resolved, forward the case to the DDS I.C. Does the beneficiary/recipient have one characteristics: HOMELESS? DIFFICULTY COMMUNICATING? NO T If "YES", develop for 3rd-party assistan I.D. 3rd-Party Assistance Request Successful? information; Stop this process and proce [`]NO, file does not contain 3rd-party i	<pre>dian? [`]YES [`]NO p for a new payee or 0). When the payee issue for a CDR determination. or more of the following ELEPHONE? [`]YES [`]NO .ce. If "NO", go to Part II. [`]YES, file contains ss the CDR as usual. nformation; Complete Part II.</pre>			
PART II.A. Date of Initial CDR Request: Mail Reque II.B. Date SSA-L34-U2 Sent` Date SSA-L2001 S SSA-L2001 Received: [`] No New Address	Sent to Post Office` ; Complete the rest of this form.			
[`] New Address; Re II.C. List all requests and follow-ups for ir contact attempts.	-Initiate Contact Process. nformation, including 3rd-party			

II.D. If no personal contact was made, explain why it was not done/possible.

PART III. CERTIFICATION: I certify that: at least 2 requests were attempted with the beneficiary/recipient; at least one of these requests informed the beneficiary/recipient that a suspension of benefits could result; contacts with available 3rd-parties were attempted; at least 30 days have elapsedfrom the date of the initial request; all reasonable efforts have been exhausted; the beneficiary/recipient has not contacted SSA as a result of these requests; a N20 payment suspense action is appropriate effective`, per DI 13015ff.

SIGNATURE			
DISTRICT OFFICE (Name, Address & Code)	CLAIMS	DATE OF REF	ORT
		PAGE C)F

