

Social Security Administration

Important Information

Social Security Administration
FO Address
City, State ZIP
Date: Month DD, YYYY

Name of nursing home facility
Street address
City, State ZIP

Director:

We periodically review the records of persons who receive Social Security benefits to ensure we are paying the benefits correctly. Your facility has at least one person whose records we must review. We will conduct this review with you or a similarly responsible employee.

(Name of SSA representative) will call your facility at (nursing home phone number) at (00:00AM/PM) on (Weekday, Month DD, YYYY) to conduct the interview on behalf of the person(s) shown below:

(List name(s) of each Centenarian at the facility)

If you plan to have another employee conduct the interview in your stead, you must call us at the number below and provide the employee's name and position. If this day or time is not convenient for you, please call us. If necessary, we will be glad to schedule an appointment at a more convenient time.

When we call, we will request information from your records to determine the identity of each person shown above.

If You Have Any Questions

For general information about Social Security, we invite you to visit our website at www.socialsecurity.gov on the Internet. For general questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at (FO phone number) and ask for (Name of SSA representative). We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY/TDD number (FO TTY TDD number).

(manager's name)
District Manager
(enter name of field office)