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| **SSA THIRD PARTY APPLICATION** **FAX COVER SHEET** |

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| Date: | **[MM/DD/YY]** | # of Pages | **[NN]** | (includes cover page) |

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| **TO:** | SSA Office: | **[INSERT ASSIGNED VPL FIELD OFFICE NAME]**  |
|  | ATTN: | **[INSERT ASSIGNED VPL NAME]** |
|  | FAX:  | **[INSERT ASSIGNED VPL FIELD OFFICE eFAX #]** |

**FROM:** **[INSERT PARTNER ORGANIZATION NAME]**

 FAX # **(\_\_\_) \_\_\_-\_\_\_\_** PHONE # **(\_\_\_) \_\_\_-\_\_\_\_**

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| --- | --- | --- |
| **RE:** | SSN (LAST 4) | **[INSERT ONLY LAST 4 SSN]** |
|  | Claimant Last Name | **[INSERT LAST NAME]** |
|  | Unit: | **VPAP (Vulnerable Populations Application)** |

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| **REMINDER:**  |
| Please ensure to annotate the code **VPAP** when completing the following forms on:  |
| * iClaim Remarks section
 |
| * Online Adult Disability Report (i3368) in Remarks section
 |
| * Online Child Disability Report (i3820) in the Additional Remarks section
 |
| * Paper SSA-8001 – On page 9, Part 7 – in the Remarks section
* Paper SSA-8000 – On page 21, Part 7 – in the Remarks section
* Paper Adult Disability Report (SSA-3368) - On page 15, Section 11, Remarks
 |
| * Paper Child Disability Report (SSA-3820) - On page 11, Section 10, Date and Remarks
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