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

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

|  |  |  |
| --- | --- | --- |
| **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 # **(\_\_\_) \_\_\_-\_\_\_\_**

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

|  |
| --- |
| **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 |

*The information provided is intended only for the individual or organization named below and may contain confidential or privileged information. If you are not the intended recipient, any dissemination, distribution or copying of this communication is prohibited. If you have received this information in error, please notify us by telephone immediately so that we can arrange for the return of all documents.*