

**OMB 0960-0629**  
**Benefits Planning, Assistance, and Outreach**  
**Project Site Form**

1. **Project Name (SSA grantee name):** \_\_\_\_\_

2. **Project Site (provider agency name):** \_\_\_\_\_

3. **Primary contact person for data:**

**Last Name:** \_\_\_\_\_ **First Name:**  
\_\_\_\_\_

**Email:** \_\_\_\_\_

4. **Date Site began operation (MM/DD/YY):** \_\_\_ / \_\_\_ / \_\_\_

5. **Site Contact Information:**

**Full Address:**

\_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Site ID: This identifier is assigned when the site Information is entered, and is required to review or enter either benefit specialist information or beneficiary/recipient information.

**Write it down here when the computer gives it to you:** \_\_\_\_\_

