

**OMB 0960-0629**

**Benefits Planning, Assistance, and Outreach  
Benefit Specialist Form**

1. Site ID: \_\_\_\_\_

2. Identifying information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Title: \_\_\_\_\_

3. Date Benefit Specialist began providing services (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Contact Information:

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

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

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

Street Address (it is presumed that the city and state are the same as the Site):

\_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**Benefit Specialist ID:** This identifier is assigned when the benefit specialist information is entered, and is required to review or enter beneficiary/recipient information.

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