

ADDENDUM TO SUPPORTING STATEMENT

Revision to the Collection Instrument

SSA needs to revise Section 3 (the bottom part) on page 8 (last page of SSA-3369) to eliminate collecting duplicate information. In most cases, the applicant completing the form is the disabled individual. Since the form is printed every 6 months, SSA will continue to use the current SSA-3369 until stock is depleted.

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Name of person completing this form <i>(Please print)</i>	Date <i>(Month, day year)</i>	
Address <i>(Number and Street)</i>	Email address <i>(optional)</i>	
City	State	Zip Code

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Name of person completing this form <i>(Please print)</i>	Date Form Completed <i>(Month, day, year)</i>		
E-Mail Address of person completing this form <i>(optional)</i>			
<i>If the person completing this form is other than the disabled person, please complete the following information.</i>			
Relationship to Disabled Person	Daytime Telephone Number		
Address <i>(Number and street)</i>	City	State	Zip Code