

**SOCIAL SECURITY ADMINISTRATION**  
**Instructions for Completing Form SSA-3988-OCR-SM**

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**Why We're  
Sending You  
The Enclosed  
Form**

We must regularly review the cases of people who get Supplemental Security Income (SSI). We check to be sure that each person is still eligible and we are sending the right amount of money.

As part of your review, we need you to answer the questions on the enclosed form. It's called **Statement For Determining Continuing Eligibility for Supplemental Security Income Payments, SSA-3988-OCR-SM**. If you have a representative payee (that's someone who receives your SSI payment for you), he or she must complete the form.

In the enclosed booklet "**IMPORTANT FACTS ABOUT SSI**" we'll go over some other important facts. We'll explain:

- Changes you need to report to us.
- Computer matching, Medicaid, and transfer of resources

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**Instructions for Completing the SSA-3988-OCR-SM**

**How to Complete  
Form  
SSA-3988-OCR-SM**

Here are some things to remember when you are completing the SSA-3988-OCR-SM.

- Use a black ink pen or a #2 pencil.
- Please answer all the questions with one exception. **DO NOT ANSWER Question 15 if you live in:**

Alaska	Indiana	Nevada	Oklahoma
Connecticut	Kansas	New Hampshire	Oregon
Hawaii	Minnesota	North Dakota	Utah
Idaho	Missouri	Northern Mariana Islands	Virginia
Illinois	Nebraska	Ohio	
- If you are completing the form for a child, **answer questions as if the child were completing the form.**
- If you are completing the form because you are a representative payee; sign your name in the representative payee space.
- Answer "Yes" or "No" questions by marking an "X" inside the "Yes" or "No" boxes.
- Print dates like this: Month/Day/Year. For example, you would print July 4, 2006 like this: 07/04/2006.
- Show dollar amounts only, do not show \$ and do not show dollars and cents. For example, show \$600.55 as 600.
- If you answer a question "**Yes,**" also complete all the additional questions. For example, if you answered Question 7—Have you or your spouse spent a full calendar month in a hospital, nursing home, or other institution? —"**Yes,**" you would write in the dates you or your spouse entered and left.

- A calendar month is all of the days in a month. For example, if you were admitted to a hospital on November 23<sup>rd</sup> and were discharged on January 4<sup>th</sup>, the full calendar month is December.
- For Questions 9 and 10, earned income is money you, your spouse or if you are a child, your parent(s) receive from work or from owning your own business.
- For Question 11, unearned income is money you, your spouse or, if you are a child, your parent(s) receive from a source other than work or self employment, such as interest on bank accounts, pensions or welfare.
- For Question 13, resources are things that you, your spouse or, if you are a child, your parent(s) own and can use to get food or shelter. Resources can be:
  - Cash;
  - Real property (a house or land); or
  - Personal property such as a car, bank accounts, or investments like stocks, bonds or life insurance.
- Sign your name in the space marked **Your Signature**. Your spouse signs in the space marked **Husband's or Wife's Signature ONLY** if both of you get SSI checks.
- Check the address that we have for you. If it's wrong, give us the correct address in Question 3.
- If you need more space to answer a question, continue your answer in the **REMARKS** section on page 11. For example, in Question 4 if 6 people live with you, enter the name, relationship, date of birth and Social Security Number for 5 persons in Question 4 and the name, relationship, date of birth and Social Security Number for the 6th person in **REMARKS** on page 11.

**If you have any questions or need help completing the form, call us at 1-800-772-1213.**

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**When to Return The SSA-3988-OCR-SM**

Please return your completed form to us in the enclosed envelope **within 30 days from the date you receive the form.**

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**If We Don't Hear From You**

**Your SSI payments will stop if:**

- You do not return the completed SSA-3988-OCR-SM to us;

OR

- You do not contact us to let us know you are having problems completing the form.

Before we stop payments, we will send you a letter. The letter explains our action and what to do if you think we are wrong.