

## STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS

**NAME AND ADDRESS**

DRDP:  
RUN:  
JD:  
STC:  
WI:  
TPI:  
FLA:  
PROFILE:  
DOC:  
CFL:  
HUN:  
FUN:  
TMR:  
TEL:  
LANGPREF:

**RETURN THIS FORM WITHIN 30 DAYS FROM RECEIPT**

PRINT ANSWERS LIKE THIS ►

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Yes No

PRINT DATES LIKE THIS ►

Month		Day		Year					
0	4	/	0	1	/	2	0	0	6

OR LIKE THIS ►

**If the mailing address shown above is not correct, provide the correct mailing address**

(Number, Street, City, State, and Zip Code):  None-N/A

Street: \_\_\_\_\_ Apartment No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:

**YOUR SOCIAL SECURITY NUMBER (SSN):** {Pre-Printed}

**SPOUSE'S NAME:** {Pre-Printed}

**SOCIAL SECURITY NUMBER (SSN):** {Pre-Printed}

**BECAUSE YOU ARE THE REPRESENTATIVE PAYEE, YOU MUST ANSWER THE FOLLOWING QUESTIONS AS IF {recipient's name} WERE COMPLETING THE FORM.**

1. What is your current marital status?
- Married living with Spouse   
  Married **NOT** living with Spouse   
  Single  
 Divorced                                   
  Widowed

Does this represent a change in your marital status since {Pre-Printed}? Yes No

If the answer to the question is "no," go to Question 2.

If the answer to the question is "yes," please give the date that your marital status changed.

(Month/Year)  /

2. Since {Pre-Printed}, has anyone moved into or out of your residence? (include births and deaths) Yes  No   
If the answer is "yes," complete the information below:

a. Name: \_\_\_\_\_  None-N/A  
Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
Date Moved In / /  Date Moved Out / /

b. Name: \_\_\_\_\_  None-N/A  
Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
Date Moved In / /  Date Moved Out / /

c. Name: \_\_\_\_\_  None-N/A  
Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
Date Moved In / /  Date Moved Out / /

3. Since {Pre-Printed}, have you lived at a different address? Yes  No

If the answer to the question is "yes," give the new address:  
ADDRESS (Number, Street, City, State, and Zip Code):  None-N/A  
Street: \_\_\_\_\_ Apartment No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:        
**Date You Moved** (Month/Year) /

4. Does anyone live in the same household with you? Yes  No   
If "yes," list all the people who live in the same household with you.

a. Name: \_\_\_\_\_  None-N/A  
Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
Date of Birth / /  Social Security Number --

b. Name: \_\_\_\_\_  None-N/A  
Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
Date of Birth / /  Social Security Number --

c. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date of Birth / /  Social Security Number - -

d. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date of Birth / /  Social Security Number - -

e. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date of Birth / /  Social Security Number - -

*If you need more space use the REMARKS Section on page 10.*

5. Do **all** of the people who live with you receive public assistance payments? Yes No  
 (For example: welfare, VA pension, general assistance, and SSI.)

6. Since {Pre-Printed}, did anyone who was **NOT LIVING WITH YOU**: Yes No

- Give you a free place to live? \_\_\_\_\_ →
- Help you pay the mortgage, rent, property insurance, property taxes, and/or sewer charges? \_\_\_\_\_ →
- Give you or help you pay for food, gas, electricity, heating fuel, water, and/or garbage collection service? \_\_\_\_\_ →
- Give you any other financial help? \_\_\_\_\_ →

If the answer to **all 4 of the questions** is “no,” go to Question 7.  
 If the answer to **any of the 4 questions** is “yes,” please explain assistance received:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Since {Pre-Printed}, have you or your spouse living with you been in a hospital, nursing home, jail or prison, or other institution for a full calendar month or longer? (A “full calendar month” means, for example, from December 1 through December 31.) Yes No

If the answer to the question is “no,” go to Question 8.  
 If the answer to the question is “yes”, please give:

<b>You</b>	<b>Your Spouse</b>	<b>Date Entered</b> (Month/Day/Year)	<b>Date Discharged</b> (Month/Day/Year)
<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	

8. Since {Pre-Printed}, have you or your spouse living with you been outside the United States (the 50 States, District of Columbia, and the Northern Mariana Islands) for more than 30 days in a row? **Yes**  **No**

If the answer to the question is "no," go to Question 9.

If the answer to the question is "yes," please give:

<b>You</b>	<b>Your Spouse</b>	<b>Date(s) Left</b> (Month/Day/Year)	<b>Date(s) Returned</b> (Month/Day/Year)	<b>Where Did You OR Your Spouse, Go?</b>
<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	_____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	_____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	_____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	_____ N/A <input type="checkbox"/>

9. Yes No

➤ Since {Pre-Printed}, have you or your spouse living with you worked? —————→

➤ Are you or your spouse living with you currently working? —————→

➤ Do you or your spouse living with you expect to work in the next 14 months? —————→

If the answer to **all 3 of the questions** is “no,” go to question 10.

If the answer to **any of the 3 questions** is “yes,” please complete the following:

Example: If you have \$600, it would be printed \$  ,    .

You	Your Spouse	Name of Employer/ Address	Gross Wages (Before Any Deductions)	Dates of Employment (Month/Day/Year)
<input type="checkbox"/>	<input type="checkbox"/>	_____	Amount: \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	Amount: \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	Amount: \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

➤ Are you a student? Yes No

Birth Date: {Pre-Printed}

10. Since {Pre-Printed}, have you or your spouse living with you been self-employed or do you or your spouse living with you expect to be self-employed in the current taxable year? Yes No

If the answer to the question is “no,” go to Question 11.

If the answer to the question is “yes,” please give:

	You	N/A	Your Spouse	N/A
Type of Business		<input type="checkbox"/>		<input type="checkbox"/>
Total Gross Income for Last Year	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	
Net Income for Last Year	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	
Estimated Gross Income for this Year	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	
Estimated Net Income for this Year	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	

11. Since {Pre-Printed}, have you or your spouse living with you received, or do you expect to receive in the next 14 months, any of the income listed below: **Yes** **No**
- A. Private pensions or annuities (do not include Social Security, SSI, or food stamps)? →
  - B. Unemployment or worker's compensation? →
  - C. Welfare or State or local assistance based on need? →
  - D. Veterans Administration benefits (based on need, not based on need, education)? →
  - E. Railroad Board, Black Lung, Military or Civil Service pensions? →
  - F. Rental/lease income? →
  - G. Alimony or child support? →
  - H. Dividends or royalties? →
  - I. Interest earned on money in bank accounts (including interest in checking account)? →
  - J. Money from a trust fund? →
  - K. Money from any other person or organization? →
  - L. Any other income not included above? →

If the answer to **all 12 of the questions** is "no," go to Question 12.

If the answer to **any of the 12 questions** is "yes," tell us about that item. Please give:

Type of Income (choose from letters above)	Received by		Amount/How Often (use whole dollars)	Dates Received or Expected	Source (Name/Address of Person, Bank, Company or Organization)
	You	Your Spouse			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>

*Question continues on the next page*

Type of Income <small>(choose from letters above)</small>	Received by		Amount / How Often	Dates Received or Expected	Source <small>(Name/Address of Person, Bank, Company or Organization)</small>
	You	Your Spouse			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>

12.	Do you or your spouse living with you have your SSI check sent directly to a bank or other financial institution? (This is known as "Direct Deposit")	You: Yes <input type="checkbox"/> No <input type="checkbox"/>	Your Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>
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13.	Do you or your spouse living with you own any of the following items? Answer "Yes", if your name or your spouse's name appears alone or with any other person as the owner or part owner for any of these items:	Yes		No
	A. Cash (with you, at home, or in a safe deposit box)? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	B. Checking or savings accounts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	C. Money market accounts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	D. Credit union accounts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	E. Christmas club accounts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	F. Savings certificates/certificates of deposit? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	G. Promissory notes or IOU's? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	H. Stocks, bonds or U.S. Savings Bonds? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	I. Trusts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>

If the answer to **all 9 of the questions** is “no,” go to Question 14.

If the answer to **any of the 9 questions** is “yes,” please give:

Name of Each Item (choose from letters above)	Owner or Co-Owner			Total Value of Each	Name and Address of Bank, Company or Organization
	You	Your Spouse	Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

14. Do you or your spouse living with you own, or partially own, or are you buying any real estate (land or buildings or other structures on the land)? (Include **property outside the U.S., inherited property, and life estates. Do not include the home you live in.**) Yes  No

If the answer to the question is “no,” go to Question 15.

If the answer to the question is “yes,” please give:

Owner or Co-Owner	Estimated Current Market Value	Tax Assessed Value, if known	Amount of Mortgage Payment, if any	Amount Owed on this Property
You Your Spouse Other				
<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .
<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .

**Description** (Include type and size of structures, acreage or lot size, and location of property)  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Use (Describe how the property is used. If not in use, give date of last use and next planned use.)  N/A

15. Since {Pre-Printed}, have you or your spouse living with you had any change in health insurance coverage or other insurance that pays for medical bills?
(Do not include Medicare, but do include insurance such as accident, automobile, or casualty if it covers medical bills for any reason.)
If the answer to the question is "no," go to Question 16.
If the answer to the question is "yes," please explain:

Response grid for Question 15 with columns: You: Yes, No; Your Spouse: Yes, No. Includes a None-N/A checkbox.

16. a. Are you age 62 or older? b. If you are age 50 or older, are you a widow(er)? c. If you are age 50 or older and divorced, is your divorced spouse deceased? d. Were you disabled before age 22? e. Do you have a parent who is age 62 or older, disabled, or deceased?

Response grid for Question 16 with columns: You: Yes, No; Your Spouse: Yes, No.

17. a. Which language do you prefer to use when speaking to us? b. Which language do you prefer that we use to write to you?

Language preference options: English, Spanish, Other (write in name of language):

**WE ARE REQUIRED BY LAW TO ASK THE FOLLOWING QUESTIONS OF ALL SSI RECIPIENTS**

18.		<b>You:</b>		<b>Your Spouse:</b>
	a. Do you have any unsatisfied felony warrants for your arrest?	<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	b. In which state or country was the warrant issued?	Name of State/Country		Name of State/Country
	c. Was the warrant satisfied?	<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	d. Date warrant satisfied	□□ / □□ / □□□□		□□ / □□ / □□□□

19.		<b>You:</b>		<b>Your Spouse:</b>
	a. Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	b. In which state or country was the warrant issued?	Name of State/Country		Name of State/Country
	c. Was the warrant satisfied?	<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	d. Date warrant satisfied	□□ / □□ / □□□□		□□ / □□ / □□□□

20.	a. Since {Pre-Printed}, have you or your spouse living with you sold, transferred title, disposed of or given away any property including property in foreign countries?	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>
	b. Since {Pre-Printed}, have you or your spouse living with you disposed of or given away any money?	<input type="checkbox"/>	<input type="checkbox"/>
	If money was given away, please give amount: \$□□, □□□□.		

21.	a. Have you used any medical care or services in the past 12 months that was paid for by Medicaid (or Medi-Cal, etc.)?	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you expect to receive any medical care or service in the next 12 months that will be paid for by Medicaid (or Medi-Cal, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Without Medicaid (or Medi-Cal, etc.), would you be unable to pay your medical bills if you became ill or injured in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR AUTHORIZATION**

I give my permission for the Social Security Administration to check the information I have given on this form, and to ask my employer(s) for information about my wages. I understand that the Social Security Administration will compare its records with records from other State and Federal agencies to make sure I am paid the correct amount of benefits. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

**SIGNATURES (Write in ink)**

**Your Signature** (First name, middle initial, last name)

**SIGN**

**HERE** \_\_\_\_\_

**DATE:**   /   /

**Area Code & Telephone Number** (Where you can be reached)

(  )    -        None

**Spouse's Signature** (First name, middle initial, last name) (Sign only if spouse is also receiving SSI payments)

**SIGN**

**HERE** \_\_\_\_\_

**DATE:**   /   /

**WITNESSES (Write in Ink)**

**If you sign by mark (X), two people who know you must witness your signing. The witnesses must sign below and give their full names and addresses.**

**1. Signature of Witness**

**2. Signature of Witness**

**Address** (Number, Street, City, State and Zip Code)

**Address** (Number, Street, City, State and Zip Code)

**REPRESENTATIVE PAYEE (Write in ink)**

**If you are the Representative Payee and are filing this statement on behalf of another person give:**

**Your Full Name** (First name, middle initial, last name)

**Your Title or Relationship to the Recipient**

**Address** (Number, Street, City, State, and Zip Code)

**Your Social Security Number**

-   -

**Area Code & Telephone Number** (Where you can be reached)

(  )    -        None

**FOR SSA USE ONLY**

WBD0C  WBD0C1  WBD0C2  WBD0C3  FO UND  FO1 DEC  FO2  FO3