

SOCIAL SECURITY ADMINISTRATION
Instructions for Completing Form SSA-3989-OCR-SM

**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-3989-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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**How to Complete
Form
SSA-3989-OCR-SM**

Here are some things to remember when you are completing the SSA-3989-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	Minnesota	Northern Mariana Islands
Connecticut	Missouri	Ohio
Hawaii	Nebraska	Oklahoma
Idaho	Nevada	Oregon
Illinois	New Hampshire	Utah
Indiana	North Dakota	Virginia
Kansas		

- 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—Has the child spent a full calendar month in a hospital, nursing home, or other institution? — “Yes,” you would write in the dates the child entered and left.
- A calendar month is all of the days in a month. For example, if the child was admitted to a hospital on November 23rd and was discharged on January 4th, the full calendar month is December.
- For Questions 9 and 10, earned income is money you 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 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 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.
- 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.

When to Return The SSA-3989-OCR-SM

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

If We Don’t Hear From You

Your SSI payments will stop if:

- You do not return the completed SSA-3989-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.