

**SSA-3369 – Revised page 8**

if other than the disabled person

<b>Name of person completing this form</b> <i>(Please print)</i>		<b>Date Form Completed</b> <i>(Month, day, year)</i>	
<b>E-Mail Address</b> 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>			
<b>Relationship to Disabled Person</b>		<b>Daytime Telephone Number</b>	
<b>Address</b> <i>(Number and street)</i>		<b>City</b>	<b>State</b>   <b>Zip Code</b>

This change was approved for the SSA-3368 (0960-0579) on 2/1/08