

[Revision to p. 8]

if other than the disabled person

Name of person completing this form *(Please print)* | Date Form Completed *(Month, day, year)*

E-Mail Address of person completing this form *(optional)*

If the person completing this form is other than the disabled person or the person identified in Section I, Item D., please complete the following information.

Relationship to Disabled Person

Daytime Telephone Number

Address *(Number and street)*

City

State

ZIP

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