

RECORD OF SSI INQUIRY

FO CODE

~~Interviewers--Read the following paragraph to the individual inquiring about benefits: We need to collect some information to help us determine your potential eligibility for SSI benefits and to record the date of this inquiry. Section 1631(e) of the Social Security Act and 20 CFR 416.345 give SSA the authority to collect such information. Your response is voluntary, however, if you decide to file an SSI application, we may be able to use the date of this inquiry as your filing date.~~

INQUIRY DATE
(Month, Day, Year)

See Revised Privacy Act and PRA Statements Attached

~~The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paper Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take about 5 minutes to complete this form. (This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.)~~

APPOINTMENT
DATE:

TIME:

COMPLETE #1. IF INQUIRER IS NOT THE CLAIMANT; OTHERWISE GO TO #2.

1.	INQUIRER'S NAME		TELEPHONE NUMBER <i>(Include Area Code)</i>
	INQUIRER'S ADDRESS <i>(Number and Street)</i>		
	CITY AND STATE	ZIP CODE	RELATIONSHIP TO CLAIMANT
2.	CLAIMANT'S FIRST NAME, MIDDLE INITIAL, LAST NAME	BIRTH <i>(Month, Day, Year)</i>	SOCIAL SECURITY NUMBER
	CLAIMANT'S MAILING ADDRESS <i>(Number and Street, Apt. No., P.O. Box or Rural Route)</i>		
	CITY AND STATE	ZIP CODE	TELEPHONE NUMBER <i>(Include Area Code)</i>
3.	(a) Check the Appropriate Block(s) for the Claimant:		
	<input type="checkbox"/> Aged, blind, or disabled <input type="checkbox"/> Unmarried <input type="checkbox"/> Married		
	(b) Check the Appropriate Block(s) for the Spouse:		
	<input type="checkbox"/> Aged, blind, or disabled (Complete (c) if checked.) <input type="checkbox"/> Living with claimant <input type="checkbox"/> Not living with claimant		
	(c) SPOUSE'S NAME <i>(First, Middle, Maiden, Last)</i>		
	SPOUSE'S MAILING ADDRESS, IF DIFFERENT FROM CLAIMANT <i>(Number and Street)</i>		
	CITY AND STATE	ZIP CODE	

4.	Is the individual a U.S. citizen, U.S. national, American Indian or qualified alien who meets one of the alien eligibility categories? →	CLAIMANT <input type="checkbox"/> YES Go to #5	<input type="checkbox"/> NO Go to #10	SPOUSE <input type="checkbox"/> YES Go to #5	<input type="checkbox"/> NO Go to #10
5.	Is the individual a resident of the U.S.? →	<input type="checkbox"/> YES Go to #6	<input type="checkbox"/> NO Go to #10	<input type="checkbox"/> YES Go to #6	<input type="checkbox"/> NO Go to #10
6.	(a) Is the individual employed or self-employed during the month of contact? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #7	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #7
	(b) Give the estimated gross wages or net earned self-employment income. →	\$ _____ per month		\$ _____ per month	
7.	(a) Does individual have other income available? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #8	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #8
	(b) Give the estimated total amount per month and the source. →	\$ _____ per month		\$ _____ per month	
		SOURCE:		SOURCE:	
8.	Does the individual have any of the following resources available? If Yes, show estimated value: →	YES	NO	YES	NO
	Cash →	\$		\$	
	Checking Account →	\$		\$	
	Savings Account →	\$		\$	
	Car or other Vehicle →	\$		\$	
	Life Insurance Policies →	\$		\$	
	Other →	\$		\$	
9.	REMARKS				
10.	ACTION TAKEN	Claimant	Spouse		
		<input type="checkbox"/> SSA-3462 referred	<input type="checkbox"/> SSA-3462 referred		
		<input type="checkbox"/> Closeout notice issued	<input type="checkbox"/> Closeout notice issued		
	INTERVIEWER'S SIGNATURE				

SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:

Privacy Act Statement

Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, and 20 C.F.R. § 416.345 authorize us to collect this information. The information you provide will be used to record the date of this inquiry and to determine your potential eligibility for SSI benefits. Your response is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for determining entitlement to SSI benefits. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; (3) to comply with Federal laws requiring the disclosure of the information from our records; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. The law allows us to do this even if you do not agree to it.

A complete list of routine uses for this information is contained in our System of Records Notice 60-0103 (Supplemental Security Income Record and Special Veterans Benefits). Additional information regarding this form and our other systems of records notices and Social Security programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*