

STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY FOR SUPPLEMENTAL SECURITY INCOME PAYMENT

For Official Use Only

EI SSN

Spouse's Name

Spouse's SSN

Check the Ones That Apply

- | | |
|---------------------------------|---|
| <input type="checkbox"/> C | <input type="checkbox"/> NC |
| <input type="checkbox"/> J | <input type="checkbox"/> K <input type="checkbox"/> L |
| <input type="checkbox"/> FS-APP | <input type="checkbox"/> FS-REF |

DO CODE

Interviewer's Initials

Date Received

If the name and address below are not correct, please cross out the part that is wrong and write in the correct information.

WHEN ANSWERING THESE QUESTIONS, REFER TO THIS DATE →

- | | | |
|----|--|--|
| 1. | SINCE THE DATE ABOVE , have you moved to a new address? →
If "YES," please give your new address:
ADDRESS (Number, Street, City, State, ZIP Code) DATE YOU MOVED | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | SINCE THE DATE ABOVE , have you spent a full calendar month in a hospital, nursing home or any place other than where you live? (Also, include trips outside of the United States that lasted 30 days or more.) →
If "YES," please give the following information:
NAME(S) OF PLACE(S) WHERE YOU STAYED: ADDRESS(ES) (Number, Street, City State, ZIP Code)
DATE(S) FIRST STAYED (month/day/year) DATE(S) LEFT (month/day/year) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. | SINCE THE DATE ABOVE , has anyone moved into or out of the place where you live (also, report births and deaths of people living with you)? →
If "YES," please explain in the REMARKS section on pages 4 and 5 of this form. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. | SINCE THE DATE ABOVE , has anyone given you (or your spouse living with you) any money, food, or a free place to live, or helped you pay your bills or your rent? →
If YES, please give the following information:
TYPE OF HELP HOW OFTEN YOU RECEIVED HELP AMOUNT OF HELP | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. | SINCE THE DATE ABOVE , have you, or your spouse living with you, earned money from working or do you expect to earn money from working in the next 14 months? (DO NOT COUNT earnings from self-employment). →
If you have earned money from working, please give the following information:
a. Amount(s) of Earning for Past Months: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Name of Worker	Employer's Name, Address, and Phone Number	Gross Wages		Dates of Employment
		Amount	How Often Paid	
				From: To:
				From: To:

5.	b. Estimates of Earnings for this Month and Future Months							
		Month _____	Month _____	Month _____	Month _____	Month _____	Month _____	Month _____
	Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		Month _____	Month _____	Month _____	Month _____	Month _____	Month _____	Month _____
	Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

6. **SINCE DATE ON PAGE 1**, have you, or your spouse living with you, been self-employed or expect to be self-employed in the current taxable year? _____ YES NO

If **YES**, please give the following information:

Name of Self-Employed Person	Type of Income	Last Year's		This Year's Estimated		Dates of Self-Employment
		Gross Income	Net Income (or Loss)	Gross Income	Net Income (or Loss)	
						From: _____ To: _____
						From: _____ To: _____

7. **SINCE DATE ON PAGE 1**, have you, or your spouse living with you, received any of the following payments? _____ YES NO

- Support (alimony, child support)
- Interest/dividends (from bank accounts)
- Any other cash payments or checks (gifts, sick benefits, unemployment, or worker's compensation)
- Rental Income
- Pensions/Annuities
- Temporary Assistance for Needy Families
- Other

DO NOT COUNT — Social Security, SSI, Food Stamps, Federal Civil Service Pensions, Railroad Retirement, Temporary Assistance for Needy Families or Veterans' Benefits

If you (or your spouse living with you) **RECEIVED ANY OF THE PAYMENTS LISTED ABOVE**, please give the following information:

TYPE OF PAYMENT RECEIVED	PAYMENT AMOUNT	HOW OFTEN RECEIVED

8. a. Do you, or your spouse living with you, have any checking or savings accounts or any other funds in the bank? Include any accounts where you have direct deposit of any money. _____ YES NO

If **YES**, please give the following information:

Name and Address of Financial Institution	Type of Account	Account Balance

b. Does your name, or the name of your spouse living with you, appear on any other account that you do not consider your own? Include any accounts where you have direct deposit of any money. _____ YES NO

If **YES**, please give the following information:

Name and Address of Financial Institution	Type of Account	Account Balance

9.	Do you, or your spouse living with you, have any cash at home, stocks, bonds, notes, or certificates of deposit? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , please give the following information:		
WHAT YOU HAVE		THE VALUE OF WHAT YOU HAVE
10.	Do you, or your spouse living with you, own any land or buildings or does your name appear on a deed or mortgage of any land or building where YOU DO NOT LIVE? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
This includes inherited property, property outside the United States and/or any property your name is on with other members of your family.		
11.	SINCE THE DATE ON PAGE 1 , have you (or your spouse living with you) sold, transferred title, disposed of, or given away any money, or other property, including money or property in foreign countries? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , please give the following information:		
WHAT YOU SOLD, TRANSFERRED TITLE, DISPOSED OF, OR GAVE AWAY		THE VALUE OF THE PROPERTY
12.	SINCE THE DATE ON PAGE 1 , 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 or Medicaid DO INCLUDE -- Insurance, such as accident, automobile, or casualty if it covers medical bills for any reason.	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOU LIVE IN CALIFORNIA, PLEASE DO NOT ANSWER QUESTION 13 BELOW.

13.		You		Your Spouse
	a. Are you currently receiving food stamps? _____ → If YES , go to "b." If NO , go to "c."	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	b. Have you received a recertification notice within the past 30 days? _____ → If YES , go to "e." If NO , go to question 14.	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	c. Have you filed for food stamps in the last 60 days? _____ → If YES , go to "d." If NO , go to "e."	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	d. Have you received a favorable decision? _____ → If YES , go to question 14. If NO , go to "e."	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	e. Is everyone in the household applying for or receiving SSI? _____ → If YES go to "f." If NO , go to question 14.	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	f. May I take your food stamp application today? _____ → If YES , go to question 14. If NO , explain in "g."	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	g. Explanation			

REMARKS (Continued)

IMPORTANT INFORMATION -- PLEASE READ CAREFULLY

- Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- If you are disabled or blind, you must continue to accept any appropriate vocational rehabilitation services offered to you by the State agency to which we refer you.

AUTHORIZATIONS/SIGNATURES (Write in Ink)

I/We give permission for the Social Security Administration to check the information I/we have given on this form and to ask my employer(s) for information about my/our wages.

I/We declare under penalty of perjury that I/we 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/our knowledge.

RECIPIENT SIGNATURE (Write in ink)

Your Signature (First name, middle initial, last name) Sign Here	Date	Area Code and Telephone Number Where You Can Be Reached ()
Spouse's Signature (First name, middle initial, last name) (Sign Only if 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, ZIP Code)	Address (Number, Street, City, State, ZIP Code)

REPRESENTATIVE PAYEE (Write in ink)

Your Title or Relationship to the Recipient	Area Code and Telephone Number Where You Can Be Reached ()	Address (Number, Street, City, State, ZIP Code)
Your full name (First name, middle initial, last name) Please print here		Date
Please sign here		

KEEP THIS PAGE FOR YOUR RECORDS

NAME	SOCIAL SECURITY NUMBER ____ / ____ / _____	DATE
NAME	SOCIAL SECURITY NUMBER ____ / ____ / _____	

Telephone Number (include area code) to call if you have a question or something to report.

(____)

Social Security Office you may visit in person or mail things to:

Privacy Act Notice The Social Security Administration is authorized to collect the information on this statement under 1611(c) of the Social Security Act and regulations 20 CFR 416.204. While it is not mandatory except in the circumstances explained below, for you to furnish the information on this statement to Social Security, no benefits can continue unless a periodic review of eligibility is completed by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure a benefit authorized by the Social Security Act.

See Revised Privacy Act Statement

The information on this statement is needed to enable Social Security to determine if you continue to be eligible for supplemental security income (SSI) payments. Failure to provide all or part of the information could prevent an accurate and timely decision on your continuing eligibility for benefits.

Although the information you furnish on this statement is almost never used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to an agency as follows: 1. to enable a third party or an agency to assist Social Security in determining continuing eligibility to SSI payments; and 2. to comply with Federal law requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs)

COMPUTER MATCHING - We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

You Must Report Certain Changes

The amount of your SSI check is based on the information you tell us. To continue getting the right payment amount, you must report certain changes that happen to you.

You must tell us about changes within 10 days after the month they happen. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks you receive.

You must also report changes in income for your ineligible spouse or children who live with you, or your sponsor or sponsor's spouse if you are an alien. You must also report if any of these people buy or sell anything of value.

Remember, changes could make your check bigger or smaller. **A List of Most of the Changes You Must Report Is On The Next Page.**

How To Report Changes

- There are several ways you can report changes:
- Call us, toll free, at 1-800-772-1213.
 - Call your local Social Security Office at the number above.
 - By mail or in person -- see the address above.

Are You Working or Would You Like to work

If you would like to work or if you are already working and would like to earn more, you should know about SSI rules known as work incentives. These rules can help you keep your Medicaid and help you keep getting some SSI even though you are working.

If you want to know more about these rules, call us, toll free, at 1-800-772-1213 or write or visit any Social Security office.

If you call or visit, ask to speak to someone about work incentives.

Important Facts About Food Stamps

You can apply for food stamps at the Social Security Office if you and everyone in your household get or apply for SSI.

The Social Security Office will help you fill out the food stamp application. You do not have to go to the food stamp office to apply.

CHANGES TO REPORT

WHERE YOU LIVE - You must report to Social Security if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- You leave the United States for 30 days or more.
- You enter a jail, prison, or other penal institution.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.

HOW YOU LIVE - You must report to Social Security if:

- Someone moves into or out of your household.
- The amount of money you pay toward household expenses changes.
- There are births and deaths of any people with whom you live.
- Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.

INCOME - You must report to Social Security if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

HELP YOU GET FROM OTHERS - You must report to Social Security if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

THINGS OF VALUE THAT YOU OWN - You must report to Social Security if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given anything of value.

A WARRANT HAS BEEN ISSUED FOR YOUR ARREST - You must report to Social Security if:

- You flee prosecution or to avoid custody or confinement after conviction for a crime, or an attempt to commit a crime, which is a felony (or in New Jersey, a high misdemeanor).
- You violate a condition of your parole or probation under Federal or State law.

YOU ARE BLIND OR DISABLED - You must report to Social Security if:

- Your condition improves or your doctor says you can return to work.
- You go to work.

YOU ARE UNMARRIED AND UNDER AGE 22 - You must report to Social Security if:

- You are under age 18 and live with your parent(s), ask your parents to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.
- You get married.
- There are changes in the income, school attendance (if between the ages of 18 and 21), or marital status of ineligible children who live in your household.

YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES - You must report any changes to Social Security.

YOU ARE A REPRESENTATIVE PAYEE - You must report to Social Security if:

- The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as the person's representative payee.

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

Privacy Act Statement

Collection and Use of Personal Information

Section 1611(c) of the Social Security Act, and 20 CFR 416.204, authorizes us to collect this information. The information you provide us on this form will be used to determine if you continue to be eligible for supplemental security income payments.

Completion of this form is voluntary; however, failure to provide all or part of the information could prevent an accurate and timely decision on your continuing eligibility for benefits.

We rarely use this information you supply for any purpose other than for determining continuing eligibility. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

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 comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by 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.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.socialsecurity.gov or at your local Social Security office.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

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 21 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***