

## Centenarian Development Worksheet 3<sup>rd</sup> Party Contact

Centenarian: \*

SSN: xxx-xx-\_\_\_\_\_

Date letter sent to 3<sup>rd</sup> party: \*

F/u letter sent: \*

1. Date of interview with 3<sup>rd</sup> party: \*
2. Name of nursing home/facility: \*
3. Name of 3<sup>rd</sup> party: \*
4. Title of 3<sup>rd</sup> party: \*

**If the Centenarian is Alive:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Date of Birth Correct?                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Change of facility?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Name of new facility:                    | *                            |                             |
| 4. Payee needed?                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Change of payee needed?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Special message posted:                  | <input type="checkbox"/> YES |                             |
| 7. Document (s) used to establish identity: |                              |                             |

**If the Centenarian is Deceased:**

1. Date of Death (mm/dd/yyyy): \*
2. Proof of Death type: \*
3. Proof of Death posted to EVID?  YES (mandatory)
4. Date of Termination action: \*
5. Was a payee involved?  YES  NO
6. Possible FRAUD involved?  YES  NO
7. OIG referral?  YES  NO  
If no OIG referral, explain in REMARKS
8. Estimated amount of overpayment: \* \$
9. Special Message posted:  YES  NO
10. REMARKS:

**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 15 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***