



SOCIAL SECURITY ADMINISTRATION

BALTIMORE, MD 21235

Office of Quality Performance BALTIMORE SATELLITE OF 4560D MEADOWS EAST BLG 6300 SECURITY BLVD

(800) 457-5293

(800) 457-5293

FAX (410) 965-5776

October 20, 2010

Refer to: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

Every month the Social Security Administration asks a few people who receive benefit checks to help us make sure that we pay everyone the right amount of money. This month we picked your name by chance, NOT because we have any special questions about you or your benefits. To make sure the amount received is correct, I would like to visit you at your home or a nearby location on: Tuesday, February 23, 2010 between 2:00 PM and 3:00 PM.

WHAT WILL HAPPEN WHEN I VISIT YOU

- I will show you identification with my picture on it to prove that I am from Social Security.
- I will ask you questions about your benefits. The Social Security law that allows this review is explained in the enclosed Privacy Act Information letter.

HOW YOU CAN GET READY FOR MY VISIT

- I have enclosed a page that shows the kind of papers I need to look at when I visit people. Please have the items that are checked and apply to you ready for me to see when I visit you.
- If you would like to have a friend or relative help you during my visit, please let that person know when I will be there.

PLEASE RETURN THE ENCLOSED FORM TO ME

Please fill in the blank spaces on the enclosed form and mail it back to me in the envelope I have provided. You do not need to put a stamp on the envelope. The form is to let me know that you got this letter and help me find your home.

If you have any questions, you can reach me at my office between 8:00 a.m. and 5:00 p.m. My telephone number is (800) 457-5293 ext 69039. Thank you for your help.

Sincerely,

Frank Messina,
Social Insurance Specialist

Enclosures:
Information Needed
Acknowledgement Letter
Privacy Act Notice
Return Envelope

INFORMATION NEEDED FOR REVIEWING YOUR SSI BENEFITS

Please have the ITEMS CHECKED below on hand for review. If you think that any other items that are not checked are important for your benefits, please have them on hand also.

A. PERSONAL IDENTIFICATION ITEMS

- Social Security and Medicare cards for yourself and your spouse, if your spouse is living with you.
- Record of your birth, birth certificate, or other document showing age for yourself and your spouse, if your spouse is also eligible for benefits.
- Records of birth of all children (under 18) in the household.
- If foreign born a naturalization certificate or your Alien Registration card.

B. LIVING ARRANGEMENT INFORMATION

- Lease agreement or rental contract with your landlord.
- Rent or mortgage receipts for subsidized housing under the Housing and Urban Development Act (HUD), the Family Home Administration (FMHA), or any other housing assistance/subsidies.
- If living with anyone other than your spouse or minor children, have estimates of food expenses and monthly household receipts for the last 12 months for mortgage/rent, property insurance, real property tax, heating fuel, electricity, gas, water, garbage removal, sewer, etc.
- Last tax assessment or tax receipt for any houses, buildings or land you own.

C. WORK HISTORY, PENSIONS, AND INCOME

- Union Card or union dues book
- Letters, notice of award, or check stubs for any pensions, or other benefits you or your spouse receive (other than Social Security)
- Pay slips covering 10/09 To Present
- Tax return for the last completed year

D. RESOURCES

- Bank book and/or bank statements covering 10/09 To Present for those accounts on which your name appears as individual or joint owner, or as beneficiary
- Stock, bonds, promissory notes, etc.
- Burial contract information (deed for plot or crypt) and any information regarding burial funds
- Ownership or property other than your home
- Car, truck, or any other vehicle registration or title papers
- Life insurance and burial insurance policies

E. OTHER

RE: Name: GEORGIA GREENE

SSN: XXX-XX-4750

PLEASE COMPLETE AND RETURN THIS FORM TO ME

1. I will be available for your visit as scheduled.

Yes

No (IF NO, please phone me toll free at (800) 457-5293 ext 69039The Office of Quality Performance selected this record for an S to set a better time)

2. My telephone number is: _____

3. My address is correct as shown:

Yes

No (If no, please give the address where I should see you.)

PLEASE GIVE DIRECTIONS TO YOUR HOME. IF YOU LIVE IN A RURAL AREA, LIST YOUR FIRE NUMBER.

4. If you need an interpreter, please specify the language. _____

5. Signature _____ Date _____

SSA Reviewer: Frank Messina

PRIVACY ACT NOTICE

Collection and Use of Information

The Social Security Administration is authorized by law to collect the information in these reviews. The authorization is in sections 205(a) and 1631(d)(1) and (e) of the Social Security Act. Giving us the information is voluntary. However, your cooperation will make the review go more smoothly.

How The Information Is Used

Information you give us, along with the information we get from other people we interview, helps us to know where there are problems in the programs for which the Social Security Administration is responsible. It also helps us to resolve these problems and recommend changes in the law.

Information we obtain about changes in your situation will be sent to your Social Security office. The people there will decide if your payments will be affected. We may routinely give out the information we obtain without your consent if:

1. We need to get more information to decide eligibility for benefits;
2. An agency needs this information to decide eligibility for a health or income program such as Supplemental Security Income (SSI), State Supplementary Payments, Food Stamps, Medicaid, Energy Assistance, Veterans Benefits, Railroad, Unemployment Insurance, or Basic Educational Opportunity Grants;
3. A Federal law requires that we give out this information;
4. Your congressman or the President's Office needs this information to answer questions you ask them;
5. Someone needs this information to do statistical research or audit reports for us related to the Social Security programs; or,
6. The Department of Justice needs the information to represent the Federal Government in a court suit related to eligibility or payment of benefits.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you would like more information about this, get in touch with any Social Security office.

Paperwork Reduction Act Statement

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. We estimate that it will take about 60 minutes to provide the needed information to complete the form. This includes the time it will take to discuss the purpose for gathering the information, gathering the necessary facts and fill out the form.