

Statement for Determining Continuing Entitlement for Special Veterans Benefits (SVB)

	FOR SSA USE ONLY
	Date Sent _____
	Date Received _____
	Processing Office/Reviewer _____

Please answer the questions on this form as completely as possible. If you are filling out this form for someone else, answer the questions as they apply to that person.

1. Name of Beneficiary _____	Social Security Number _____
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Residence Address of the Beneficiary _____

2. Name of Representative Payee (if applicable) _____	Social Security Number _____
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3. Is the Beneficiary deceased?		
Yes <input type="checkbox"/>	Date of Death _____	<i>If beneficiary is deceased, go to last page, sign, date, and provide your information as requested.</i>
No <input type="checkbox"/>	<i>Go to question 4.</i>	

4. Since you first began receiving Special Veteran's Benefits, have you returned to the United States for longer than a full calendar month? **If you had a benefit review in the past, provide the information since the last review.**

Yes <input type="checkbox"/>	<i>Go to 4A.</i>
No <input type="checkbox"/>	<i>Go to question 5.</i>

A. Provide the dates which you were in the United States for longer than a full calendar month. Be as detailed as possible, providing at a minimum the month and year that you were in the United States.

FROM Mo-Day-Year	TO Mo-Day-Year

IMPORTANT: I declare under penalty of perjury that I 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 knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime, may be sent to prison, face other penalties, or both.

SIGNATURE OF BENEFICIARY OR REPRESENTATIVE PAYEE

SIGNATURE (First name, middle initial, last name)	DATE (Month, Day, Year)
	TELEPHONE NUMBER (include area code)

MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route)

CITY, STATE AND COUNTRY	POSTAL CODE
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Witnesses are required ONLY if this statement has been signed by mark (X). If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

_____ SIGN HERE	_____ SIGN HERE
ADDRESS (Number and street, City, State and Postal Code, Country)	ADDRESS (Number and street, City, State and Postal Code, Country)

PRIVACY ACT NOTICE

We are authorized to collect the information on your application form under Section 808 and 810 of the Social Security Act and P.L. 106-169. We will use the information you provide on your application to determine if you are entitled to Special Veterans Benefits. Your response to this request is voluntary. However, failure to provide all or part of the information could prevent us from making an accurate and timely decision on your claim, and could result in the loss of some payments.

We rarely use the information you supply for any purpose other than for determining your entitlement to Special Veterans Benefits. We may use it for the administration and integrity of Social Security programs. We do not disclose information to another person or to another agency in accordance with the Privacy Act, except in the following circumstances, 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 Special Veterans Benefits; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the 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 of Social Security programs.

See below for revised Privacy Act and Paperwork Reduction Act statements.

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 any 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 20 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. ***Only comments relating to our time estimate should be provided, not the completed form.***

REPORTING INSTRUCTIONS FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

You must report to the Social Security Administration if:

- You change your mailing address or residence.
- You return to or visit the United States for a calendar month or longer.
- You become unable to manage your benefits.
- You have been deported or removed from the United States.
- You have an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year.
- You are in violation of a condition of probation or parole.
- You receive an increase or decrease in a pension, annuity or another recurring payment. Some examples of payments are retirement, workers' compensation, veterans' benefits, or disability benefits.
- You move to another country.
- Your family, representative payee or other knowledgeable person must notify the Social Security Administration if you die.

HOW TO REPORT

If you are outside the United States and have questions or have changes to report, you may contact one of the offices shown below.

- If you live in the Philippines, please call the SSA Division of the Veterans Affairs Regional Office at **632-301-2000**, extensions **6302**, **6319**, or **5085** from 8 a.m. to 3 p.m., Monday through Friday. You may write or visit the SSA Division, U.S. Department of Veterans Affairs, 1131 Roxas Boulevard, Ermita 0930 Manila. You also may E-mail the Veterans Affairs Regional Office at FBU.Manila@ssa.gov.
- If you live in American Samoa, Canada, Guam, Puerto Rico, Samoa or the Virgin Islands, contact the nearest U.S. Social Security office.
- If you live in Mexico, contact the nearest U.S. Social Security office or the nearest U.S. Embassy or consulate.

If you live in any other country, contact the nearest U.S. Embassy or consulate. Visit www.socialsecurity.gov/foreign for a complete list of these offices.

If you are in the United States and have questions, you may visit our website at www.socialsecurity.gov or call us toll-free at **1-800-772-1213**. We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide information by automated phone service 24 hours a day.

Privacy Act Statement Collection and Use of Personal Information

Sections 808 and 810 of the Social Security Act, as amended, and P.L. 106-109, authorize us to collect this information. We will use the information you provide to determine if you are entitled to Special Veteran's Benefits.

Furnishing us this information is voluntary. However, failing to provide all or part of the information could prevent us from making an accurate and timely decision on your claim, and could result in the loss of some payments.

We rarely use the information you supply for any purpose other than for determining your entitlement to Special Veterans Benefits. However, we may use it for the administration and integrity of our 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 us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our 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. (e.g., to the Bureau of Census and to private entities under contract with us).

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. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Privacy Act Systems of Records Notices entitled, Supplemental Security Income Record and Special Veterans Benefits, 60-0103, and Social Security Title VIII Special Veterans Benefits Claims Development and Management Information System, 60-0273. Additional information regarding these and other systems of records notices, are 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 (OMB) control number. We estimate that it will take about 20 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 21235-0001.***