

Development Worksheet Face-to-Face Interview

Individual: *

SSN: xxx-xx-

Advanced Telephone Call Date: *

Letter sent: *

F/U letter sent: *

If the Individual is Alive:

1. Face to Face date:
 - o Location of interview: *
2. Date of Birth correct? YES NO
3. Change of Address needed? YES NO
4. Payee needed? YES NO
5. Change of Payee needed? YES NO
6. Special Message posted: YES
7. REMARKS:

If the Individual 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
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**