Data Exchange Request Form (DXRF)
Request for Information from SSA

Data Request

1. Name of organization requesting the data exchange.	
2. Indicate what type of organization you are.	**Government** **Non-Government** ☐ Federal ☐ Commercial Entity ☐ State & Local ☐ Educational Institution ☐ Foreign ☐ Other (Please specify) _____ ☐ Tribal
3. Briefly state the purpose for requesting this information **and** tell us how your organization will use the data.	
4. What specific information are you requesting from SSA? (Social Security number verification, benefit verification, disability payments, data elements, etc.).	Foreign requestors can only request date and fact of death.
5. What data elements will you send to support your request (e.g., SSN, name, date of birth), if applicable?	
6. Is your organization currently receiving this information by another means (e.g., paper reports, etc.)?	☐ Yes - Tell us how your organization identifies and collects this data; be specific. ☐ No
7. Describe the benefit to your organization of receiving this data.	
8. Is there any benefit to SSA? For foreign requestors - is your organization willing to enter into a reciprocal arrangement with SSA to provide the same information we provide to you?	☐ Yes - Explain. ☐ No
9. What is the impact to your organization if it does not receive this data?	
10. SSA generally requires that you pay for our services. Are you willing to incur costs?	☐ Yes ☐ No
11. Provide your legal authority allowing the collection of this data from SSA. (Legal authorities may include statutes, regulations, and/or Executive Orders that explicitly require or permit your agency to use SSNs in your program(s) and request them from SSA, or get other data from SSA as authorized by law.) If you are a Federal agency, include information related to applicable Privacy Act systems of records in which you will maintain the requested data.	

DRAFT

12. List the organization and job functions/titles within the organization(s) that will have access to SSA-provided information.	
13. Do you plan to share the data with anyone other than those listed in question 12?	☐ Yes - List the organization that you will be sharing the data with, job functions/titles, the form (identifiable, aggregate) in which you intend to disclose information, and the authority for a third party disclosure. ☐ No
14. How frequently do you want to receive the data?	☐ Daily ☐ Monthly ☐ Weekly ☐ Yearly ☐ Other (Explain)
15. Based on the frequency selected above, provide an estimate of the number of records you will submit for processing.	
16. How will we exchange the data?	☐ Batch ☐ Online ☐ Both (Explain) ☐ Other (Explain)
17. When do you expect this data exchange to begin? (A typical data exchange takes 12 months or more to fully implement.)	

Security

18. If you **are a federal agency**, does your organization have documented information security policies and procedures to safeguard SSA-provided information from unauthorized access and improper disclosure?	☐ Yes - Skip to question 20. ☐ No - Skip to question 20. ☐ Not Applicable - Non-Federal Agency
19. If you **are not a federal agency**, does your organization have documented information security policies and procedures to reduce information technology security risks to an acceptable level in accordance with the Federal Information Security Management Act (FISMA)?	☐ Yes ☐ No ☐ Not Applicable - Federal Agency
20. Will the information SSA provides be stored in an external commercial cloud?	☐ Yes - Describe and provide the name of the cloud service provider. ☐ No - Skip to question 22.
21. Is the cloud provider contractually required to enforce security policies and procedures that will safeguard the information SSA provides from unauthorized access and improper disclosure?	☐ Yes ☐ No
22. Will the information SSA provides be stored off-shore: i.e., in a foreign country?	☐ Yes ☐ No

DRAFT

23. List any current or previous data exchanges your organization has with SSA (i.e., by SSA agreement number or description).	

Only complete questions 24-29 if you are a state agency.

24. If your agency already has an existing agreement with SSA to receive SSA data, are there any other programs or purposes for requesting SSA data that you wish to add to the current agreement?	☐ Yes ☐ No
25. Name the programs your agency administers for which you are requesting SSA data.	
26. Indicate whether the programs are federally-funded (either fully or partially) or state-funded. (If the program is not state funded but locally funded, i.e., at the city or county level, please specify.)	
27. List the benefits or services provided under these programs.	
28. Does your staff take applications or determine eligibility for TANF, Medicaid, or SNAP for any of the programs listed in question 25?	☐ Yes - Name the program. ☐ No
29. How is the requested SSA data relevant to determining entitlement/eligibility to benefits or services under the programs your agency administers?	

Only complete questions 30-35 if your request is for research and statistical purposes only.

30. Indicate if this is a request for a new project within a current agreement.	
31. Indicate the form of data needed to accomplish the purposes of your study. Options include tabulations, statistical outputs, micro data from SSA's program records for individuals, and SSA data for individuals that have been linked to other sources of data.	Reminder: We normally release information in the form of tabulations, statistical outputs or individual data that cannot be associated with an individual, and only in rare instances do we release micro data.
32. Describe other sources of data to which you will be linking SSA data (*if applicable*).	
33. Describe any plans to publish or release the research results including whether any supporting documentation will be made available in identifiable form.	
34. Include the length of time you need to retain the data in and the location where the data will be housed.	

35. Include your planned final disposition of the SSA data to include the date when the data will be destroyed.	
36. Additional comments:	

DRAFT

Points of Contact

37. Approving authority contact information for the person signing the agreement for the agency requesting the data.	Name: Title: Address: Phone #1: Phone #2: Email address:
38. Requestor contact information for the agency.	Name: Title: Address: Phone #1: Phone #2: Email address: