SOCIAL SECURITY ADMINISTRATION TOE 710

Form Approved
OMB No. 0960-0347

RESPONSE TO NOTICE OF REVISED DETERMINATION

DO NOT WRITE IN THIS SPACE

NAME OF CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF WAGE EARNER OR SELF EMPLOYED PERSON (IF DIFFERENT FROM CLAIMANT)	SOCIAL SECURITY NUMBER
SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (COMPLETE ONLY IN SUPPLEMENTAL SECURITY INCOME CASE)	

TYPE OF BENEFIT:	DISABILITY	SSI
	☐ WORK ☐ WIDOW ☐ CHILD	☐ DISABILITY ☐ BLIND ☐ CHILD

I wish to appear at a Disability Hearing (includes representative appearing) ☐ YES ☐ NO

I have additional evidence or information to submit ☐ YES ☐ NO

If "Yes," check as many as appropriate:

☐ EVIDENCE ☐ I WILL FURNISH THE FOLLOWING EVIDENCE:

☐ I cannot furnish any or all additional evidence. I have the following information or sources of evidence to provide:

I NEED AN INTERPRETER ☐ YES ☐ NO

If "Yes," complete this line	LANGUAGE	CHECK ONE ☐ SSA NEEDS TO PROVIDE	☐ I WILL PROVIDE

NAME OF REPRESENTATIVE (IF ANY)	REPRESENTATIVE'S ADDRESS	TELEPHONE NUMBER (INCLUDE AREA CODE)

SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK) DATE (MONTH, DAY, YEAR)

SIGN HERE TELEPHONE NUMBER (INCLUDE AREA CODE)

MAILING ADDRESS (NUMBER AND STREET, APT. NO., P.O. BOX, OR RURAL ROUTE)

CITY AND STATE ZIP CODE

Witnesses are required ONLY if this form has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (NUMBER AND STREET, CITY, STATE ZIP CODE)	ADDRESS (NUMBER AND STREET, CITY, STATE ZIP CODE)

Privacy Act Statement
Collection and Use of Personal Information

Section 205(a) and 1631(e)(1)(A) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to fully evaluate your claim for disability benefits.

See Revised Privacy Act Statement Attached

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information will result in us making a decision based on evidence in your file.

We rarely use the information you supply for any purpose other than to evaluate your claim for disability benefits. 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 Social Security in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from Social Security 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 the Census).

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.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Claims Folders Systems, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your 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 (OMB) control number. We estimate that it will take about 30 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.*