

## Development Worksheet Telephone Interview

**Individual: \***

**SSN: xxx-xx-**

**Advanced Telephone Call Date: \***

**Letter sent: \***

**F/U letter sent: \***

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**If the Individual is Alive:**

1. Date of Interview:
2. Date of Birth correct?  YES  NO
3. Address correct?  YES  NO
4. Payee needed?  YES  NO
5. Change of Payee needed?  YES  NO
6. Special Message posted:  YES
7. ID question(s) used to establish identity:

**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**