

## Development Worksheet Telephone Interview

**Individual: \***

**SSN: xxx-xx-**

**Advanced Telephone Call Date: \***

**Letter sent: \***

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

**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**