## SOCIAL SECURITY ADMINISTRATION

Form Approved OMB No. 0960-0780

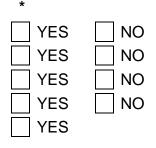
## Development Worksheet Face-to-Face Interview

Individual: \* Advanced Telephone Call Date: \* Letter sent: \* F/U letter sent: \*

## If the Individual is Alive:

- Face to Face date:

   Location of interview:
- **2.** Date of Birth correct?
- 3. Change of Address needed?
- 4. Payee needed?
- 5. Change of Payee needed?
- 6. Special Message posted:
- 7. REMARKS:



SSN: xxx-xx-

## If the Individual is Deceased:

- **1.** Date of Death (mm/dd/yyyy):
- 2. Proof of Death type:
- 3. Proof of Death posted to EVID?
- 4. Date of Termination action:
- 5. Was a payee involved?
- 6. Possible FRAUD involved?
- 7. OIG referral? If no OIG referral, explain in REMARKS
- 8. Estimated amount of overpayment:
- 9. Special Message posted:
- 10. REMARKS:

YES (mandatory)





**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