



**Social Security Administration
Office of Chief Information Officer**

**Template:
Scheduling Text/Email Agreement
Letter and Form**

**Release:
<2.X>**

DCPS DISABILITY
CASE
PROCESSING
SYSTEM

1. **Template Name:** Scheduling Text/Email Agreement Letter and Form
2. **Template Type:** Letter
3. **Business Definition:** Obtain agreement from the claimant, parent of a minor child, or legal guardian for SSA and the DDS to communicate appointment information via text message and/or email.
4. **Policy References:** TBD
5. **Revision History**

Date	Description	Author	Release

6. **Correspondence Package Attributes:**

Package Attribute	Description	Notes

7. **Template Attributes:**

Template Attribute	Description	Notes

8. **Data table:**

Attribute Name	Description

9. **Key for the colors:**

Example	Definition

[case_id]	data element
[shared language]	SNO, Interpreter Language, Enclosure, Multi-Language Insert
<if> <end if>	paragraph logic. Which language to include or not included based on the case.
You/He/She or [Generator LEX]/[GeneratorLUN]	pronoun or name logic.
[Addressee Information]	standard content. Standard signature block, standard footer, standard header, etc.

~ END ~

The next page includes the letter template.

DRAFT

[State Letterhead]

[Standard Header]

[Addressee Information]

[StandardFreeInterpreterLanguage]

[SpecialNoticeOption(SNO)]

[IntroductionReusableContent].

We are the office that makes disability determinations for the Social Security Administration (SSA) in your state. With your permission, SSA can now text and email some messages to you about <your/[clmt_full_name]'s> appointment(s).

We cannot begin to text or email you without your permission, so if you would like to receive scheduling text or email messages from SSA, please complete the attached form and return it to us as soon as possible in the pre-addressed envelope provided. You may also fax the form to [dds_fax#].

[Start reusable content: [IfYouHaveAnyQuestions]]

If You Have Any Questions

Please call the phone number(s) shown below Monday-Friday between [local_office_open] and [local_office_close]. When you call or leave a message, please provide the Case ID: [case_id], your name, <if primary recipient is NOT claimant> [Clmt Full Name]'s name, <endif> and a call back number.

[End reusable content: [IfYouHaveAnyQuestions]]

[Standard Signature Block]

Enclosure(s):
Scheduling Text/Email Agreement Form
Privacy Act and Paperwork Reduction Act Statements

[Multi-Language Insert]

<If T2 and/or T16 and LEP flag exist> OR <Preferred language is other than unknown AND other than English>

Multi-Language Insert

<end if>

Return Envelope

[Standard CC Block]

{barcode}

[Addressee Information]

**PLEASE COMPLETE AND RETURN
TEXT AND EMAIL MESSAGE AGREEMENT FORM**

By consenting to receive scheduling text messages from Social Security, you understand that:

- You will receive “SSA Scheduling” electronic messages related to your Social Security appointments (for example: appointment confirmations, reminders, and surveys).
- You may not receive messages about all your appointments based on this consent. If you later opt out of receiving messages by responding “STOP,” you will no longer receive any SSA scheduling messages from this number.
- Message frequency varies.
- You can text STOP to opt-out at any time.
- For help, text HELP.
- Message and data rates may apply.

You can view our terms and conditions and privacy policy at <https://www.ssa.gov/ensms>

Please read the statements below, check all that apply, and provide the information requested. To begin receiving reminders, sign, date, and mail this form as soon as possible using the pre-addressed envelope provided. You may also fax the form to **[dds_fax#]**.

I hereby agree to receive scheduling **text** messages from Social Security.

I hereby agree to receive scheduling **email** messages from Social Security.

Phone Number

Email Address

(Claimant/Parent or Legal Guardian Signature)

(Date)

(Printed Name)

Privacy Act Statement Collection and Use of Personal Information

Sections 221 and 1633 of the Social Security Act, as amended, allow us to collect your information, which we will use to schedule appointments and release reminders about it. Providing this information is voluntary, but not providing such may prevent us from providing the requested services. As law permits, we may use and share the information you submit, including with private medical consultants, other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0044 and 60-0320, available at www.ssa.gov/privacy. Your information may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

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 4 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***