SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0780

Development Worksheet
Face-to-Face Interview

Individual: * **SSN: xxx-xx-**
Advanced Telephone Call Date: *
Letter sent: *
F/U letter sent: *

If the Individual is Alive:

1. Face to Face date:
- Location of interview: *****

2. Date of Birth correct? ☐ YES ☐ NO

3. Change of Address needed? ☐ YES ☐ NO

4. Payee needed? ☐ YES ☐ NO

5. Change of Payee needed? ☐ YES ☐ NO

6. Special Message posted: ☐ YES

7. REMARKS:

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 abo****ve to*: *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401*