

PUBLIC ASSISTANCE AGENCY INFORMATION REQUEST

This report is authorized by section 402(a) of the Social Security Act.
Requested Information cannot be provided without a submittal of this form

1. SOCIAL SECURITY WAGE EARNER INFORMATION

a. WAGE EARNER'S NAME	b. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	c. DATE OF BIRTH (Mo. Day Yr)	d. DATE OF DEATH (Mo. Day Yr.)	e. SOCIAL SECURITY NUMBER (If unknown see instructions)	f. CLAIM SYMBOL
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2. TO:
SOCIAL SECURITY ADMINISTRATION

3. PUBLIC ASSISTANCE CLAIMANT INFORMATION

a. CLAIMANT'S NAME	
b. SOCIAL SECURITY NUMBER	
c. DATE OF BIRTH (Mo. Day Yr)	d. CASE NUMBER
e. ADDRESS (include ZIP Code)	
f. TELEPHONE NO. (include area code)	
g. RELATIONSHIP TO WAGE EARNER	

4. PUBLIC ASSISTANCE AGENCY REQUEST

a. Is the requested information available on BENDEX, SDX, BUY-IN? YES NO
If no, explain

b. Information is needed for

Dates _____
Program _____ Purpose: _____

Title IV _____ Title XIX _____ Entitlement _____ Referral _____
Title XVI _____ Food Stamps _____ Fraud _____ Other _____
Title XVIII _____ Other _____ QA _____

c. Please complete the checked blocks for the individuals whose names, dates of birth and SSN are given below

FOR REQUESTING AGENCY USE			FOR SSA USE					
NAME AND SOCIAL SECURITY NUMBER OF BENEFICIARY	DATE OF BIRTH (Mo. Day. Yr.)	TYPE OF BENEFIT	DATE OF ENTITLEMENT	AMOUNT OF BENEFIT		EFFECTIVE DATES	PAYMENT STATUS	SMI9 EFFECTIVE DATE
				Gross	Net			
1. _____ SSN _____								
2. _____ SSN _____								
3. _____ SSN _____								
4. _____ SSN _____								

d. OTHER

5. REMARKS (If additional space is needed use reverse of this sheet)

8. RETURN TO:

NAME AND ADDRESS OF AGENCY (include ZIP Code)

6. Signature of Requesting Official

Title _____ Date _____

7. Signature of SSA Official

Title _____ Date _____