

**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	c. DATE OF BIRTH	d. DATE OF DEATH	e. SOCIAL SECURITY NUMBER (If unknown see instructions)	f. CLAIM SYMBOL
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	(Mo., Day, Yr.)	(Mo., Day, Yr.)		

**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	
f. TELEPHONE NO	
g. RELATIONSHIP TO WAGE EARNER	

**4. PUBLIC ASSISTANCE AGENCY REQUEST**

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

☐ Yes    ☐ No

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	SMIB EFFECTIVE DATE
				Gross	Net			
1. _____ SSN _____								
2. _____ SSN _____								
3. _____ SSN _____								
4. _____ SSN _____								
5. _____ SSN _____								

d. OTHER

**5. REMARKS (If additional space is needed use reverse of this sheet)****8. RETURN TO:**

6. Signature of Requesting Official

Title

Date

7. Signature of SSA Official

Title

Date

NAME AND ADDRESS OF AGENCY

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**PUBLIC ASSISTANCE AGENCY  
INFORMATION REQUEST**

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**GENERAL:** The purpose of this form is to provide a uniform means of exchanging information between public assistance agencies and social security offices in situations which cannot be resolved by contacting the beneficiary or accommodated by the

**BENDEX, SDX OR BUY—IN SYSTEMS;** It is not to be used in lieu of Forms SSA-1957 (Report of State Buy-in Problem). The following general instructions should be followed in completing the form.

**Item 1:** Give the indicated information about the wage earner on whose social security record the public assistance claimant is or may be entitled to benefits. If the social security number is not known show "UNK" in block (e) and attach a completed Form SS-5.

**Item 2:** Show the mailing address of the local social security office. The block is designed to fit a window envelope.

**Item 3:** Complete all blocks. Identify the person whose public assistance claim is involved. If the person has a social security number, show it below the name on line (b). If the claimant and wage earner are the same person, show "same" in block (g). Use of block (d) is optional.

**Item 4:** Provide the necessary information about the public assistance agency request.

a. Check the appropriate block. If "no" is checked explain why the system is not usable (e.g., no record on BENDEX, pending application, initial eligibility determination, referral to determine eligibility for SSA program, etc.)

b. Specify the title or name of the program for which information is needed, (e.g., Title IV, food stamps, general assistance, etc.) the use to which the

information will be put (i.e., eligibility determination, fraud investigation, quality assurance, etc.) and the date for which the information is requested.

c. Fill in the names, SSNs and dates of birth for the individuals on whom information is needed. Place a check in the corner of the blocks you wish SSA to fill out.

1. Amount of benefit — This block will identify both the gross amount of the benefit check and the net amount after deductions of the medicare premium and/or prior over-payments.

2. Effective dates — This will reflect the dates for which the information is provided.

d. Explain what other information you may need (e.g., mailing address if different from 3e.)

**Item 5:** Remarks—May be used to continue information from the front or to contain necessary consent statements.

**Item 6:** To be completed by the requesting official.

**Item 7:** To be completed by the responding SSA official.

**Item 8:** Fill in the name and address of the agency to which the form should be returned.

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The ORIGINAL copy should be mailed to SSA. the CONTROL copy may be kept by the public assistance agency for administrative purposes.

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