



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17120

OFFICE OF INCOME MAINTENANCE
DISABILITY ADVOCACY PROGRAM

APPOINTMENT	
TIME:	DATE:
PLACE:	
TELEPHONE NUMBER:	

Dear

Your Income Maintenance Worker has told me that you may be eligible for Social Security disability benefits. If you are approved for these benefits, your income from the Social Security Administration will be higher than your Public Assistance Grant.

I will assist you in dealing with the Social Security Administration. Please meet me at the time and place shown above.

It is important that you keep this appointment. If you cannot keep this appointment, please call me at the phone number shown above as soon as possible. Failure to keep this appointment may adversely affect your Public Assistance Grant.

To help in applying for Social Security benefits, please bring any medical information about your present health condition. If you have already applied for Social Security benefits, please bring any letters you have received from them.

Sincerely,