

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CTR DIG	DIST
PAYMENT NAME				

Dear

This is to advise you that we have received information that may affect the eligibility of the following SSI recipient:

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ **CLAIM (HIB) NUMBER:** _____

	Type	INFORMATION:	Amount
INCOME:	_____		_____
	_____		_____
RESOURCES:	_____		

OTHER:	_____		

VERIFICATION ATTACHED: ☐ Yes
☐ No

CAO Contact Person: _____

Title: _____

Telephone Number: _____

Sincerely,

 Executive Director or Delegate

 (Title of Delegate Signing for the Executive Director)

 Date