

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:** \_\_\_\_\_

**INFORMATION:**

Type

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