



**Social Security/SSI Verification Request Form**

Date \_\_\_\_\_

Transitional Assistance Office \_\_\_\_\_

\_\_\_\_\_  
Name (Grantee)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name (Other Household Member)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address City State ZIP

Dear \_\_\_\_\_:

You or a member of your household is listed on the Department's files as receiving one or more of the following benefit types: Social Security and/or Supplemental Security Income (SSI).

This may affect your eligibility and the amount of your cash and/or food stamp benefits since the income from the programs listed above is counted when determining your eligibility.

To determine your continuing eligibility and the amount of your cash and/or food stamp benefits, you must provide written proof of the current Social Security and/or Supplemental Security Income (SSI) to your Transitional Assistance Worker.

**Call 1-800-772-1213 to request a computer printout of the gross Social Security and/or Supplemental Security Income for the household member named above or go to the local Social Security Administration office to request a printout of the current gross income.**

This proof must be sent or brought to me by \_\_\_\_\_.

If you cannot send or bring the proof by that date, please contact me at \_\_\_\_\_.

Failure to provide the requested proof of income or failure to contact me by the date indicated above is grounds for termination of your cash and/or food stamp benefits.

\_\_\_\_\_  
Transitional Assistance Worker