**REPORT OF CHANGE – SSI DATA**

|  |  |  |
| --- | --- | --- |
| **PART 1****IDENTIFYING INFORMATION (TO BE COMPLETED BY STATE)** | 1. RECIPIENT’S NAME

      | 1. SOCIAL SECURITY NUMBER

      |
| 1. ADDRESS

      | 1. PHONE

       [ ] NONE |
| 1. WELFARE ID

      | 1. NAME, RELATIONSHIP OF INDIVIDUAL FOR WHOM CHANGE IS APPLICABLE

      |
| 1. DO ADDRESS

      | 1. RO ADDRESS

      | 1. STATE OF COMPONENT ADDRESS

      |
| **PART II****NATURE OF DISCREPANCY (TO BE COMPLETED BY STATE)** | 1. SSA RECORDS SHOW

      | 1. STATE RECORDS SHOW

      | 1. EFFECTIVE DATE OF CHANGE

      |
| 1. EXPLANATION OF DISCREPANCY (INCLUDING ORIGIN AND DATE OF REPORT)

      |
| 1. RECIPIENT REFERRED TO DO

[ ]  YES [ ] NO | IF YES, SHOW DATE OF REFERRAL      |
| 1. NAME OF STATE REPRESENTATIVE

      | 1. TITLE

      |
| 1. SIGNATURE
 | 1. PHONE NUMBER

      | 1. DATE

      |
| **PART III****DISPOSITION OF REPORT (TO BE COMPLETED BY SSA)** | 1. [ ]  DATE OF CHANGE(S) INPUT
 |
| 1. [ ]  STATE DATA INCORRECT BECAUSE:
 |
| 1. [ ]  DATA NOT CORRECTABLE BECAUSE:
 |
| 1. [ ]  INSUFFICIENT INFORMATION – NEED
 |
| 1. [ ]  OTHER
 |
| 1. NAME OF SSA REPRESENTATIVE
 | 1. TITLE
 |
| 1. SIGNATURE
 | 1. PHONE NUMBER
 | 1. DATE
 |