**REPORT OF CHANGE – SSI DATA**

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| **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 |