REPRESENTATION FORM FOR SSI/SSDB

PLEASE PRINT LEGIBLY

TODAY'S DATE _____

APPLICANT INFORMATION

Last Name	First Name	Middle Int.	❑ Mr. ❑ Miss ❑ Mrs. ❑ Ms.	Marital Status (Circle One) Single / Mar / Div / Sep / Wid

Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	(Former Name)	Birth Date _____/_____ Mo. Yr.	Age	Sex ❑ M ❑ F

Street Address	City	State	Zip Code	Home Phone No. ( )

Please list all the services that you are currently receiving (Food Stamps, Medicaid, HEAP, etc.)	Are you currently on Public Assistance? ❑ Yes ❑ No

How were you referred to our website?

IF YOU ARE RECEIVING PUBLIC ASSISTANCE, INSTRUCT YOUR CASEWORKER TO COMPLETE AND FORWARD FORM #3879 TO LAD AS SOON AS POSSIBLE.

What stage are you at in the disability process? (check one box) ❑ Have applied ❑ Have requested a Hearing ❑ Received Initial/Recon Denial ❑ Have received a Hearing Notice

Date of Hearing (if applicable) / /	Time of Hearing	Judge's Name	Date of Denial (if any) / /

What is the cause of your disability?

The above information is true to the best of my knowledge. I also authorize SSI/SSD to release any information required to process my form.

Submit by Email

B-5341 (07/09)