



HEALTH CARE FOR THE HOMELESS FACSIMILE TRANSMITTAL

DATE:

TO: **Social Security Administration**

FAX NUMBER:

FROM:

PHONE NUMBER:

FAX NUMBER:

PAGE(S): INCLUDING THIS COVER Urgent For Review Please Comment Please Reply

RE: **SSI/SSDI Applications-SOAR Claim**

COMMENTS:

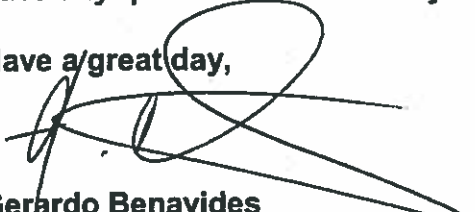
To whom it may concern,

Attached you will find the following documents for **SSI/SSDI applications:**

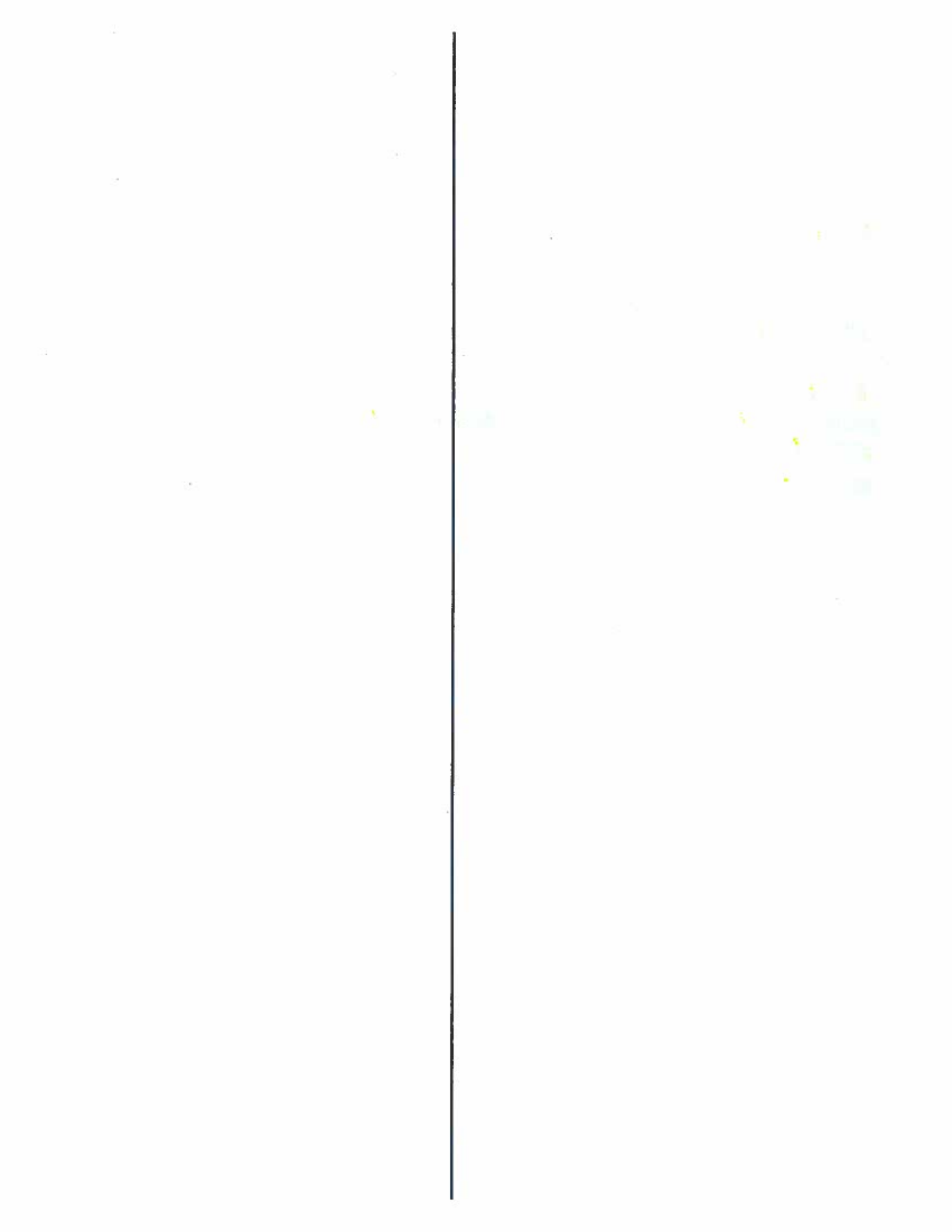
- Cover Sheet (IF APPLICABLE)
- Copy of online SSDI Application (IF APPLICABLE)
- SSA 8000/SSI Application
- SSA 1696
- SSA 3288
- SSA 827

Please feel free to get in direct contact using the contact information below should you have any questions or need any additional information regarding this SOAR claim.

Have a great day,


Gerardo Benavides
Disability Assistance Outreach Specialist
Health Care for the Homeless
gbenavides@hchmd.org

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Cover Sheet for

I have applied for disability online. I understand that the information I provided and sent to SSA electronically will be used in making a decision on this claim for benefits.

My address:

My phone number:

When necessary, SSA can contact this person who knows about my condition:

Gerardo Benavides

I have attached the following items (check all that apply):

Medical Release Form (Authorization to Disclose Information to the Social Security Administration)

Copies of Medical Records I Already Have

Other (Please list below)

Name of the person completing this application:

Mail to:

SOCIAL SECURITY

- Copy of SSDI Application
- SSA 8000 / SSI Application
- SSA 1626
- SSA 3288
- SSA 827

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)

Do Not Write in This Space
DATE STAMP

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

I am/We are applying for Supplemental Security Income and any federally administered state supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

Filing Date (month, day, year)

Receipt Protective

FS-SSA/APP FS-REFERRED

Preferred Language
Written: Spoken:

TYPE OF CLAIM Individual Individual with Ineligible Spouse Couple Child Child with Parents

PART I--BASIC ELIGIBILITY-- Answer the questions below beginning with the first moment of the filing date month.

1. (a) First Name, Middle Initial, Last Name	Sex Male Female	Birthdate (month, day, year)	Social Security Number
--	-----------------------	---------------------------------	------------------------

(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers? YES Go to (c) NO Go to (d)

(c) Other Name(s) Other Social Security Number(s) used

(d) If you are also filing for Social Security Benefits, go to #2; otherwise complete the following:

Mother's Maiden Name: Father's Name: Go to #2

2. Applicant's Mailing Address (Number & Street, Apt. No. P.O. Box, Rural Route)

(IF CLIENT IS OK WITH USING YOUR ADDRESS, OR ORGANIZATION'S ADDRESS, THAT WORKS!)

City and State ZIP Code County

3. Claimant's Residence Address (If different from applicant's mailing address)

City and State ZIP Code County

4. DIRECT DEPOSIT PAYMENT ADDRESS (FINANCIAL INSTITUTION)

Routing Transit Number Account Number Checking Enroll in Direct Express Savings Direct Deposit Refused

5. (a) Are you married?		YES Go to (b)		NO Go to #6	
(b) Date of marriage: (month, day, year)					
(c) Spouse's Name (First, middle initial, last)			Birthdate (month, day, year)		Social Security Number
(d) Did your spouse ever use any other names (including maiden name) or Social Security Numbers?			<input type="checkbox"/> YES Go to (e)		<input type="checkbox"/> NO Go to (f)
(e) Other Name(s)			Other Social Security Number(s) Used		
(f) Are you and your spouse living together?			<input type="checkbox"/> YES Go to #6		<input type="checkbox"/> NO Go to (g)
(g) Date you began living apart : (month, day, year)					
(h) Address of spouse or name of someone who knows where spouse is. (Complete only if spouse is age 65, blind or disabled.)					
6. (a) Have you had any other marriages? If never married, check this box <input type="checkbox"/>		You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #7		Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #7	
(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #4.					
	YOU		YOUR SPOUSE		
FORMER SPOUSE'S NAME (including maiden name)					
BIRTHDATE (month, day, year)					
SOCIAL SECURITY NUMBER					
DATE OF MARRIAGE (month, day, year)					
DATE MARRIAGE ENDED (month, day, year)					
HOW MARRIAGE ENDED					
7. If you are filing for yourself, go to (a); if you are filing for a child, go to (e).					
(a) Are you unable to work because of illnesses, injuries or conditions?		You <input checked="" type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #8		Your Spouse <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #7	
(b) Enter the date you became unable to work.		(month, day, year)		(month, day, year)	
(c) What are your illnesses, injuries or conditions?					
You			Your Spouse		
Go to (d)			Go to (d)		

7. (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do you have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or deceased?

YES Parent's Name: _____

Social Security Number: _____

Address: _____

NO

Go to #8

(e) When did the child become disabled?

(month, day, year)

Go to (f)

(f) What are the child's disabling illnesses, injuries or conditions?

Go to (g)

(g) Does the child have a parent(s) who is age 62 or older, unable to work because of illness, injuries, or conditions, or deceased?

YES Parent's Name: _____

Social Security Number: _____

Address: _____

NO

Go to #8

8. Birthplace	City	State	Country (if other than the U.S.)
---------------	------	-------	----------------------------------

You

Your Spouse, if filing

Go to #9

9. Are you a United States citizen by birth?

YES

Go to #15

You NO

Go to #10

Your Spouse, if filing

YES

Go to #15

NO

Go to #10

10. Are you a naturalized United States citizen?

YES

Go to #15

NO

Go to #11

YES

Go to #15

NO

Go to #11

11. (a) Are you an American Indian born outside the United States?

YES

Go to (b)

NO

Go to (c)

YES

Go to (b)

NO

Go to (c)

(b) Check the block that shows your American Indian status.

You

Your Spouse, if filing

American Indian born in Canada

Go to #15

American Indian born in Canada

Go to #15

Member of a Federally recognized Indian Tribe;

Name of Tribe

Go to #15

Member of a Federally recognized Indian Tribe;

Name of Tribe

Go to #15

Other American Indian

Explain in Remarks, then Go to (c)

Other American Indian

Explain in Remarks, then Go to (c)

11. (c) Check the block below that shows your current immigration status

You		Your Spouse, if filing	
<input type="checkbox"/> Amerasian Immigrant	Go to #12	<input type="checkbox"/> Amerasian Immigrant	Go to #12
<input type="checkbox"/> Lawful Permanent Resident	Go to #12	<input type="checkbox"/> Lawful Permanent Resident	Go to #12
<input type="checkbox"/> Refugee Date of entry:	Go to #14	<input type="checkbox"/> Refugee Date of entry:	Go to #14
<input type="checkbox"/> Asylee Date status granted:	Go to #14	<input type="checkbox"/> Asylee Date status granted:	Go to #14
<input type="checkbox"/> Conditional Entrant Date status granted:	Go to #14	<input type="checkbox"/> Conditional Entrant Date status granted:	Go to #14
<input type="checkbox"/> Parolee for One Year	Go to #14	<input type="checkbox"/> Parolee for One Year	Go to #14
<input type="checkbox"/> Cuban/Haitian Entrant	Go to #14	<input type="checkbox"/> Cuban/Haitian Entrant	Go to #14
<input type="checkbox"/> Deportation/Removal Withheld Date:	Go to #14	<input type="checkbox"/> Deportation/Removal Withheld Date:	Go to #14
<input type="checkbox"/> Other Explain in Remarks, then Go to (d)		<input type="checkbox"/> Other Explain in Remarks, then Go to (d)	

(d) If you have status, or have applied for status as the spouse, child, or parent of a child of a US citizen, or lawfully admitted permanent resident alien, Go to #13; otherwise Go to #15.

12. If you are lawfully admitted for permanent residence:

(a) Date of Admission	You (month, day, year)	Your Spouse (month, day, year)
(b) Was your entry into the United States sponsored by any person or promoted by an institution or group?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)
(c) Give the following information about the person, institution, or group, then Go to (d):		
Name	Address	Telephone Number
		() -
(d) What was your immigration status, if any, before adjustment to lawful permanent resident?	You Status:	Your Spouse, if filing Status:
	(month, day, year)	(month, day, year)
	From: To:	From: To: Go to (e)
(e) If filing as an adult, did your parents ever work in the United States before you were age 18?	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #14	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #14
(f) Name and Social Security Number of parent(s) who worked.		
Name	Social Security Number	
Name	Social Security Number	

13.	(a) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the United States?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #15	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #15
	(b) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty?	<input type="checkbox"/> YES Go to #14	<input type="checkbox"/> NO Go to #15	<input type="checkbox"/> YES Go to #14	<input type="checkbox"/> NO Go to #15
14.	Are you, your spouse, or parent an active duty member or a veteran of the armed forces of the United States?	<input type="checkbox"/> YES Explain in #60(b), then Go to #15	<input type="checkbox"/> NO Go to #15	<input type="checkbox"/> YES Explain in #60(b), then Go to #15	<input type="checkbox"/> NO Go to #15
15.	(a) When did you first make your home in the United States?	(month, day, year)		(month, day, year)	
	(b) Have you lived outside of the United States since then?	<input type="checkbox"/> YES Go to (c)	<input checked="" type="checkbox"/> NO Go to #16	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #16
	(c) Give the dates of residence outside the United States.	From: To: (month, day, year)		From: To: (month, day, year)	
16.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 consecutive days prior to the filing date?	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #17	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #17
	(b) Give the date (month, day, year) you left the United States and the date you returned to the United States.	Date Left: Date Returned:		Date Left: Date Returned:	
<p>IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #17. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRST MOMENT OF THE FILING DATE MONTH, GO TO #17; OTHERWISE GO TO #18.</p>					
17.	(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?	<input type="checkbox"/> YES Go to (b)		<input checked="" type="checkbox"/> NO Go to #18	
	(b) Eligible Alien's Name	Eligible Alien's Social Security Number Go to #18			
18.	(a) Do you have any unsatisfied felony warrants for your arrest?	<input checked="" type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #19	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #19
	(b) In which state or country was this warrant issued?	Name of State/Country Go to (c)		Name of State/Country Go to (c)	
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #19	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #19
	(d) Date warrant satisfied	(month, day, year)		(month, day, year)	
19.	(a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #20	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #20

19.	(b) In which state or country was the warrant issued?	Name of State/Country	Name of State/Country
		Go to (c)	Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Go to (d) Go to #20	Go to (d) Go to #20
	(d) Date warrant satisfied	(month, day, year)	(month, day, year)

PART II - LIVING ARRANGEMENTS - The questions in this section refer to the signature date.

20. Check the block which best describes your present living situation:

Household	Since (month, day, year)	Go to #25
Non-Institutional Care	Since (month, day, year)	Go to #23
Institution	Since (month, day, year)	Go to #21
Transient or homeless (SOAR)	Since (month, day, year)	Go to #38

INSTITUTION

21. Check the block that identifies the type of institution where you currently reside, then Go to #22:

<input type="checkbox"/> School	<input type="checkbox"/> Rehabilitation Center
<input type="checkbox"/> Hospital	<input type="checkbox"/> Jail
<input type="checkbox"/> Rest or Retirement Home	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Nursing Home	

22. Give the following information about the INSTITUTION:

(a) Name of institution:

(b) Date of admission:

(c) Date you expect to be released from this institution:

Go to #38

NON-INSTITUTIONAL CARE

23. Check the block that best describes your current residence, then Go to #24:

<input type="checkbox"/> Foster Home	<input type="checkbox"/> Group Home	<input type="checkbox"/> Other (Specify)
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24. Give the following information about your Noninstitutional Care:

(a) Name of facility where you live:

24. (b) Name of placing agency	Address	Telephone Number
		() -
(c) Does this agency pay for your room and board?		
<input type="checkbox"/> YES Go to #38 <input type="checkbox"/> NO If NO, who pays?		
		Go to #38

HOUSEHOLD ARRANGEMENTS

25.	Check the block that describes your current residence, then Go to #26:
<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Apartment	<input type="checkbox"/> Houseboat
<input type="checkbox"/> Room (private home)	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Room (commercial establishment)	
26. Do you live alone or only with your spouse?	<input type="checkbox"/> YES Go to #28 <input type="checkbox"/> NO Go to #27

27. (a) Give the following information about everyone who lives with you:

Name	Relationship	Public Assistance		Sex		Birthdate mm/dd/yy	Blind or Disabled		If Under 22				Social Security Number
		YES	NO	M	F		YES	NO	Married		Student		
									YES	NO	YES	NO	

If anyone listed is under age 22 and not married, Go to (b); otherwise, Go to #28.

27. (b) Does anyone listed in 27(a) who is under age 18, OR between ages 18-22 and a student, receive income? YES Go to (c) NO Go to #28

(c) Child Receiving Income	Source and Type	Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$

28. (a) Do you (or does anyone who lives with you) own or rent the place where you live? YES Go to #29 No Go to (b)

(b) Name of person who owns or rents the place where you live	Address	Telephone Number
		() -

(c) If you live alone or only with your spouse, and do not own or rent, Go to #38; otherwise, Go to #32.

29. (a) Are you (or your living with spouse) buying or do you own the place where you live? YES Go to (c) No
If you are a child living with your parent(s) Go to (b); otherwise Go to #30

(b) Are your parent(s) buying or do they own the place where you live? YES Go to (c) NO Go to #30

(c) What is the amount and frequency of the mortgage payment?
Amount: \$ Frequency of Payment: Go to (d)

(d) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, or living alone or with your spouse, Go to #38; otherwise Go to #32.

30. (a) Do you (or your living with spouse) have rental liability for the place where you live? YES Go to (d) NO
If you are a child living with your parent(s) Go to (b); otherwise Go to (c)

(b) Does your parent(s) have rental liability? YES Go to (d) NO Go to (c)

30.	(c) Does anyone who lives with you have rental liability for the place where you live?	
	<input type="checkbox"/> YES Give name of person with rental liability: _____	Go to #31
	<input type="checkbox"/> NO Give name of person with home ownership: _____	Go to #32
	(d) What is the amount and frequency of the rent payment?	
	Amount: \$ _____	Frequency of Payment: _____
	Go to #31	
31.	(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)
	(b) Name of person related to landlord or landlord's spouse	Relationship
	Name and address of landlord (include telephone number and area code, if known):	
	(c) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, or living alone or with your spouse, Go to #38.	
32.	(a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #37)	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #33
	(b) Amount others contribute: \$ _____	Go to #33
33.	(a) Do you eat all your meals out?	<input type="checkbox"/> YES Go to #34 <input type="checkbox"/> NO Go to (b)
	(b) Do you buy all your food separately from other household members:	<input type="checkbox"/> YES Go to #34 <input type="checkbox"/> NO Go to #34
34.	Do you contribute to household expenses?	
	<input type="checkbox"/> YES Average Monthly Amount: \$ _____ Go to #35	
	<input type="checkbox"/> NO Go to #35	
35.	(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #35(d)
	(b) Give the name, address and telephone number of the person with whom you have a loan agreement :	
	(c) Will the amount of this loan cover your share of the household expenses?	<input type="checkbox"/> YES Go to #38 <input type="checkbox"/> NO Go to (d)
	(d) If you contribute toward household expenses and you answered "NO" to both 33(a) & (b), Go To #36. If you answered "YES" to either 33(a) or 33(b), Go to #37. If you do not contribute toward household expenses, go to #38.	
36.	(a) Is part or all of the amount in #34 just for food?	
	<input type="checkbox"/> YES Give Amount: \$ _____	Go to (b) <input type="checkbox"/> NO Go to (b)
	(b) Is part or all of the amount in #34 just for shelter?	
	<input type="checkbox"/> YES Give Amount: \$ _____	Go to #37 <input type="checkbox"/> NO Go to #37

37. What is the average monthly amount of the following household expenses:
 (Show average over the past 12 months unless you have been residing at your present address less than 12 months. If so, show average for the months you have resided at your present address.)

CASH EXPENSES	AVERAGE MONTHLY AMOUNT
Food (complete only if #33(a) & (b) are answered NO)	\$
Mortgage or Rent	\$
Property Insurance (if required by mortgage lender)	\$
Real Property Taxes	\$
Electricity	\$
Heating Fuel	\$
Gas	\$
Sewer	\$
Garbage Removal	\$
Water	\$
TOTAL	\$ Go to #38

38. (a) Does anyone who does NOT LIVE with you pay for, or provide you or your household (if applicable), any of your food or shelter items?

YES Name of Provider (Person or Agency) _____

List of Items _____

Monthly Value: \$ _____

NO

Go to (b)

(b) Does anyone who does NOT LIVE with you give you, or your household (if applicable), money to pay for any of your or your household's food or shelter items?

YES Name of Provider (Person or Agency) _____

List of Items _____

Monthly Value: \$ _____

NO

Go to #39

39. (a) Has the information given in #20-38 been the same since the first moment of the filing date month?

YES Go to (b)

NO Explain in Remarks, then Go to (b)

(b) Do you expect any of this information to change?

YES Explain in Remarks, then Go to #40

NO Go to #40

PART III - RESOURCES - The questions in this section pertain to the first moment of the filing date month.

* 40. (a) Do you own, or does your name appear (alone or with any other person's name) on the title of any vehicles (auto, truck, motorcycle, camper, boat, etc.)?

You
 YES Go to (b)
 NO Go to #41

Your Spouse
 YES Go to (b)
 NO Go to #41

40.	(b) Owner's Name	Description (Year, Make & Model)	Used For	Current Market Value	Amount Owed
				\$	\$
				\$	\$
				\$	\$

41. (a) Do you own or are you buying any life insurance policies? You Your Spouse

YES NO YES NO
 Go to (b) Go to #42 Go to (b) Go to #42

Policy (#)	Owner's Name	Name of Insured	Name & Address of Insurance Company	Dividends		Accumulations	
				YES	NO	YES	NO
	Face Value	Cash Surrender Value	Date of Purchase				
Policy (#1)	\$	\$					
Policy (#2)	\$	\$					
Policy (#3)	\$	\$					

(c) Loans Against Policy? YES NO

Policy Number: _____

Amount: \$ _____ Go to #42

42. (a) Do you (either alone or jointly with any other person) own any:	You		Your Spouse	
	YES	NO	YES	NO
	Life estates or ownership interest in an unprobated estate?		<input checked="" type="checkbox"/>	
Items acquired or held for their value as an investment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. (b) Give the following information for any "Yes" answer in #42(a); otherwise, Go to #43.

Owner's Name	Name of Item	Value	Amount Owed	Give Name & Address of Bank or Other Organization
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	



43. (a) Do you own, or does your name appear on (either alone or with any other person's name) any of the following items?

	You		Your Spouse	
	YES	NO	YES	NO
Cash at home, with you, or anywhere else		X		
Financial Institution Accounts		↓		
Checking				
Savings				
Credit Union				
Christmas Club				
Time Deposits/Certificates of Deposit				
Individual Indian Money Account				
Other (Including IRAs and Keough Accounts)		↓		

(b) If all the items in #43(a) are answered "NO", Go to #44. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		

44. (a) Do you give us permission to obtain any financial records from any financial institution?	You		Your Spouse, if filing	
	<input checked="" type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (b)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (b)

(b) Do you own or does your name appear on any of the following items:	You		Your Spouse	
	YES	NO	YES	NO
Stocks or Mutual Funds		X		
Bonds (Including U.S. Savings Bonds)		↓		
Promissory Notes				
Trusts				
Other items that can be turned into cash			↓	

(c) If all the items in #44(b) are answered "NO", Go to #45. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		
		\$		

* 45. (a) Do you own, or does your name appear (alone or with any other person's name) on any land, houses, buildings, real property, property in foreign country, equipment, mineral rights, items in a safe deposit box, assets set aside for emergencies or heirs, or any other property of any kind that has not been shown anywhere else on the application	You		Your Spouse	
	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #46	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #46

(b) Describe the property (including size, location, and how it is used. If the property is not used now, when was it last used? Do you plan to use the property in the future?

Item #1
Item #2

45.	Owner's Name	Estimated Current Market Value	Tax Assessed Value	Mortgage	Owed on Item
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

46. (a) Have you or your spouse acquired any assets since the first moment of the filing date month? YES Go to (b) NO Go to (c)

(b) Explain:

(c) Has there been any increase or decrease in the value of you or your spouse's resources since the first moment of the filing date month? YES Go to (d) NO Go to #47

(d) Explain:

47. (a) Have you or your spouse sold, transferred title, disposed of or given away, any money or other property, (including money or property in foreign countries), since the first moment of the filing date month or within the 36 months prior to the filing date month?

	You	Your Spouse
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Go to (b)	Go to (b)

(b) If you co-owned any money or property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property within the 36 months prior to the filing date month?

	You	Your Spouse
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOU ANSWERED "YES" TO (a) OR (b), GO TO (c). IF "NO" TO BOTH, GO TO #48.

(c)	OWNER'S/CO-OWNERS NAME	DESCRIPTION OF PROPERTY	DATE OF DISPOSAL
ITEM #1			
ITEM #2			
ITEM #3			
	NAME AND ADDRESS OR PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT
ITEM #1			\$

47.	ITEM #2			\$
	ITEM #3			\$
		SALES PRICE OR OTHER CONSIDERATION	ARE OTHER CONSIDERATION OR PROCEEDS EXPECTED? EXPLAIN.	DO YOU STILL OWN PART OF THE PROPERTY?
	ITEM #1			
	ITEM #2			
	ITEM #3			
		SOLD ON OPEN MARKET?	GIVEN AWAY?	TRADED FOR GOODS/SERVICES?
	ITEM #1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	ITEM #2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	ITEM #3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

48. (a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any items mentioned in #41 and #43-47.

	You		Your Spouse	
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Go to (b)	Go to #49	Go to (b)	Go to #49

(b) DESCRIPTION (Where appropriate, give name & address of organization and account/policy number.)	VALUE	WHEN SET ASIDE (month, day, year)	OWNER'S NAME
Item 1	\$		
Item 2	\$		

FOR WHOSE BURIAL	IS ITEM IRREVOCABLE?	WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?
Item 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #49 <input type="checkbox"/> NO Explain in (c)
Item 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #49 <input type="checkbox"/> NO Explain in (c)

(c) EXPLANATION

49. (a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums, or other repositories for burial or any headstones or markers?	You		Your Spouse	
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Go to (b)	Go to #50	Go to (b)	Go to #50
	(b) Owner's Name	Description	For Whose Burial	Relationship to You or Your Spouse
				\$
				\$
				\$
Go to #50				

PART IV -- INCOME

50. (a) Since the first moment of the filing date month, have you (or your spouse) received or do you (or your spouse) expect to receive income in the next 14 months from any of the following sources?	You		Your Spouse	
	YES	NO	YES	NO
State or Local Assistance Based on Need				
Refugee Cash Assistance				
Temporary Assistance for Needy Families				
General Assistance from the Bureau of Indian Affairs				
Disaster Relief				
Veteran Benefits Based on Need (Paid Directly or Indirectly as a Dependent)				
Veteran Payments Not Based on Need (Paid Directly or Indirectly as a Dependent)				
Other Income Based on Need				
Social Security				
Black Lung				
Railroad Retirement Board Benefits				
Office of Personnel Management (Civil Service)				
Pension (Foreign Military, State, Local, Private, Union, Retirement or Disability)				
Military Special Pay or Allowance				
Unemployment Compensation				

50.

Workers' Compensation

State Disability

Insurance or Annuity Payments

Dividends/Royalties

Rental/Lease Income Not from a Trade or Business

Alimony

Child Support

Other Bureau of Indian Affairs Income

Gambling/Lottery Winnings

Other Income or Support

(b) Give the following information for any block checked YES in #50(a); otherwise, Go to #51

Person Receiving Income	Type of Income	Amount Received	Frequency of Payment	Date Expected or Received	Source (Name, Address of Person, Bank, Organization or Company)	Identifying Number
		\$				
		\$				
		\$				

IF YOU EVER RECEIVED SSI BEFORE, GO TO #51; OTHERWISE GO TO #52

51. Are any overpayments being collected from benefits you receive from the Social Security Administration, Railroad Retirement Board, Office of Personnel Management, Veterans' Affairs, Military Pensions, Military Special Pay Allowances, Black Lung, Workers' Compensation, or State Disability or Unemployment Benefits?	You		Your Spouse	
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Explain in Remarks, then Go to #52	Go to #52	Explain in Remarks, then Go to #52	Go to #52
52. Since the first moment of the filing date month, have you received or do you expect to receive any meals or other gifts which are not cash?	You		Your Spouse	
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Explain in Remarks, then Go to #53	Go to #53	Explain in Remarks, then Go to #53	Go to #53
53. (a) Have you (or your spouse) received wages or sick pay since the first moment of the filing date month through the current month?	You		Your Spouse	
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Go to (b)	Go to (e)	Go to (b)	Go to (e)

(b) Name and Address of Employer (include telephone number and area code, if known)

You	Your Spouse
Go to (c)	Go to (c)

53.	(c) Date last worked (month, day, year)		Date last paid (month, day, year)		Date next paid (month, day, year)		
	You						
	Your Spouse						
(d) Total monthly wages received (before any deductions)			Your Amount \$		Your Spouse's Amount \$		
(e) Do you (or your spouse) expect to receive any wages in the next 14 months?			You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (f) Go to #54		Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (f) Go to #54		
(f) Name and address of employer if different from #53(b) (include telephone number, if known)							
You			Your Spouse				
(g) Give the following information:							
RATE OF PAY		AMOUNT WORKED PER PAY PERIOD		HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID (month, day, year)	
You	\$						
Your Spouse	\$						
(h) Do you expect any change in wage information provided in #53(g)			You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (i) Go to #54		Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (i) Go to #54		
(i) Explain Change:							
You			Your Spouse				
54.	(a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?			You <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Go to (b) Go to #55		Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #55	
	(b) Give the following information; then Go to #55						
	Date(s) Self-Employed		Type of Business		Last Year's: Gross Income	Last Year's: Net Profit	Last Year's: Net Loss
				\$	\$	\$	
Date(s) Self-Employed		Type of Business		This Year's: Gross Income	This Year's: Net Profit	This Year's: Net Loss	
				\$	\$	\$	

55.	If you or your spouse are blind or disabled, do you have any special expenses that you paid which are necessary for you to work?	You		Your Spouse		
		<input type="checkbox"/> YES Explain in Remarks; then Go to #56	<input checked="" type="checkbox"/> NO Go to #56	<input type="checkbox"/> YES Explain in Remarks; then Go to #56	<input type="checkbox"/> NO Go to #56	
56.	(a) Does your spouse/parent who lives with you have to pay court-ordered support?	<input type="checkbox"/> YES Go to (b)		<input checked="" type="checkbox"/> NO Go to NOTE		
	(b) Give amount and frequency of court-ordered support payment.	Amount: \$	Frequency: Go to (c)			
	(c) Give the following information about the person who receives these payments:	Name:	Address:			

NOTE: IF YOU ARE FILING AS A CHILD AND YOU ARE EMPLOYED OR AGE 18 - 22 (WHETHER EMPLOYED OR NOT), GO TO #57; OTHERWISE, GO TO #58.

57.	(a) Have you attended school regularly since the filing date month?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (b)
	(b) Have you been out of school for more than 4 calendar months?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
	(c) Do you plan to attend school regularly during the next 4 months?	<input type="checkbox"/> YES Explain absence in Remarks and Go to (d)	<input type="checkbox"/> NO Go to #58
(d) Name of School	Name of School Contact	Dates of Attendance From To	Course of Study
	Phone Number	Hours Attending or Planning to Attend	

PART V - POTENTIAL ELIGIBILITY FOR FOOD STAMPS/MEDICAL ASSISTANCE/OTHER BENEFITS - If a California resident, Skip to #59

58.	(a) Are you currently receiving food stamps?	You		Your Spouse, if filing	
		<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)
	(b) Have you received a recertification notice within the past 30 days?	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #59	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #59
	(c) Have you filed for food stamps in the last 60 days?	<input type="checkbox"/> YES Go to (d)	<input checked="" type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)
	(d) Have you received an unfavorable decision?	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #59	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #59
	(e) If everyone in the household receives or is applying for SSI, Go to (f); otherwise Go to #59.				
	(f) May I take your food stamp application today?	You		Your Spouse, if filing	
		<input type="checkbox"/> YES Go to #59	<input checked="" type="checkbox"/> NO Explain in (g)	<input type="checkbox"/> YES Go to #59	<input type="checkbox"/> NO Explain in (g)
(g) Explanation:					

59. You may be eligible for Medicaid. However, you must help your State identify other sources that pay for medical care. Also, you must give information to help the State get medical support for any child(ren) who is your legal responsibility. This includes information to help the State determine who a child's father is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.

IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, Go to (b).

(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency?	You		Your Spouse, if filing	
	YES Go to (b)	NO Go to #60	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #60
(b) Do you, your spouse, parent or stepparent have any private, group, or governmental health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid.)	YES Go to (c)	NO Go to (c)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
	<input type="checkbox"/> YES Go to #60	<input checked="" type="checkbox"/> NO Go to #60	<input type="checkbox"/> YES Go to #60	<input type="checkbox"/> NO Go to #60

60. (a) Have you ever worked under the U.S. Social Security System? YES Go to (b) NO Go to (b)

(b) Have you, your spouse, or a former spouse (or parent if you are filing as a child) ever:	You		Your Spouse/Parent		Filed for Benefits	
	Yes	No	Yes	No	Yes	No
Worked for a railroad		X				
Been in military service		↓				
Worked for the Federal Government		↓				
Worked for a State or Local Government		↓				
Worked for an employer with a pension plan		↓				
Belonged to union with a pension plan		↓				
Worked under a Social Security system or pension plan of a country other than the United States?		↓				

(c) Explain and include dates for any "Yes" answer given in #14 or #60(a); otherwise Go to #61.

You:

Your Spouse, if filing/Your Parent, if filing as a child:

PART VI -- MISCELLANEOUS -- (Answer #61 ONLY IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE; OTHERWISE GO TO #62.

61. (a) Name of Person/Agency Requesting Benefits. GERARDO BENAVIDES / HEALTH CARE FOR THE HOMELESS	Relationship to Claimant SOCIAL WORKER	Your Social Security Number (or EIN)
--	---	--------------------------------------

(b) If SSA determines that the claimant needs help managing benefits, do you wish to be selected representative payee?	YES	NO (Explain in Remarks)
--	-----	----------------------------

PART VII -- REMARKS--(You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

THIS IS A SOAR CLAIM. PLEASE FLAG AS SOAR AND WRITE "SOAR" IN THE NOTATION - THANK YOU.

PART VIII -- IMPORTANT INFORMATION AND SIGNATURES

62. IMPORTANT INFORMATION--PLEASE READ CAREFULLY

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
- ▶ We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you or your spouse notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, (3) your eligibility for SSI terminates, or (4) we no longer consider your spouse's income and resources to be available to you. If you or your spouse do not give or cancel your permission you may not be eligible for SSI and we may deny your claim or stop your payments.

63. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Your Signature (First name, middle initial, last name) (Sign in ink.)

Date (month, day, year)

**SIGN
HERE** ▶

Telephone Number(s) where we can contact you during the day:

Spouse's Signature (Sign only if applying for payments.) (First name, middle initial, last name) (Sign in ink.)

**SIGN
HERE** ▶

64. If you are blind or visually impaired, check the type of mail you want to receive from us.

- Standard notice First Class
 Standard notice First-Class with a follow-up phone call
 Standard notice & data CD by First-Class
 Standard notice Certified
 Standard & Braille notices by First-Class
 Standard & large print notices
 Standard notice & audio CD

65. WITNESS

Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you, must sign below giving their full address.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

Address (Number and Street, City, State, and ZIP Code)

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

Name	Social Security Number	Date
Name	Social Security Number	Date

If you have a question or something to report call: Social Security Office you may visit or mail your request to:

() -

For general information about Social Security, visit our website at www.socialsecurity.gov on the Internet.

We will process your application for Supplemental Security income as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within ____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or notice of determination within that time, please get in touch with us.

**Privacy Act Statement/ Paperwork Reduction Act Statement
Collection and Use of Personal Information**

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. We will use this information to help us determine your entitlement to benefits. Furnishing us this information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision on your claim, which may result in the loss of payments. We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Medicare benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; and,
4. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete use of routine uses for this information is available in System of Records Notices 60-0089, Claims Folder System and 60-0050, Completed Determination-Continuing Disability Determinations. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or any local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the **Paperwork Reduction Act of 1995**. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

REPORTING RESPONSIBILITIES

The amount of a Supplemental Security Income (SSI) check is based on the information told to us. You must tell Social Security every time there is a change-while we process your application AND if you start receiving SSI.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible husband/wife or child who lives with you or your sponsor or sponsor's spouse, if you are an alien. You must also report changes in the things of value that these people own. You must also report changes in income, school attendance and marital status of ineligible children who live with you.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks.

HOW TO REPORT

You may make your reports:

- By telephone at the telephone number shown above or call us toll free at 1-800-772-1213 (TTY 1-800-325-0778) or
- In person or
- By mail at the address shown above.