DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SSI PRERELEASE CLAIMS LEAD REFERRAL FORM

To SSA Field Office: _____

_____

_____

ATTN: _____

NUMBER HOLDER GENERAL IDENTIFYING INFORMATION

Last Name:	First Name:
Social Security Number (SSN):	Other Names and SSNs Used:
Date of Birth:	SID #
Date of Onset:	If Prior to Age 22, provide Parents Name, DOB, and SSN:
Place of Birth:	US Citizen ☐ Yes ☐ No

If not a US citizen, provide INS status (Lawful Permanent Resident Alien Refuge, etc.)

Date of Entry Into US:	Alien Registration Number: (If Applicable)	Types of INS Documentation: (If Applicable)

DISABILITY INFORMATION

What are your illnesses, injuries, or conditions that limit your ability to work?

When did your illnesses first bother you?

When did you become unable to work because of your illnesses, injuries, or conditions?

Did you work any time after your illnesses, injuries, or conditions first bothered you?

☐ Yes ☐ No If yes, provide the date:

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Based on department observations, the incarcerated individual:

☐ Does appear to be able to handle funds.

☐ Does not appear to be able to handle funds.

If the incarcerated individual "does not appear to be able to handle funds," provide information of person who might serve as a representative payee upon release from prison.

Name: _____

Address: _____

Telephone: _____

INCOME

Do you currently receive any income? ☐ Yes ☐ No

If yes, list the type, amount, frequency and date last received below:

Type	Amount	Frequency (weekly, monthly, etc.)	Date Last Received

RESOURCES

Do you currently have any resources: ☐ Yes ☐ No

If yes, list the type and value below.

Type	Value
Cash:	
Property:	
Other (please specify):	

Bank Accounts

Type	Account Number
☐ Checking ☐ Savings	
☐ Checking ☐ Savings	

Current Balance: _____

Other (please specify):

EXPECTED RELEASE DATE AND RESIDENCE

Current Facility Address:

_____

_____

_____

Current Mailing Address, for SSI claims purposes (if different from department facility address above):

_____

_____

_____

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What date do you expect to be released?

Type of residence you will be released to:

Provide residence information:

Name: _____

Address: _____

Telephone: _____

THIRD PARTY CONTACT UPON RELEASE

Name: _____

Address: _____

Telephone: _____

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PERSON COMPLETING FORM (if not applicant)

Name:	Title:
Address:	
Telephone Number:	Extension:
Fax Number:	Date Completed:

The incarcerated individual can be made available for a telephone interview with SSA on regular business days between 9:00am and 3:00pm. SSA should call this department number to conduct the interview.

Telephone Number:	Extension:
Fax Number	If incarcerated person is not available between 9:00am and 3:00pm, provide best time of the day for appointment:
Special Accommodations (if applicable)	Date Completed: