Washington State
**Department of Social
& Health Services**
Transforming lives

TO: Social Security Administration

FROM:

RE: _____   _____
CLIENT NAME   SOCIAL SECURITY NUMBER

ATTENTION: SSI Claims Unit:

The above named client of the Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA) is being placed out of the parent home due to his/her developmental disabilities.

This child will move into the following facility _____ on _____.

☐ Foster care
☐ Licensed group care
☐ Nursing facility
☐ Staffed residential program
☐ Other facility: _____.

DDA is paying for the services in this facility. The DDA client must pay for his/her own personal needs allowance (PNA) and "room and board" costs from his/her available earned and unearned income, including social security benefits.

The Developmental Disabilities Administration (DDA), Department of Social and Health Services (DSHS) is requesting that you contact the person named below to obtain an SSI and payee application.

_____   _____
NAME   TELEPHONE NUMBER

_____
STREET ADDRESS   CITY   STATE   ZIP CODE

☐ Consider this child for presumptive disability.
   ☐ Medical/psych evidence attached.
   ☐ Medical/psych evidence will be sent at a later date.

If the above named person does not file an SSI claim, please contact me and I can recommend someone else to file the claim.   Thank you for your assistance.

If I can answer any questions, please call me at: _____.

cc: Identified Contact Person
    Client File

SSI LETTER
DSHS 10-396 (REV. 01/2017)