

## Aged, Blind, or Disabled SSI Facilitation Referral

### Section A: Client Information

CLIENT NAME	CLIENT IDENTIFICATION NUMBER	EQUAL ACCESS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Section B: Additional Information

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Is a current Supplemental Security Income (SSI) application pending? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of SSI application: _____  |                          |                          |
| 2. Is a current signed IARA on file? .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS