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|  |  **Aged, Blind, or Disabled SSI Facilitation Referral** |
| **Section A: Client Information** |
| CLIENT NAME | CLIENT IDENTIFICATION NUMBER | EQUAL ACCESS?[ ]  Yes [ ]  No |
| **Section B: Additional Information** |
|  YES NO 1. Is a current Supplemental Security Income (SSI) application pending? [ ]  [ ]  Date of SSI application:   2. Is a current signed IARA on file? [ ]  [ ]  |
| COMMENTS |