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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 | | | |