

## INSTRUCTIONS

Social Security Referral--Request Form

The IM-76 has four purposes (1) Referral to SSA, (2) Request for information from SSA, (3) Consent form - Authorization for release of information for GR and (4) New information - give SSA information on SSI recipients.

The form is divided into six parts. Claimant Identification Section; Part I is to refer claimants for SSA services or benefits; Part II is the request for information; Part III is the consent to release information; Part IV is to give information to SSA; and Part V for caseworkers signature and load number.

Number of Copies and Disposition:

If used as a:

- 1) Referral: Three copies. The original will be given to the claimant to take to the designated Social Security Office. One carbon will be sent to the local District or Branch SSA Office. The third copy will be filed in the Forms and Correspondence Section of the case record until another referral is made. If the claimant is unable to take the form (due to illness, distance, etc.) the original will be mailed to the proper SSA District/Branch Office and a copy for the recipient will not be needed.

NOTE: If you are reporting a closing or other action on a GR case to SSA, a copy of the form for the claimant is not necessary.

NOTE: If used for referral for claimant Medicare application, see procedure in IM Manual, Chapter VII, pages 116-116b.

- 2) Request for Information: Two copies will be made, the original to be mailed to the Social Security Office and the carbon to be filed in the case record. The carbon will be destroyed when the original is returned and filed in the Forms Section of the case record.

NOTE: For those persons receiving GR whom we refer to SSI for SSI benefits, the worker will complete three copies; two copies for SSA and one copy for the case record. SSA will return one copy to verify the SSI application. They will hold the other until the application is approved or rejected when it will be returned to the caseworker to either close or continue the GR Benefits, as required.

- 3) Relay Information: Two copies will be made. The original will be sent to the Social Security Office. The carbon will be filed in the Forms and Correspondence Section of the case record. When applicable, the carbon will be destroyed when the information appears on the SDX printout.

Manual Reference: Chapters I - VI, VIII and IX.

Instructions for Completion: The form may be handwritten or typed.

Date - Enter the date the form is completed.

Address - Enter the street address, city, and telephone number of the nearest

Social Security Office, or the street address and city of the most convenient Social Security Contact Station. If a contact station is designated, include the day of the month and the hours that the Social Security Representative will be there.

**Claimant Identification Section:**

Claimant - Enter the full name of person being referred or inquired about. Last name first.

Address - Enter the street address or route and box number, city, state and zip code of the person identified above.

Phone Number - Enter the phone number of the claimant. If no phone number, enter none.

SSA Number - Enter the Social Security Number of the claimant. If the individual does not know his Social Security Number, write "unknown". If the individual does not have a Social Security Number, write "none".

SSA Claim Number - Enter the Social Security claim number of the claimant. If the individual does not know his claim number, write "unknown". If the individual does not have a claim number, write "None".

Date of Birth - Enter month, day, and year of birth of the claimant.

Case Name and Number - Enter the individual's Family Service case name and number in this space. If the case name is the same as the name entered above, do not enter the case name in this space. If the person does not have an active case, but has had a number assigned in the past, then the inactive case number will be entered. If the individual does not have either a current or inactive Family Service number, then enter the word "None".

**Part I: Referral**

Purpose: This section along with the claimant information section will be used to make referrals of income maintenance claimants to the Social Security Administration District/Branch Offices or Itinerant Contact Stations for any services or benefits for which the claimant may be eligible.

This section will also be used to notify the SSA office immediately concerning action on or closing of the case of a General Relief recipient who had been referred to SSA to apply for SSI benefits as part of the GR eligibility determination.

**Instructions for Completion:**

Type of Assistance, Amount of Grant, and Date of Approval - Include the type of assistance, if presently receiving assistance, the present amount of the assistance grant, and the date the case was last opened. If the person has applied for assistance and the application is pending, enter the type of assistance for which the individual has applied and the words "application pending". If there is no application pending and the individual is not receiving assistance, enter "None" under "Type of Assistance".



Is Medical Information Available - If the client has an active or inactive case record that contains medical information, check "x" yes. If not, check "x" no.

Needed to Determine Public Assistance Eligibility - If the County Office requires information concerning the individual's SSI Status from the SSA District Office the "yes" box should be marked "x". If further information is not required, the "no" box should be marked "x".

Reason for Referral - The caseworker is to state as briefly as possible why the claimant is being referred; i.e. for Medicare, SSI Eligibility, RSHDI, (Retirement and Survivors Health, and Disability Insurance - formerly OASDI), etc. If the form is completed to notify SSA concerning action on or closing of a GR case, the caseworker should include the appropriate information with the date action was taken; i.e. GR case closed (date), ten day waiting period ended on (date) with no request for a hearing; a hearing was held on (date) and the decision made.

## Part II: Request for Information

Purpose: This section along with the claimant information section will be used to request information from the Social Security Administration on an individual's SSA (Title II) or SSI (Title XVI) benefits.

### Instructions for Completion:

Reason for Request: The caseworker is to state briefly why the request is being made i.e. new application, conflict in information etc. When questioning a BENDEX or SDX Printout, the worker should attach a xerox copy of the printout and state here, the reason the printout appears to be in error. The worker should also check the "reply requested" box when checking on printouts.

SSA-SSI Administration Report: This section will be completed by the Regional or District Social Security Office serving the county Family Service Office which sent the form.

It is divided into two sections (1) Title II (SSA) and (2) Title XVI (SSI).

## PART III: Consent Section

Purpose: To require the claimant or spouse to furnish written consent for referral to or release of information from SSA.

### Instructions for Completion:

If the information is for a General Relief claimant, the date and the claimant's signature are required and the appropriate box must be checked.

Title IV, XVI, XVIII, and XIX do not require signatures for release of the information.

For Food Stamp applicants or recipients for whom information is requested, the IM-100 (revised 7-76) will be used as the consent form and an IM-76 will not be necessary. A copy of the revised IM-100 must be in the case record before the information is used (an old IM-100 is not sufficient).

For those Food Stamp households having more than one adult, only the head of the household must sign the IM-100 to meet the consent requirements for all members of the household.

The IM-100 should be retained in the case record for three years.

When the Form IM-105 is mailed to State Office with a Social Security account number or claim number, a request will be sent to Baltimore and the information will appear on the Bendex.

#### Part IV: New Information (SSI conversion and non-conversion cases)

Purpose: This section, along with the claimant information section, will be used to relay information on all SSI recipients to SSA at the time of: applications; review; and/or reported changes of circumstances.

#### Instructions for Completion: (Complete only the applicable areas)

- A. Item 1 - On applications, indicate the type of assistance and the date applied. Enter the claimant's previous home address and the name and address of the facility claimant is entering.

Item 2 - Enter the old and new street address, name of facility, or route and box number, city, state, and zip code, of the person shown in the Claimant Identification Section, if reporting change of address only.

Item 3 - Enter the date of death of the SSI claimant shown in the Claimant Identification Section.

- B. Item 1 - Enter the date the SSI claimant shown in the Claimant Identification Section became ineligible for vendor status.

Item 1a - Enter the name of the nursing home the SSI claimant remains in, if applicable.

Item 1b - Enter the name of the nursing home and the date that the SSI claimant left the facility.

Item 2 - New Address - Enter the street address or route and box number, city, state, and zip code to which the SSI claimant moved when he left the nursing home. If it is the same as the address shown in the claimant identification section, enter "same as above". Enter the date the IM-5 was sent notifying State Office of the change above information.

- C. Enter information that the caseworker believes may affect the SSI recipient's eligibility for SSI.

#### Part V:

#### Instructions for Completion:

Caseworker's Name - Enter the caseworker's or supervisors' name who has completed the form.

Caseload Number - Enter the caseworker's load number.

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