## SSI REFERRAL AND CERTIFICATION OF CONTACT

LDSS-2474 (Rev. 4/08)

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

Attachment B

CLIENT'S NAME		SEX:		DATE O Mo.	Year	SO	SOCIAL SECURITY NUMBER									
		Male	E Female	INIO.	Day	Tear										
ADDRESS							TEI	LEPHO	NE NUI	MBER						
New	T						(	)								
ALSO KNOWN AS:	OTHER SSN's:			DATE OF MO APPLICATIC				ASSIS	TANCE	Mo.	Day	'	Year			
APPLICANT FOR OR RECIPIENT OF	I															
Family Assistance Safety Ne	t Assistance	DSS Case	Number			ם 🗌	ss	CIN								
SECTION II. REFERRAL		200 00.00						<u> </u>	· · · · · ·							
DSS INITIATED REFERRAL FOR:						SSA I	ΙΝΙΤΙ	ATED	REFE	RRAL	FOR:	-				
SSI Initial Application						edical Assistance										
SSI Appeal							Temporary Assistance									
Other (explain):										Food Stamp Benefits						
							So	cial S	ervice	s (exp	lain)					
MEDICAL IMPAIRMENT RELATED DOCUMENTATION							Em	nergei	ncy ne	eds (e	explai	า)				
Describe Alleged Impairment									Other (explain)							
							(Re	eason	for R	eferral	)					
Description and Documentation	of Inability or Res	striction on V	Norking Att	ached												
<ul> <li>Description and Documentation of Inability or Restriction on Working Attached</li> <li>Medical Documentation Attached</li> </ul>																
Social History and Assessment																
REFERRING AGENCY				NAME OF	NORKER											
AGENCY ADDRESS					SIGNATURE											
					DATE TELEPHONE NUMBER											
							(	)								
SECTION III. CERTIFICATION OF SSA	CONTACT							1-								
SSA ACTION										ent Con		V				
<ul> <li>Initial Application Filed for</li> <li>Appeal Filed for</li> <li>SSI</li> <li>RSDI</li> </ul>									Mo. Day Year							
□ No application or appeal taken, or □ case denied because																
Other (explain):																
SSA OFFICE					NAME OF WORKER											
SSA OFFICE ADDRESS					SIGNATURE											
				DATE		1	TEI	LEPHO	NE NU	MBER						
				Mo.	Day	Year	(	)								
SECTION IV. CERTIFICATION and REI	EASE AUTHORI	ZATION				I I		,								
This is to certify that this referral is r		-	approval, I	authorize	release	of the in	form	nation	conta	ined i	n this	refe	erral.			
including documentation and media	cal information fro	m my temp	orary assis	tance *a	nd medi	cal assi	star	nce* (	(DRA)	V LIN	e thi	ROL	JGH			
*and medical assistance* IF YOU eligibility for benefits administered																
any such benefits for which I may	be eligible. I und	erstand tha	t my refusa	l to sign	this rele	ase will	mał	ke me	inelig	gible fo	or Ťei	mpo	orary			
Assistance. However, I understand completely voluntary and refusal wil					mation f	rom my	Mec	dical A	Assista	ance c	ase r	ecoi	rd is			
SIGNATURE OF APPLICANT	Thot affect my elig		euicai Assis	lance.				DATE	=							
								M		Day		Ye	ar 			
If another person is acting on applic	ant's behalf show	relationshi	0:							<b></b> I						
in another person is acting on applic	and bonail, show		y.													