/15/

# SENECA NATION DISABILITY SERVICES RECERTIFICATION

Complete, sign and return this application with all required documentation by **LAST DAY OF THE MONTH** to avoid **termination** of your benefit

| | | |
|---|---|---|
| Name: | SSN: | DOB: |
| Physical address: | Phone: | Alt. #: |
| City: State: | ZIP Code: | Enrollment #: |
| Mailing address: | | |
| City: | State: | ZIP Code: |

| | | | |
|---|---|---|---|
| **BENEFIT: (circle all)** | **SSI SSDI VA RAILROAD Employed:_____ Hours:_____** | Amount: $ | CURRENT Award letter must be on file for **each** benefit received |

| | |
|---|---|
| **DO YOU HAVE A PAYEE?** | ***If you are assigned a Payee by the issuing agency, your SN Disability supplement payment checks will also be mailed in care of that person*** |

| | | |
|---|---|---|
| Payee: | | |
| Physical Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |

***Payee ID & Proof of Residence is required to be on File***

| | |
|---|---|
| **WHAT IS YOUR DISABILITY?** | Please list all and be specific |
| **DO YOU HAVE ANY MEDICAL RESTRICTIONS? (Please List all)** | |

## SIGNATURES

I certify that my answers are true and complete. I give my permission for the SN Disability Services Program to verify the above information for recertification determination. I understand that any false information given will result in termination of my benefit and may affect my eligibility for future payments.

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|---|---|
| Applicant: | Date: |
| Print Name: | |
| Payee/Representative: | Date: |
| Print Name: | |

## FOR OFFICE USE ONLY

| | | |
|---|---|---|
| Rec'd: By: | App. rec'd within 30 days? YES NO REMOVE DATE: | Determination: Eligible / Ineligible Inelig. Reason: Approval Date: /15/ |
| All Docs. Rec'd? YES NO | Date Complete: | Entered in Database: |

| Needed: | Rec'd: | Needed: | Rec'd: | Notes: |
|---|---|---|---|---|
| ____Proof of Residence | _____ | ____Payee ID | _____ | |
| ____Award Letter | _____ | ____Payee Proof of Residence | _____ | |
| ____Program Agreement | _____ | ____Other: | _____ | Eligible/Closed Letter mailed: |