Form 760, 03/06

SOCIAL SECURITY INFORMATION EXCHANGE

Client Name:	**SSN:**	**Date**:
Applicant or Recipient of: ☐ Financial ☐ Food Stamps ☐ Medical - Medicaid # _____ Case #:_____ Start Date _____	**Nursing Home Information** Date of Entry: Release Date: Length of Stay: ☐ Short (<6 months) ☐ Long	**Date of Birth:** **Date of Death:**
☐ Enroll Individual in Part B Medicare (SMI)	Part B Start Date: _____	Claim #: _____
Name of Eligibility Worker:	**Agency** ☐ DOH ☐ DWS ☐ DHS	**Phone #:** **Fax #:**

Comments:

VERIFY STATUS OF CURRENT SSA/SSI BENEFITS

Eligibility and Appeal Status

☐ Date applied for benefits: _____ ☐ Appeal pending? ☐ Yes ☐ No

☐ Date benefits approved: _____ ☐ Benefits pending? ☐ Yes ☐ No

☐ Date denied benefits: _____

☐ Name and date of birth as it appears on SSA records: _____

Current Total Monthly Benefit:

☐ Monthly SSA (Title II) Payment: $_____ ☐ Start Date:_____ ☐ End Date:_____

☐ Type of Entitlement: _____ ☐ Claim #:_____

☐ Monthly SSI (Title 19) Payment: $_____ ☐ Start Date:_____ ☐ End Date:_____

☐ Date SSI decreased to $30_____

☐ Dual benefits? ☐ Yes ☐ No If yes, please list: _____

☐ Overpayment amount withheld: $_____ ☐ Start Date:_____ ☐ End Date:_____

☐ Other withholding amount: $_____ ☐ Start Date:_____ ☐ End Date:_____
Reason: _____

☐ Lump Sum: $_____ ☐ SSI ☐ SSA Date Sent:_____
Initial lump sum amount:

☐ Are there additional lump sums expected? ☐ Yes ☐ No If yes, when?_____

Medicare Information:

☐ Medicare Eligibility ☐ Part A ☐ Part B ☐ Part D ☐ Start Date:_____ ☐ End Date:_____

☐ Comments: _____

SSA Responder **Date** **Phone #** **Fax**

760 Instructions

PURPOSE: Form 760 is used to exchange information with Social Security Administration (SSA). Form can be used for obtaining information on benefit amounts and status, coverage groups, Medicare, or to notify of SSA of changes.

PREPARATION: BES/DWS/DHS workers should complete the top box. This is the section for us to inform SSA and to identify the client. If you are requesting a Part B enrollment, give the start date.

1. Check the boxes for which you need information from SSA.
2. Give any comments in the top comments section.
3. Set an alert on the case for the form's return and document on CAAL.

SSA workers should identify client information and notification given by eligibility staff In the top box. Responses to checked boxes should be given on the form below the eligibility box. Any comments back to the eligibility workers should be given at the bottom of the form.

DISTRIBUTION: Fax the form to the local SSA office. Keep the original in the case file until the form is returned by SSA.

RETENTION: 3 years