



Based on the claimant's zip code, the local SSA Office address to mail or drop off the application documents to is:

Street:

City:

State:

Zip code:

Client Name: _____

Representative Name: _____ Representative Phone: _____

For SSA use only

Homeless/Special Projects Flag

This case is part of a special project at the DDS

Please flag in EVIEW as homeless/special projects

Checklist for The Ohio Benefit Bank™ Access SSI/SSDI Specialist:

*Please include the following paper forms with this flag. Mail or drop off at your local SSA office **after you received confirmation that data entry is complete:***

- SSA-1696** (Appointment of Authorized Representative) file copy signed by the claimant and OBB Access SSI/SSDI specialist
- SSA-827** (Authorization to Disclose Information) signed by the claimant and witnessed (one page)
- SSA-8000** (SSI application printed from OBB) signed by the claimant
- SSA-16** (SSDI application printed from OBB) signed by the claimant
- SSA-3368** (Adult Disability Report) signed by the claimant

Submission Date:	Reentry Number:
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