

The Ohio Benefit Bank™ (OBB™) Access SSI/SSDI

Consent to Use Information - Specialist Copy

I, _____ (Claimant Name), consent to use of information contained in the TBB® SSI/SSDI on-line service for the purpose of submitting forms and information to the Social Security Administration regarding my application for SSI and/or SSDI. This information may only be accessed by representatives of the Ohio Association of Foodbanks and Solutions for Progress. This consent will expire six (6) months from the date of signature on this consent unless written notification is received by Ohio Association of Foodbanks. Information disclosed in the TBB SSI/SSDI will only be used for the purpose of completing on-line application forms for SSI and/or SSDI.

(Printed Claimant Name)

(Printed Representative Name)

(Client Signature)

(Representative Signature)

(Date)

(Date)

The Ohio Benefit Bank™ (OBB™) Access SSI/SSDI

Consent to Use Information - Claimant Copy

I, _____ (Claimant Name), consent to use of information contained in the TBB® SSI/SSDI on-line service for the purpose of submitting forms and information to the Social Security Administration regarding my application for SSI and/or SSDI. This information may only be accessed by representatives of the Ohio Association of Foodbanks and Solutions for Progress. This consent will expire six (6) months from the date of signature on this consent unless written notification is received by Ohio Association of Foodbanks. Information disclosed in the TBB SSI/SSDI will only be used for the purpose of completing on-line application forms for SSI and/or SSDI.

(Printed Claimant Name)

(Printed Representative Name)

(Client Signature)

(Representative Signature)

(Date)

(Date)