

SOCIAL SECURITY REFERRAL FORM  
SPECIAL INSTRUCTIONS FOR SOCIAL SERVICE STAFF

PURPOSE:

The IM-76 is intended to serve as a consent form by the social service applicant authorizing the release of SSI or SSA information from the SDX or BENDEX Systems. The IM-76 must be signed by the social service applicant and placed in the case record before DFS staff may obtain any information from the SDX or BENDEX Systems to document SSI or SSA status. This is necessary for compliance with the Federal Privacy Act.

NUMBER OF COPIES AND DISPOSITION:

One copy of the IM-76 must be completed and placed in the social service case record.

INSTRUCTIONS FOR COMPLETION:

Social service staff are to complete only Part II (side 2) "REQUEST FOR INFORMATION". Leave Part I (side 1) blank.

SECTION I

Case Name: Enter the name of the social service primary client.

Case Number: Enter the primary client's SSA number or Temporary Case ID number.

SECTION II

Claimant: Enter the name of the person (either the primary client or other member of his family group) for whom benefit information is needed.

Birthdate:

Social Security Number:

Address:

Claim Number:

Enter in the designated spaces the birthdate, social security account number, social security claim number, and address of the person for whom benefit information is needed. Note: It is important to obtain the social security claim number in any instance where a BENDEX print-out is requested on an IM-49. No more than one report can be obtained from the BENDEX System with a social security account number.

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SECTION III

SSA-SSI Administration Report

Leave this area blank. It is not applicable for social services.

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SECTION IV AND V

Check the box for "Title XX - Social Services". The person for whom benefit information is being requested is then required to sign and date the form in the designated space at the bottom of the page. The worker should always be sure that the applicant understands the release of information statement before signing the form.

If the person for whom benefit information is being requested signs the form in his own behalf, his signature should be placed on the first line designated by "Signature of Individual".

If the person's spouse or someone acting responsibly for him/her (either in a legally responsible capacity or as a representative with a written authorization from the person for whom benefit information is being requested) signs the form, the signature should be placed on the second line designated by "Signature of Spouse or Essential Person".