



Massachusetts Department of Transitional Assistance

Request for Quarters of Coverage (QC)
History Based on Relationship Form

To: Social Security Administration

Date of Request \_\_\_\_\_

Complete the information below when requesting Quarters of Coverage (QC) history for spouse(s) or parent(s) of a lawfully admitted noncitizen applicant.

Mail the form to the Social Security Administration (SSA), PO Box 17750, Baltimore, MD 21235-0001.

Print Last Name First M.I.

Social Security Number Date of Birth

Relationship to Applicant \_\_\_\_\_

NOTE: COMPLETE THE YEAR COLUMN AND CIRCLE THE PERTINENT QUARTER(S) FOR THE YEAR. SSA WILL PROVIDE INFORMATION ONLY FOR YEARS AND QUARTERS YOU INDICATE.

Table with 10 columns: QC PATTERN, YEAR, 1ST Q, 2ND Q, 3RD Q, 4TH Q, YEAR, 1ST Q, 2ND Q, 3RD Q, 4TH Q. Multiple rows for data entry.

From: \_\_\_\_\_
Transitional Assistance Office

Print Worker Name Worker Signature Area Code - Telephone Number

Supervisor Signature Date

Noncitizen's Name Noncitizen's SSN

Original to SSA - Second Copy to Recipient - Third Copy to Case