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William D. O'Leary
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Field Operations Memo 98-53
December 4, 1998

To: Transitional Assistance Office Staff
From: Joyce Sampson, Assistant Commissioner for Field Operations
Re: Verifying Social Security/SSI Income

Overview

The TPQY (Third Party Query) process, used to verify recipient Social Security/SSI income information, has been eliminated. It has been replaced by a manual process in which PACES is updated from information displayed on the Social Security/SSI Verification Request Form.

Worker Action

Transitional Assistance Workers must use the BENDEX (Social Security) or SDX (SSI) Inquiry Screens to ensure that the Social Security and/or SSI income amount(s) on PACES match the amount(s) displayed on the BENDEX and/or SDX Inquiry Screens. Refer to the *Systems User's Guide, Volume 2: FMCS User's Guide* for further information.

If the amounts do not match or are not available, a Social Security/SSI Verification Request Form (Attachment A) must be sent or given to the recipient to verify the Social Security and/or SSI benefit amounts.

Printout

To receive a printout from the Social Security Administration of the current income amount(s), the recipient may either call a special automated toll-free number, 1-800-772-1213, displayed on Attachment A, or bring the form to the appropriate local Social Security Administration office.

**Printout
(cont.)**

If a Social Security/SSI Verification Request Form is sent to a recipient, a multilingual card must also be inserted.

After the Social Security/SSI Verification Request Form is returned by the recipient, PACES must be updated with the correct amount(s), if appropriate.

Questions

Policy questions should be directed by your hotline designee to the Policy Hotline at (617) 348-8478. Systems questions should be directed to Customer Support Services at (617) 348-5290.



Commonwealth of Massachusetts
Department of Transitional Assistance

Social Security/SSI Verification Request Form

Date _____

Transitional Assistance Office

Name (Grantee)

Social Security Number

Name (Other Household Member)

Social Security Number

Address City State ZIP

Dear _____:

You or a member of your household is listed on the Department's files as receiving one or more of the following benefit types: Social Security and/or Supplemental Security Income (SSI).

This may affect your eligibility and the amount of your cash and/or food stamp benefits since the income from the programs listed above is counted when determining your eligibility.

To determine your continuing eligibility and the amount of your cash and/or food stamp benefits, you must provide written proof of the current Social Security and/or Supplemental Security Income (SSI) to your Transitional Assistance Worker.

Call 1-800-772-1213 to request a computer printout of the gross Social Security and/or Supplemental Security Income for the household member named above or go to the local Social Security Administration office to request a printout of the current gross income.

This proof must be sent or brought to me by _____.

If you cannot send or bring the proof by that date, please contact me at _____.

Failure to provide the requested proof of income or failure to contact me by the date indicated above is grounds for termination of your cash and/or food stamp benefits.

Transitional Assistance Worker