Texas Health and Human Services Commission

Form H1016
July 2004

Supplemental Security Income Referral

I. REFERRAL TO SOCIAL SECURITY ADMINISTRATION

TO:	**FROM:**

This person may be eligible for Supplemental Security Income: ☐ **TANF** ☐ **Foster Care** ☐ **MAO**

Name of Client	Date of Birth	Soc. Sec. Account No.	Soc. Sec. Claim No.
Case Name		Case No.	Telephone No.
Mailing Address (Street or P.O. Box, City, State, ZIP)			County
Residence Address (if different)			

Person to be paid on applicant's behalf (Complete only if applicant is unable to receive his check or is under age 18).	Name	Telephone No.
Mailing Address		

FOR CERTIFIED TANF RECIPIENT ONLY		
	TANF Grant **including** above family member:	
	TANF Grant **excluding** above family member:	—
	DIFFERENCE	

Medical evidence is available from HHSC files..... ☐ **Yes** ☐ **No**

Signature – Representative _____ Date _____

II. SOCIAL SECURITY ADMINISTRATION REPORT TO TEXAS HEALTH AND HUMAN SERVICES COMMISSION

☐ **The above named client has been AWARDED SSI:** _____ **$** _____

☐ **The above named client has been DENIED SSI.**

Signature – District/Branch Manager _____ Date _____

III. HEALTH AND HUMAN SERVICES COMMISSION

☐ **Active Client –** The above named client receives benefits under:

Name	Case No.	Client No.	Beginning Month	Benefit Amount

☐ **Grant Notification –** The family of this SSI recipient:

Recipient Name	SSN	Client No.

☐ **Denied –** The above named client has been denied. Last Benefit Month: _____

☐ **Not Eligible –** The above named client is not eligible for HHSC assistance.

Signature – Representative _____ Date _____