APPLICANT CERTIFICATION OF CONTACT WITH SSA TO CHANGE STATUS FROM INSTITUTIONAL CARE TO A HOME SETTING

This is to certify that I have notified the Social Security Administration

on _____ (date) that I will be discharged from _____ (facility name) to live in my own home located at _____ (address).

Signature of applicant: _____

Printed name of applicant: _____

Social Security Number: _____

Date: _____