



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Client ID:

Program:

Our records indicate that you have already filed a Supplemental Security Income (SSI) application. You must cooperate with the SSI application and appeal process. I will be your SSI Facilitator and will help you request an appeal if your SSI application is denied. So that I can help you with the SSI process, you must:

- **Call me right away if your SSI application is denied.**
- Provide me with copies of any letters you receive about your SSI application.
- Let me know if your mailing address or phone number changes.
- Call me if you need help.

If you don't meet with me when requested, or don't cooperate with the SSI application and appeal process without a good reason, your cash benefits may end per WAC 388-449-0200.

Comments:

\_\_\_\_\_  
SSI Facilitator

\_\_\_\_\_  
Community Services Office

Telephone number: \_\_\_\_\_