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| TO: Social Security Administration  FROM:  RE:  CLIENT NAME SOCIAL SECURITY NUMBER  ATTENTION: SSI Claims Unit:  The above named client of the Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA) is being placed out of the parent home due to his/her developmental disabilities.  This child will move into the following facility  on  .  Foster care  Licensed group care  Nursing facility  Staffed residential program  Other facility:  .  DDA is paying for the services in this facility. The DDA client must pay for his/her own personal needs allowance (PNA) and “room and board” costs from his/her available earned and unearned income, including social security benefits.  The Developmental Disabilities Administration (DDA), Department of Social and Health Services (DSHS) is requesting that you contact the person named below to obtain an SSI and payee application.  NAME TELEPHONE NUMBER  STREET ADDRESS CITY STATE ZIP CODE  Consider this child for presumptive disability.  Medical/psych evidence attached.  Medical/psych evidence will be sent at a later date.  If the above named person does not file an SSI claim, please contact me and I can recommend someone else to file the claim. Thank you for your assistance.  If I can answer any questions, please call me at:  .  cc: Identified Contact Person  Client File |