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| 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: | |