

SOCIAL SECURITY ADMINISTRATION

SUPPLEMENTAL SECURITY INCOME (SSI) AWARD LETTER

Beneficiary Name: _____

Social Security Number: _____

Notice of Award:

We are pleased to inform you that your application for Supplemental Security Income (SSI) has been approved. This letter confirms your eligibility and details your monthly payment amount, payment schedule, and responsibilities.

Monthly Payment Amount:

Your monthly SSI payment will be: _____ USD

Payment Schedule:

Payments will be made on a monthly basis. If you receive payments via direct deposit, they will be credited to your account on the scheduled payment dates. If you receive payments by check, please allow sufficient time for mail delivery.

Responsibilities and Reporting Requirements:

As a recipient of SSI benefits, you are required to report any changes in income, living arrangements, or resources within 10 days of the change. Failure to report changes may result in overpayments, penalties, or termination of benefits. Please keep all correspondence from the Social Security Administration.

Medical Continuing Disability Review (CDR):

You may be subject to periodic medical reviews to determine continuing eligibility for SSI benefits. Please cooperate fully with any requests from the Social Security Administration or its representatives.

Representative Payee Information (if applicable):

If a representative payee has been appointed to manage your SSI benefits, that individual is responsible for using the benefits on your behalf and reporting any changes in your circumstances.

Appeals Rights:

If you disagree with any decision regarding your SSI benefits, you have the right to appeal. Instructions on how to file an appeal will be included with any adverse decision notices.

Privacy Act Statement:

The information you provide is protected under the Privacy Act of 1974. It is used to determine eligibility for SSI

benefits and for related purposes.

Contact Information:

For any questions or to report changes, please contact your local Social Security office or call the national toll-free number.

RECIPIENT'S SIGNATURE

SSA REPRESENTATIVE'S SIGNATURE

Signature: _____

Signature: _____

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