

# SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS

On your 2010-11 Educational Opportunity Program Financial Data Form, you indicated that you or your family members received SSI benefits in 2009. In order to accurately assess your financial eligibility for the EOP Program, please have this form completed by your **case worker at the Social Security Administration** and return within **TWO WEEKS**.

Student's Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

B-Number \_\_\_\_\_

Address: \_\_\_\_\_

Name of Payee/Case Head: \_\_\_\_\_

Total amount of SSI benefits received in 2009: \$ \_\_\_\_\_

## Family members covered under this case include:

Name	Relationship to Payee
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Signature of

Case Worker \_\_\_\_\_ Official Stamp/Seal of Agency \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## PLEASE MAIL TO:

Educational Opportunity Program  
PO Box 6000  
Binghamton, NY 13902-6000