



**REFERRAL FOR SOCIAL SECURITY INSURANCE (SSI) ADVOCACY SERVICES**

**E-MAIL USING DBH ENCRYPTION OR FAX, ALONG WITH SUPPORTING DOCUMENTATION, TO "HEALTH ADVOCATES" AT [sbcssi@healthadvocates.com](mailto:sbcssi@healthadvocates.com) or (818) 465-0118**

**Section 1: CONSUMER INFORMATION**

Client Last Name	Client First Name	Client M.I.
Client SSN	DOB: MM/DD/YYYY	
Phone Number <input type="checkbox"/> Check if "message only)	DBH Case Number	
Street Address	City	State Zip Code

**Section 2: SSI STATUS**

SSI Application Date \_\_\_\_\_

Reconsideration has been denied, Reconsideration Denial Letter Attached (REQUIRED)

Other \_\_\_\_\_

Add'l Comments \_\_\_\_\_

**Section 3: CONSUMER DECLARATION**

(Initial)	I understand <u>DBH and Contractor for SSI Advocacy Services</u> may exchange with each other, my protected health information (PHI) for the purpose of obtaining Social Security benefits without a signed Authorization to Release PHI (COM001).
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(Initial)	I understand <u>DBH and Contractor for SSI Advocacy Services</u> may <u>not</u> exchange my PHI with the Social Security Administration without a signed Authorization to Release PHI (COM001).
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Client Signature	Date
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DBH Case Manager's Name	Phone Number	Email Address
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**Section 4: FOR SSI ADVOCACY ATTORNEY COMPLETION ONLY**

DBH – 7SSI Referral and Reconsideration Denial Letter received from DBH Case Manager  
Date: \_\_\_\_\_

Add'l Comments \_\_\_\_\_

Contractor Signature	Date
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