Coalition for the Homeless

Social Security Administration

Obtaining Evidence for Housing Eligibility
<table>
<thead>
<tr>
<th>Office Name</th>
<th>Manager</th>
<th>Office Number</th>
<th>Office eFax #</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONROE TX</td>
<td>Sonya Stokes</td>
<td>(866) 614-0032</td>
<td>(833) 902-2572</td>
<td>600 SGT ED HOLCOMB BLVD. NORTH</td>
<td>CONROE</td>
<td>TX</td>
<td>77304</td>
</tr>
<tr>
<td>HOUSTON NORTHEAST TX</td>
<td>Paula Chavez</td>
<td>(866) 931-2729</td>
<td>(833) 950-2714</td>
<td>5414 ALDINE MAIL RD</td>
<td>HOUSTON</td>
<td>TX</td>
<td>77039</td>
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<tr>
<td>HOUSTON NORTHWEST TX</td>
<td>Shemeya Harmon</td>
<td>(866) 331-3277</td>
<td>(833) 950-2712</td>
<td>16200 DILLARD DR</td>
<td>HOUSTON</td>
<td>TX</td>
<td>77040</td>
</tr>
<tr>
<td>HOUSTON SOUTHEAST TX</td>
<td>Jennifer Chang</td>
<td>(866) 404-1861</td>
<td>(833) 950-2716</td>
<td>8989 LAKES AT 610 DR</td>
<td>HOUSTON</td>
<td>TX</td>
<td>77054</td>
</tr>
<tr>
<td>HOUSTON SOUTHWEST TX</td>
<td>Erika Campuzano</td>
<td>(866) 592-1608</td>
<td>(833) 515-0520</td>
<td>10703 STANCLIFF RD</td>
<td>HOUSTON</td>
<td>TX</td>
<td>77099</td>
</tr>
<tr>
<td>PASADENA TX</td>
<td>Shelly Robinson</td>
<td>(866) 563-4603</td>
<td>(833) 950-2414</td>
<td>3300 WATTERS ROAD</td>
<td>PASADENA</td>
<td>TX</td>
<td>77504</td>
</tr>
</tbody>
</table>
Options During COVID

• Call the Local Office With Client Present
• Assist Client in Creating My Social Security Online Account
• Complete SSA-3288 Release of Information and Use Local SSA Office Drop Box
• Complete SSA-3288 Release of Information and eFax or mail to Local Office
• Call the Local Office and Request an Appointment
Call the Office with Client Present

• Explain You're Working With Client Experiencing Homelessness and Need SSN Verification and/or Benefit Verification in Order to Determine Eligibility for Housing
• SSA will Identify Client Over the Phone and will Ask Client if They Can Share Information With You
• Ask SSA if they can email or fax to you. If you are standing by fax they will typically fax document(s) to you.
• Ask if you can pick up the documents.
• If only option is mailing, ask them to mail to your organization address due to person experiencing homelessness i.e. no address.
Assist Client With Creating My SSA Account

• Online Services Include:
  • Request replacement Social Security Card
  • Request Benefit Verification Letter
  • Change Address

• Social Security partners with ID.ME to simplify creating My SSA Account.
  • Create a new ID.me account
  • Secure account with 2 factor authentication
  • Verify your identity with Drivers License, Passport and/or answering a few questions
  • Consent to share with SSA.GOV
Use SSA’s Release Of Information

• Case manager/Assessor/Navigator obtains SSA-3288 signed consent (good for one year)
• Upload to HMIS for future use
• Fax, Drop Off or Mail form to local SSA Office with cover letter stating **District Manager, I am a case manager for _____ (organization) and currently assisting ________ (client name) who is experiencing homelessness obtain housing. In order to determine eligibility for housing program, I need a __________ and a _______. If possible, please email to me at ______________ or fax to __________________. Please call or email me if you need additional information. Without this information, __________ (client’s name) will remain homeless.**
• Include “**Urgent – Person experiencing Homelessness – Please Expedite**” as a heading.
Add your organization name and address

Select information you need
*Please release the following information selected from the list below:
Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. □ Verification of Social Security Number
2. □ Current monthly Social Security benefit amount
3. □ Current monthly Supplemental Security Income payment amount:
   My benefit or payment amounts from date __________ to date __________
4. □ My Medicare entitlement from date __________ to date __________
5. □ Medical records from my claims folder(s) from date __________ to date __________

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

7. □ Complete medical records from my claims folder(s)
8. □ Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record appies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to $5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: ___________________________   *Date: __________
**Address: ___________________________   **Daytime Phone: ___________________________
Relationship (if not the subject of the record): ___________________________  **Daytime Phone: ___________________________

Witnesses must sign this form ONLY if the above signature is by mark (x). If signed by mark (x), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (x) on the signature line above.

1. Signature of witness
   Address(Number and street, City, State, and Zip Code)
2. Signature of witness
   Address(Number and street, City, State, and Zip Code)

Form SSA-3288 (11-2016)
Call Local SSA Office to Request Appointment

- Explain client is experiencing Homelessness
- Needs Social Security Card Verification, Replacement Social Security Card and/or Benefit Verification in order to determine eligibility for Housing Programs.
- Accompany client to appointment
Which Social Security Office Do I Use?

- Social Security Offices use zip codes to determine Jurisdiction

- Follow the office locator link Social Security Office Locator, SSA Office Locator Social Security Office Locator, Social Security and enter client’s zip code. If client does not have a zip code use your organization’s zip code.