



### Change of Address

Dear Social Security Administration (SSA) \_\_\_\_\_  
SSA OFFICE NAME OR WORKER

RE: \_\_\_\_\_ Date: \_\_\_\_\_  
CLIENT NAME AND SOCIAL SECURITY NUMBER

I am the DSHS/DDD Social Worker responsible for authorization of ABON (Assistance Based on Need) and Medicaid services for the above Number Holder (NH). This authority includes placement and coordination of services with the licensed facilities listed below.

The Number Holder (NH) was placed at \_\_\_\_\_ RHC on \_\_\_\_\_  
INSTITUTIONAL PLACEMENT DATE OF ADMITTANCE

On \_\_\_\_\_, the NH has been/will be placed in:  
COMMUNITY PLACEMENT DATE

- Licensed family foster care (SI 00835.790)
- Specialized Group Home (SI 00520.001)
- Licensed Staffed Residential Program (SI 00835.790)

Pending receipt of Social Security/Supplemental Security Income (SS/SSI) benefits, funding for the room and board portion (clothing, shelter, and personal incidentals) is through ABON (SI 00830.175). The NH's new address is:

Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please take appropriate action to update the address and change the living arrangement from living arrangement – institutional LA/D to living arrangement – foster care LA/A.

I also request that the following DDD contracted payee agency be contacted to file to become representative payee for the above NH.

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Thank you for your assistance. If you have any questions, I can be reached by e-mail at: \_\_\_\_\_  
or telephone at: \_\_\_\_\_

\_\_\_\_\_  
DDD SOCIAL WORKER/CASE/RESOURCE MANAGER

\_\_\_\_\_  
DATE OF SIGNATURE

## Instructions

### **What is the purpose of this form?**

This form should be submitted to the Social Security Administration when a client is moving from a Residential Habilitation Center to a licensed community setting with a new representative payee. This information is used to make SSI and living arrangement determinations.

### **When should I complete this form?**

This form can be submitted to SSA when the Social Worker has the following information:

- (1) Date client will move
- (2) Address of new residence
- (3) Payee agency information

### **What do I do with the completed form once I have submitted it to SSA?**

Upon completion of the form and submission to the appropriate SSA office, the social worker should submit a copy to the representative payee and licensed staffed residential agency or foster home. File original in the client record.

### **Should I utilize this form if my client is moving into a group care facility?**

If an individual is not a resident of an institution, and is residing in a group care facility, this form should be completed. The SSI term for determining the correct living arrangement is "non-institutional care" situation. It is this term that allows the SSI worker to set the correct payment level (living arrangement) and determine whether there is any countable income.