

Centenarian Development Worksheet 3rd Party Contact

Centenarian: *

SSN: xxx-xx-____

Date letter sent to 3rd party: *

F/u letter sent: *

1. Date of interview with 3rd party: *
2. Name of nursing home/facility: *
3. Name of 3rd party: *
4. Title of 3rd party: *

If the Centenarian is Alive:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Date of Birth Correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Change of facility? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Name of new facility: | * | |
| 4. Payee needed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Change of payee needed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Special message posted: | <input type="checkbox"/> YES | |
| 7. Document (s) used to establish identity: | | |

If the Centenarian is Deceased:

1. Date of Death (mm/dd/yyyy): *
2. Proof of Death type: *
3. Proof of Death posted to EVID? YES (mandatory)
4. Date of Termination action: *
5. Was a payee involved? YES NO
6. Possible FRAUD involved? YES NO
7. OIG referral? YES NO
If no OIG referral, explain in REMARKS
8. Estimated amount of overpayment: * \$
9. Special Message posted: YES NO
10. REMARKS:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401**