

Instructions for Attachment B

CONSENT FOR RELEASE OF INFORMATION

By signing this consent form you are authorizing the Social Security Administration (SSA) to check claims records and release information to the Disability Entitlement Advocacy Program (DEAP). Specifically, SSA will provide the following information:

- If you filed a claim for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).
- If you have an SSI record that has been terminated, including the date it was terminated.
- If you have a current SSI or SSDI claim or appeal awaiting a decision, including the date it was filed.
- If your SSI or SSDI claim or appeal was denied and if so, the date and reason it was denied.
- If you have an Interim Assistance Reimbursement Agreement (IAR) recorded on your SSI claim, including the current status.
- If your SSI or SSDI was awarded and, if so, the eligibility dates.