

## KDOC Notice to Social Security

### 1. Juvenile Information

Name		SSN	
DOB	Type of Benefit	Claim Account #	

### 2. Type of Notice (complete all that apply)

Change of Placement Type?	Yes		No		
Describe Change (Include level of care if applicable)					
Name of New Placement				Start Date	

Change of Payee?	Yes		No		
Describe Change (Who will apply to become Payee?)					
Date Payee Change Begins					

KDOC Relieved of Custody?	Yes		No		Date of court order	
KDOC Case is closed?	Yes		No		Date KDOC case management closed	

Juvenile Discharged from Juvenile Correctional Facility? Yes <input type="checkbox"/> No <input type="checkbox"/> Mark one with X. <b>Larned</b> <input type="checkbox"/> <b>Topeka</b> <input type="checkbox"/>	Date of Discharge	
Suspended "SSI" should be reinstated?	Yes	No

KDOC no longer wishes to be Payee or receive SSA/SSI correspondence.	Yes		No	
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Describe other changes that may affect benefits. (Juvenile's death, marriage, employment, change in disability etc.) If none, please write "NONE" in the box on the right.	
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### 3. Community Supervision Agency Information

Community Supervision Agency Name:	
Address:	
Telephone:	
Community Supervision Officer Name (please print):	
Signature:	Date