

DDSD PENDING INFORMATION UPDATE

COUNTY WELFARE DEPARTMENT ADDRESS

DDSD ADDRESS

Oakland State Disability
Determination Service Division
P.O. Box 23645
Oakland, CA 94623-0645

County Number	Aid Code	Case Number
—	—	

Social Security Number
on MC 221 _____

Applicant's Name
(Last, First, MI) _____

Date of Birth _____

THIS FORM MUST BE USED WHEN A DISABILITY PACKET IS PENDING AT DDSD AND CHANGED/ADDITIONAL INFORMATION NEEDS TO BE SUBMITTED TO DDSD (DO NOT USE MC 221 TO REPORT CHANGES OR TO UPDATE INFORMATION)

Check the appropriate box or boxes and complete the information.

1. CHANGE OF ADDRESS
New address: _____

2. CHANGE OF TELEPHONE NUMBER
New telephone number: () _____

3. CHANGE OF SOCIAL SECURITY NUMBER
Corrected number: _____

4. CASE CLOSED
Date: _____ (Discontinue evaluation)

5. CLIENT DECEASED
Death certificate attached Yes No

6. NON-ENGLISH SPEAKING
Language spoken: _____
Interpreter name: _____ Phone number: () _____

7. UPDATED MEDICAL RECORDS ATTACHED

8. CHANGE OF COUNTY WORKER (See below)

9. OTHER _____

Worker name (Please print)	Worker number
Date	Telephone number ()