

# Social Security Administration Fax Cover Sheet

To the Care of: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date: \_\_\_\_\_

Pages: \_\_\_\_\_

Case Type: ☐ New ☐ Ongoing ☐ Revision

From: \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Barcode: \_\_\_\_\_

ID #: \_\_\_\_\_

Form(s) Attached: \_\_\_\_\_

Form(s) Requested: \_\_\_\_\_

Confirmation By: \_\_\_\_\_