

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:	_____