



Security for People with Special Needs since 1990

office | 804.740.6930 toll free | 888.241.6039 fax | 804.740.6065

address | PO Box 29408, Richmond, VA 23242-0408

Benefits Update

Please complete this form to notify CCT of any changes to the public benefits received by the Beneficiary.

Beneficiary Name: _____ Account Number: _____

A. Social Security Information:

Does Beneficiary receive Supplemental Security Income (SSI)? Yes No In the Process of Applying

If yes or in process of applying, include contact information for local Social Security Administration Office:

Case Manager/Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

B. Medical Information:

Does Beneficiary receive Medicaid benefits? Yes No In the Process of Applying

If yes or in process of applying, please include contact information for local Medicaid (DSS) Office:

Case Manager/Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

C. Other Public Assistance (e.g., subsidized housing, food stamps): _____

Agency and Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Completed By: _____

(Print Name)

(Signature)

(Date)