

REQUEST FOR INFORMATION/VERIFICATION

CSH-263

To be imprinted with client's stamp plate by Admissions Office personnel.

This form is completed in the Admission Office for all clients. All appropriate spaces are completed. The form is sent to the local Social Security Office for verification of benefits. When it is returned to Central State Hospital, HIMD personnel use it to verify/record client's social security number in the medial record.

The form is filed in the client's medical record.