



RAILROAD RETIREMENT BENEFIT INFORMATION

TO: RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

FROM: _____, Department of Human Services
_____ Local Office

RE: _____

_____	_____	_____
Name of RR Employee	Railroad Retirement Number	Social Security Number
_____	_____	_____
Name of Human Services Client	Address (City and State)	Relationship to RR Employee
_____	_____	<input type="checkbox"/> Applicant
_____	_____	<input type="checkbox"/> Recipient
Human Services Case Name	Human Services Case Number	

Please furnish the benefit information requested below. It is needed to determine eligibility for public assistance and will be used only for that purpose.

_____	_____
Signature and Title	Date

	Fax #

Type of benefit received and effective date of eligibility _____

Date first payment made _____

Amount of current benefit and effective date _____

Was a retroactive lump sum payment made? Yes No

If yes, what was the amount? _____

(Other) _____

Claimant ineligible because _____

_____	_____
Railroad Retirement Board Representative	Date

Distribution of signed copies: 1st and 2nd copies go to Railroad Retirement Board, 3rd copy - file.

Completion of this form or compliance with instruction is voluntary;
however, failure to do so may affect this Department's action.
Form approved by Forms Management Center