

Massachusetts SSI State Supplement Program
Request for Access to SSP Recipient Record and Information

This form is to be completed by an SSP recipient who wishes to authorize another individual to have access to his or her SSP record and information. The SSP recipient should complete the form and return it to: Massachusetts SSI State Supplement Program, P. O. Box 15661, Worcester MA 01615-0661. Please call SSP Customer Service at 1-877-863-1128 if there are questions about the form.

Section 1. Recipient Information:

- Recipient Name: _____
- Recipient Date of Birth: _____
- Recipient Address: _____

- Last Four (4) Digits of Recipient's SSN: _____

Section 2. Authorization for Access to My SSP Record:

- I hereby authorize the individual named below to have access to my SSP record and information. I understand that if I wish to stop this access I must call SSP Customer Service at 1-877-863-1128.
 - Name: Metropolitan Boston Housing Partnership
 - Address: 125 Lincoln Street
 - City or Town: Boston
 - State: MA
 - Telephone Number: (617) 859-0400

Section 3. SSP Recipient Signature

Signature

Date