

REQUEST FOR CONDITIONAL CAPI AFTER NATURALIZATION PENDING SSI/SSP ELIGIBILITY DETERMINATION

NAME	SOCIAL SECURITY NO.
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I understand that on the date I naturalized, I became ineligible for CAPI benefits; however, I would like to accept conditional CAPI while my Supplementary Security Income/State Supplementary Payment (SSI/SSP) eligibility is being determined.

I also understand that in order to continue to receive these benefits, I or my authorized representative, must contact (by phone, mail, or in person) the Social Security Administration (SSA) Office as soon as possible, but not more than 30 days after the date of this document, to apply for SSI/SSP, and fully comply with the SSI/SSP application and appeal process, which includes responding to any SSA requests for information and/or documents in a timely manner.

I understand that these benefits will be terminated if I become ineligible for CAPI for any reason before the SSI/SSP application and appeal process is completed, or, if at any time, I fail to fully comply with the SSI/SSP application and appeal process.

I acknowledge that I cannot receive duplicate payments and will have to repay any CAPI payments disbursed to me in any month for which I also receive any SSI/SSP payments. I also understand that if I become ineligible for CAPI before the completion of the SSI/SSP application and appeal process due to my own failure to comply with the SSI/SSP application and appeal process, I will have to repay all CAPI payments I receive after this date.

YOUR SIGNATURE	DATE
WITNESS, IF SIGNED WITH AN "X"	DATE

SIGNATURE OF AN INTERPRETER OR PERSON COMPLETING FORM ON YOUR BEHALF	DATE
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RELATIONSHIP TO APPLICANT	TELEPHONE NUMBER ()
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