

ASSISTANCE DOG SPECIAL ALLOWANCE (ADSA) APPLICATION FOR SOCIAL SECURITY DISABILITY INSURANCE (SSDI) RECIPIENTS

Department of Social Services - Office of Services to the Blind
744 P Street, MS 8-16-94, Sacramento, CA 95814
Phone: (916) 657-2628 / TTY: (916) 651-6248

PERSONAL INFORMATION

Name (First, Middle, Last)	Birthdate
----------------------------	-----------

Home address	City	Zip code
--------------	------	----------

Mailing address (if different)	Home phone	Message phone
--------------------------------	------------	---------------

()

()

Are you? Deaf/Hard of Hearing Blind/Visually Impaired
 Other disability (specify): _____

Persons residing in household (other than spouse)	Social Security Number	Medi-Cal card number (if any)
---	------------------------	-------------------------------

Current Marital Status: single married separated
 widowed divorced

Do you reside in California? Yes No

Do you have a:	Dog's name	Date acquired
----------------	------------	---------------

Guide dog Signal dog Service dog

What person or school trained the dog?

Their area code and phone number is:

()

What service does the dog provide?

RESOURCE INFORMATION

- (1) Do you or your spouse own real property other than your home? Yes No
 (If "Yes", give the information below)

Address	City	Zip code
---------	------	----------

Assessed value \$	Total amount owed on mortgage \$	Monthly payment \$
Annual taxes \$	Annual insurance \$	

How is property utilized?

Other property expenses

- (2) Do you or your spouse own motor vehicles (cars, trucks, motorcycles, boats, motorhomes)? Yes No
 (If "Yes", give the information below)

Make and Model	Year	Estimated Value	Check (✓) if used for		Modified for Disabled Persons?
			Work	Medical Transportation	

- (3) List the value of your liquid resources below:
 (Indicate if any resource is exclusively for burial expenses for your immediate family.)

	(X) if None	Enter value under owner			(X) for Burial
		Self	Spouse	Jointly	
Cash on hand and/or money kept in home		\$	\$	\$	
Checking account		\$	\$	\$	
Savings account, credit union, trust funds		\$	\$	\$	
Checks or cash in safety deposit box		\$	\$	\$	
Stocks, bonds or mutual funds, notes, mortgages, deeds		\$	\$	\$	
IRA, certificates of deposit, money market		\$	\$	\$	
Other (specify):		\$	\$	\$	

INCOME INFORMATION

List income received each month:

	(X) if None	Enter monthly amount received by:	
		Self	Spouse
Earned gross income (All sources)		\$	\$
Unearned gross income		\$	\$
Social Security Disability Insurance (attach a copy of your SSDI Certificate of Award)		\$	\$
Supplemental Security Income/State Supplementary Payment (SSI/SSP)		\$	\$
Social Security Retirement Benefits		\$	\$
State Disability/Unemployment Insurance		\$	\$
Veteran's Pension/Compensation		\$	\$
Other Government Pension or Retirement		\$	\$
Private Pension or Retirement		\$	\$
Alimony		\$	\$
Rental Income		\$	\$
Interest, dividends, royalties		\$	\$
Worker's Compensation		\$	\$
Other (specify):		\$	\$
Total:		\$	\$

Be sure you have read and understood every item and answered all the questions that apply to you. Read the following information carefully before signing.

I understand and agree that I must tell the California Department of Social Services within 10 days if there is any change in any of the information provided on this application. I agree to meet all other responsibilities explained in the ADSA 3 form, which was furnished to me with this application.

I understand and agree to provide, upon request, information or documents to prove the information I have provided here is true and correct. The State is required by law to keep this information confidential.

I understand that if I am dissatisfied with any actions taken by the California Department of Social Services, I have the right to a State Hearing.

I declare under penalty of perjury, subject to prosecution as the crime of perjury under the Penal Code, that the information given on this application is true and correct.

Signature of applicant	Date
Signature of witness (required if applicant signed by mark)	Date
Signature of person helping applicant complete form	Date
