



## DIRECT EXPRESS ACCOUNTS

I have received a monthly SS/SSI/SSDI payment totaling: \$ \_\_\_\_\_ for \_\_\_\_\_  
*Recipient Name*

I have received a monthly SS/SSI/SSDI payment totaling: \$ \_\_\_\_\_ for \_\_\_\_\_  
*Recipient Name*

I have received a monthly SS/SSI/SSDI payment totaling: \$ \_\_\_\_\_ for \_\_\_\_\_  
*Recipient Name*

I have received a monthly SS/SSI/SSDI payment totaling: \$ \_\_\_\_\_ for \_\_\_\_\_  
*Recipient Name*

I have received a monthly SS/SSI/SSDI payment totaling: \$ \_\_\_\_\_ for \_\_\_\_\_  
*Recipient Name*

Comments: \_\_\_\_\_

I attest under the perjury that the above information is true and accurate. I give permission to Tri-County Community Action Program to verified via Direct Express.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send all forms, applications and correspondence to your local County's Office**

**FOR OFFICE USE ONLY**

Social Security Direct Hot-line (Direct Express): 1-888-741-1115

*(Press 1 for English, Press 2 to access by SSN only)*

DATE RECEIVED	AMOUNT RECEIVED	RECEIVED BY
<b>1</b>	\$	
2	\$	
3	\$	
4	\$	
5	\$	