#### TEMPLATE LETTERS FOR SSI/OASDI ADVOCACY FOR CALIFORNIA FOSTER YOUTH

*This document contains template letters to request information and actions related to foster youth clients, including probation-supervised foster youth, who may be receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP); Old Age, Survivors or Disability Insurance (OASDI or RSDI) Benefits; or Disabled Adult Child (DAC) benefits or for whom you want an eligibility screening and/or benefits application to be made.*

*These templates are for use by attorneys in California, including dependency counsel, juvenile defenders, and civil legal aid attorneys, but could be used in other jurisdictions with some editing. Finally, these template letters do not account for the unique circumstances of each individual youth’s case, so advocates may need to adjust these letters not only to address their client's unique circumstances but also the tone of the approach given the case history, facts of their client’s case etc.[[1]](#footnote-1)*

*For an overview about foster youth’s rights regarding Supplemental Security Income (SSI), please see Youth Law Center’s Fact Sheet:* [*Overview of SB 187: Updates to Foster Youth’s Rights Regarding Supplemental Security Income (SSI)*](https://www.ylc.org/resource/fact-sheet-overview-of-sb-187-updates-to-foster-youth-rights-regarding-supplemental-security-income-ssi)***.*[[2]](#footnote-2)**

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# TEMPLATE 1: REQUEST TO COUNTY PLACING AGENCY TO DETERMINE IF THE YOUTH IS CURRENTLY RECEIVING BENEFITS

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Dear [County Placing Agency Administrator]

I am the court-appointed [dependency attorney/juvenile defender] for [name of young person] [DOB]. I am writing to request that you provide me with information about whether my client is currently receiving or entitled to receive any Social Security Administration benefits, and if so, whether the county placing agency is acting as my client’s representative payee for the reasons described below.

Under WIC 317(f), "[n]otwithstanding any other law, counsel [for the minor] shall be given access to *all records relevant to the case that are maintained by state or local public agencies*. All information requested from a child protective agency regarding a child who is in protective custody, …shall be provided to the child’s counsel within 30 days of the request." Additionally, Cal. Rule of Court, Rule 5.546(a) (Prehearing Discovery) provides that "(a) General purpose: This rule must be liberally construed in favor of informal disclosures, subject to the right of a party to show privilege or other good cause not to disclose specific material or information." Finally, I should receive access to this information because as the youth’s court-appointed attorney, I have a right to review and request copies of all records contained in my client’s juvenile case file under Welf. & Inst. Code Section 827 and Cal. Rule of Court 5.552.[[3]](#footnote-3)

Information regarding my client’s care and maintenance, including whether my client is receiving or entitled to receive a Social Security Administration benefit, and whether the county placing agency is the representative payee, are all relevant to my client’s case and overall well-being. I ask that you respond within 7 days.

Sincerely,

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# TEMPLATE 2: REQUEST FOR INFORMATION FROM THE SOCIAL SECURITY ADMINISTRATION

[Find the local SSA office here: <https://www.ssa.gov/locator/> ]

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To whom it may concern:

I have been appointed as the attorney for the foster youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the juvenile [dependency/delinquency] court in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ county in California. I have attached my court order of appointment. I am writing to ask that you provide me with the following information and records (as applicable):

* Whether my client has been approved to receive any of the following benefits: Supplemental Security Income/State Supplementary Payment (SSI/SSP); Old Age, Survivors or Disability Insurance (OASDI or RSDI); or Disabled Adult Child.
* If approved, whether the benefit is currently in-pay.
* The monthly amount of benefits the youth is being paid.
* The name of the representative payee if my client is receiving any benefits or funds from the Social Security Administration.

[For nonminor dependents: I have included a signed [SSA-3288](https://www.ssa.gov/forms/ssa-3288.pdf): Consent for Release of Information signed by my client for the information I am requesting.]

Sincerely,

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# TEMPLATE 3: REQUEST TO THE COUNTY PLACING AGENCY TO MEET TO IDENTIFY AN APPROPRIATE REPRESENTATIVE PAYEE

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Dear [County Placing Agency Administrator]:

I am writing to request that you convene a child and family team meeting to discuss identifying an appropriate representative payee for my client, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is receiving [TYPE OF BENEFIT HERE]. As you know, the county placing agency is the least preferred representative payee for a child in its care. Instead, it is preferred that a parent, relative, or caring adult serve as the payee even if that adult does not have custody of the child. *See* 20 CFR 404.2021 and 20 CFR 416.621; SSA POMS GN 00502.105 Preferred Representative Payee Order of Selection Charts*.* Additionally, a youth may be able to serve as their own payee. *See* 20 CFR 404.2001 and 20 CFR 416.601 and Welf. & Inst. Code Section 13754.

I believe my client’s best interests will be served by meeting to discuss all available options in order to identify the most appropriate payee, [including assessing whether my client can be their own payee]. Please note, once an appropriate representative payee has been identified, the county placing agency is required to assist the identified person in requesting a change of payee to the Social Security Administration. Welf. & Inst. Code Section 13754(c)(1).

Please let me know the date and time for the child and family team meeting.

Sincerely,

# TEMPLATE 4: REQUEST TO COUNTY PLACING AGENCY TO SCREEN THE YOUTH FOR ELIGIBILITY FOR SUPPLEMENTAL SECURITY INCOME (SSI)

Dear [County Placing Agency Administrator]:

I have been appointed as the attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am writing to request that you screen my client for potential eligibility for Supplemental Security Income as required by Welfare and Institutions Code Section 13757. I am making this request because I think my client may have a qualifying disability [include additional details here].

The county placing agency is required to screen youth who are in foster care under the supervision of the county placing agency between the ages of 16 to 17 under Welf. & Inst. Code Section 13757, but that does not preclude the county from screening youth earlier than age 16. I believe a screening for SSI eligibility, and an application if my client screens as likely to be eligible for SSI, will further the well-being of my client and is necessary to meet their needs.

[If client is a nonminor dependent: include the following information as applicable:

The county is required to screen my NMD client for SSI under WIC 13757(a)(3) because (choose whichever apply):

* The nonminor dependent was not screened before the youth’s 18th birthday as required in WIC 13757(a)(2).
* The nonminor dependent has had a change of circumstance, including a medical condition that is expected to last more than one year.
* The nonminor dependent has been approved for regional center services since the last screening.
* The nonminor dependent, their court-appointed attorney, or a member of their child and family team requests screening.
* The juvenile court orders the county to screen the nonminor dependent.
* The county determines the screening is appropriate based on the nonminor dependent having a physical or mental impairment that limits their ability to work.]

Please let me know the steps you will take in response to my request.

Sincerely,

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# TEMPLATE 5: REQUEST TO THE COUNTY PLACING AGENCY TO APPLY FOR SOCIAL SECURITY BENEFITS ON BEHALF OF YOUTH

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Dear [County Placing Agency Administrator]:

I have been appointed as the attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am writing to request that you apply for [Include what is appropriate: Supplemental Security Income/State Supplementary Payment (SSI/SSP); Old Age, Survivors or Disability Insurance (OASDI or RSDI); or Disabled Adult Child benefits] on behalf of my client. I am making this request because [depending on the circumstance: because I think my client may have a disability, my client screened as likely to be eligible for SSI, or I think a parent of my client is deceased or disabled].

I believe an application for benefits will further the well-being of my client and is necessary to meet their needs. [For NMD clients: my client has consented to an application being filed on their behalf].

Please let me know the next steps you are able to take in response to my request.

Sincerely,

# TEMPLATE 6: REQUEST TO THE COUNTY PLACING AGENCY FOR INFORMATION ABOUT STATUS OF SOCIAL SECURITY ADMINISTRATION BENEFITS APPLICATION AND/OR APPEAL

Dear [County Placing Agency Administrator]:

I am the court-appointed attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that an application for [Include what is appropriate: Supplemental Security Income/State Supplementary Payment (SSI/SSP); Old Age, Survivors or Disability Insurance (OASDI or RSDI); or Disabled Adult Child benefits] has been submitted to the Social Security Administration (SSA) on behalf of my client. I am writing to request the following information:

* The name and contact information for my client’s authorized representative[[4]](#footnote-4)
* The current status[[5]](#footnote-5) of the application and/or appeal regarding this application, and
* Any deadlines for any appeals/requests for reconsideration, hearings, or upcoming assessments (as applicable).

As authorized representative, the county placing agency or its designee is required to adhere to the Social Security Administration rules regarding authorized representatives, including notifying the youth of any denials or terminations of aid and assisting the youth with timely requesting an appeal, as needed. (*See* 20 CFR Section 416.1540 and Welf. & Inst. Code Section 13757(d)).

Please reply with your estimated time frame for providing me with this information.

Sincerely,

# TEMPLATE 7: REQUEST TO THE COUNTY PLACING AGENCY TO FILE AN APPEAL, OR CAUSE AN APPEAL TO BE FILED

Dear [County Placing Agency Administrator]:

I am the court-appointed attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that my client’s application for [Include what is appropriate: Supplemental Security Income/State Supplementary Payment (SSI/SSP); Old Age, Survivors or Disability Insurance (OASDI or RSDI); or Disabled Adult Child benefits] was denied [on date (if known)]. As authorized representative, the county placing agency or its designee is required to adhere to the Social Security Administration rules regarding authorized representatives, including notifying the youth of any denials or terminations of aid and assisting the youth with timely requesting an appeal, as needed. (*See* 20 CFR Section 416.1540 and Welf. & Inst. Code Section 13757(d)).

I am writing to request information about the deadline for appeal and to further request that the county placing agency file, or cause to be filed, a request for reconsideration with the federal Social Security Administration as required by Welf. & Inst. Code Section 13757(c). As a reminder, Welf. & Inst. Code Section 13757(c) also requires that if the request for reconsideration is denied, then the county shall subsequently file an appeal to the federal Social Security Administration and, if necessary, file an appeal to the Appeals Council of the federal Social Security Administration.

However, if the county placing agency has concluded that it does not possess the requisite information and/or records to support an appeal after making all reasonable efforts to acquire such evidence, I request a written description of all sources and information consulted, as well as any and all reasonable efforts taken, and any related information documented in my client’s case plan, that the county relied upon in reaching its conclusion. (Welf. & Inst. Code Section 13757(c)).

Please reply with your estimated time frame for providing me with this information.

Sincerely,

# TEMPLATE 8: REQUEST TO THE COUNTY PLACING AGENCY FOR INFORMATION ABOUT STATUS OF AGE-18 REDETERMINATION

Dear [County Placing Agency Administrator]:

I am the court-appointed attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that my client is currently undergoing an Age-18 Redetermination with the Social Security Administration to establish continuing SSI eligibility as an adult. The county placing agency is required to assist my nonminor dependent client in taking the necessary steps to establish continuing disability as an adult. (Welf. & Inst. Code Section 13754(c)(1)(B)). I am writing to request the following information:

* The name and contact information for my client’s authorized representative
* The current status[[6]](#footnote-6) of the Age-18 Redetermination and/or appeal regarding the Age-18 Redetermination, and
* The deadlines for any appeals/requests for reconsideration, hearings, or upcoming assessments (as applicable).

As authorized representative, the county placing agency or its designee is required to adhere to the Social Security Administration rules regarding authorized representatives, including notifying the youth of any denials or terminations of aid and assisting the youth with timely requesting an appeal, as needed. (*See* 20 CFR Section 416.1540 and Welf. & Inst. Code Section 13757(d)).

Additionally, I’m requesting information about whether the county placing agency has helped my client document any qualifying program participation or update my client’s Individualized Education Plan (IEP) or Rehabilitation Act Plan to establish Section 301 status (*see* 20 CFR § 404.327, 20 CFR § 416.1338 and POMS DI 14505.010) if my client is found ineligible for SSI after the Age-18 Redetermination.

Please provide me with a time frame when you will be able to provide me with this information.

Sincerely,

# TEMPLATE 9: REQUEST TO THE COUNTY PLACING AGENCY FOR ACCOUNTING OF USE OF FUNDS IF THE AGENCY IS THE PAYEE

Dear [County Placing Agency Administrator]:

I am the court-appointed attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that my client is receiving [Include what is appropriate: Supplemental Security Income/State Supplementary Payment (SSI/SSP); Old Age, Survivors or Disability Insurance (OASDI or RSDI); or Disabled Adult Child benefits] and that the county placing agency is acting as my client's representative payee. I am writing to ask for an accounting of my client’s benefits. These benefits are to be used in my client’s best interest, including conserving funds to support transition and future planning.

I would like to review an accounting of your use of funds, including receiving any records related to accounting. As representative payee, the county placing agency is required to keep an itemized individual accounting for each youth for whom it serves as a representative payee. *See* Welf. & Inst. Code Section 13754 and 20 CFR 404.2065 and 20 CFR 416.665.

Please provide me with a time frame when you will be able to provide me with an accounting.

Sincerely,

# TEMPLATE 10: REQUEST TO COUNTY PLACING AGENCY TO REFER THE YOUTH’S CASE TO AN ADVOCATE FOR SOCIAL SECURITY BENEFITS ADVOCACY

Dear [County Placing Agency Administrator]:

I am the court-appointed attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I believe that my client would benefit from having additional legal representation and advocacy to [Insert what is appropriate: screen for eligibility for SSI, file an application for SSI, request reconsideration, appeal an adverse determination etc.]. I believe that legal representation and advocacy before the Social Security Administration will further the well-being of my client and is needed to ensure that they are approved for the appropriate benefits. Therefore, I am writing to request that a referral be made to the county’s contracted legal services provider for such assistance.

[Include for NMD clients] The county shall provide information to the nonminor dependent on how to access any known legal representation and advocacy organizations or entities for further assistance and, if the nonminor dependent requests to obtain an SSI advocate, shall assist the nonminor dependent in communicating and coordinating with that SSI advocate. Welf. & Inst. Code Section 13754(c)(1)(B).

Please provide me with a time frame when you will be able to refer my client’s case for legal advocacy before the Social Security Administration [add for NMD clients: and provide my client and me information about how to access legal representation and advocacy].

Sincerely,

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# TEMPLATE 11: REQUEST TO THE SOCIAL SECURITY ADMINISTRATION FOR ACCOUNTING OF USE OF FUNDS IF THE COUNTY PLACING AGENCY IS THE PAYEE

[Find the local SSA office here: <https://www.ssa.gov/locator/>]

To the Information Officer:

I have been appointed as the attorney for the foster youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the juvenile court in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ county in California. I have attached my court order of appointment. My client is eligible to receive/receiving [Include what is appropriate: Supplemental Security Income/State Supplementary Payment (SSI/SSP); Old Age, Survivors or Disability Insurance (OASDI or RSDI); or Disabled Adult Child benefits]. The county placing agency is acting as my client's representative payee.

I am writing to ask for an accounting of my client’s benefits consistent with the annual reports referenced in 20 CFR 404.2065 and 20 CFR 416.665.

[For nonminor dependents: I have included a signed [SSA-3288](https://www.ssa.gov/forms/ssa-3288.pdf): Consent for Release of Information signed by my client for the information I am requesting.]

Please respond to me by [DATE] to let me know the time frame in which you are able to provide the requested accounting.

Sincerely,

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# TEMPLATE 12: REQUEST TO THE COUNTY PLACING AGENCY TO CONSERVE FUNDS FOR A SPECIFIC PURPOSE

Dear [County Placing Agency Administrator]:

I am the attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My client is receiving [Include what is appropriate: Supplemental Security Income/State Supplementary Payment (SSI/SSP); Old Age, Survivors or Disability Insurance (OASDI or RSDI); or Disabled Adult Child benefits] and that the county placing agency is acting as my client's representative payee.

I am writing to request that you convene a child and family team meeting to discuss conserving [include the monthly amount you are requesting] of my client’s benefits for the following purpose(s):

[Describe the expense and the connection with the disability or general needs of the child. Examples include:

* Funds for activities that are skill-building or help with healing (hobbies, enrichment activities)
* Equipment or supplies
* Conserving funds to plan for emancipation needs like housing and other basic or special needs][[7]](#footnote-7)

My client’s benefits should be used to meet their best interests and needs and can be conserved when appropriate to meet these needs. 20 CFR 404.2040 and 20 CFR 416.640 (use of benefits) & 20 CFR 404.2045 and 20 CFR 416.645 (conservation and investment of benefits). I believe that my request is consistent with the law and will improve my client’s well-being and ability to achieve the goals of their permanency and transition plans.

Please let me know the date and time for the child and family team meeting.

Sincerely,

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# TEMPLATE 13: REQUEST TO ASSIST THE YOUTH IN OPENING AN ABLE ACCOUNT

Dear [County Placing Agency Administrator]:

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I am the attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that my client is receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP) and that the county placing agency is acting as my client's representative payee. I am writing to request that you assist my client in opening an ABLE account and commence depositing the funds from their SSI benefits in that ABLE account. [For NMDs: my client is aware of this request and consents to the plan to open an ABLE account.] I believe that opening an ABLE account will be in my client’s best interests and will support their successful transition to adulthood.

CalABLE accounts are administered by the California State Treasury. Information about opening accounts can be found here: <https://www.calable.ca.gov/>. Please let me know by [DATE] if you will move forward with opening an ABLE account for my client and direct their SSI payments to that account.

Sincerely,

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1. We have included footnotes in some of these template letters with additional information or guidance. Footnotes that begin “Note for advocates” **should be deleted** in your final letter(s). The remaining footnotes provide clarifications that may be helpful to the letter recipients (e.g. the County Placing Agency or Social Security Administration). [↑](#footnote-ref-1)
2. Note for advocates: [Senate Bill (SB) 187 (Chapter 50, Statutes of 2022)](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB187) amends and adds new procedures for the screening, application, appeal processes, age-18 redeterminations, and payee selection for Supplemental Security Income (SSI) benefits for foster youth and nonminor dependents (NMDs). These changes are codified at Welf. & Inst. Code Sections 13753, 13754 & 13757. SB 187, by its own provisions, would become effective on January 1, 2023 or 30 days after the California Department of Social Services (CDSS) issued appropriate guidance (whichever was later). CDSS published [All-County Letter (ACL) 23-28](https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2023/23-28.pdf?ver=2023-03-30-143738-443) on March 22, 2023; therefore, SB 187 becomes effective on April 21, 2023. The citations in these advocacy letters are based on the updated code provisions. [↑](#footnote-ref-2)
3. Note for advocates: the language and citations in this paragraph can be utilized in any of the template letters addressed to the County Placing Agency (as appropriate/applicable). Use of the full paragraph would be appropriate for dependency attorneys. Juvenile defenders may only want to use the final sentence rather than the full paragraph depending on the nature of their appointment (e.g. whether they’re representing the youth as a transition dependent or as a delinquent). [↑](#footnote-ref-3)
4. An Authorized Representative represents and provides competent assistance to the claimant in their claim and/or asserts their right under any Social Security Administration Program and would be appointed using an [SSA-1696](https://www.ssa.gov/forms/ssa-1696.pdf) (Claimant's Appointment of a Representative) form. This is different from a Representative Payee who is appointed on behalf of a beneficiary who can’t manage or direct the management of their own benefits. The duties of a representative payee are to use the benefits to pay for the current and future needs of the beneficiary, properly save any benefits not needed to meet current needs, and keep records of expenses. A payee is appointed using an SSA-11 (Request to Be Selected as Payee) form. [↑](#footnote-ref-4)
5. For purposes of this request, current status means the date and a description of the most recent actions taken on the case. For example: application submitted on XX date, submitted medical records to Disability Determination Services (DDS) on XX date, received denial notice on XX date, etc. [↑](#footnote-ref-5)
6. For purposes of this request, current status means the date and a description of the most recent actions taken on the case. For example: received notice on XX date that an Age-18 Redetermination has begun, sent medical and school records to Social Security on XX date etc. [↑](#footnote-ref-6)
7. Note for advocates: if you are conserving funds, you do not want to conserve more than $2000 to avoid risking SSI eligibility. However, if the funds are in a protected account, like an ABLE Account, or a trust, this limit does not apply. [↑](#footnote-ref-7)