

# DDSD PENDING INFORMATION UPDATE

## COUNTY WELFARE DEPARTMENT ADDRESS

### DDSD ADDRESS

DDSD-Los Angeles State Programs

P.O. Box 992

El Segundo, CA 90245-0992

County Number	Aid Code	Case Number
—	—	—

Social Security Number on MC 221 \_\_\_\_\_

Applicant's Name (Last, First, MI) \_\_\_\_\_

Date of Birth \_\_\_\_\_

**THIS FORM MUST BE USED WHEN A DISABILITY PACKET IS PENDING AT DDSD AND CHANGED/ADDITIONAL INFORMATION NEEDS TO BE SUBMITTED TO DDSD (DO NOT USE MC 221 TO REPORT CHANGES OR TO UPDATE INFORMATION.).**

**Check the appropriate box or boxes and complete the information.**

1.  CHANGE OF ADDRESS  
 New address: \_\_\_\_\_

2.  CHANGE OF TELEPHONE NUMBER  
 New telephone number: (        ) \_\_\_\_\_

3.  CHANGE OF SOCIAL SECURITY NUMBER  
 Corrected number: \_\_\_\_\_

4.  CASE CLOSED  
 Date: \_\_\_\_\_ (Discontinue evaluation)

5.  CLIENT DECEASED  
 Death certificate attached  Yes  No

6.  NON-ENGLISH SPEAKING  
 Language spoken: \_\_\_\_\_  
 Interpreter name: \_\_\_\_\_ Phone number: (        ) \_\_\_\_\_

7.  UPDATED MEDICAL RECORDS ATTACHED

8.  CHANGE OF COUNTY WORKER (See below)

9.  OTHER \_\_\_\_\_

Worker name (Please print)

Worker number

Date

Telephone number  
(        )