

OMB 0960-0629

**Benefits Planning, Assistance, and Outreach
Benefit Specialist Form**

1. Site ID: _____

2. Identifying information:

Last Name: _____ First Name: _____ MI: _____

Title: _____

3. Date Benefit Specialist began providing services (MM/DD/YY): ____/____/____

4. Contact Information:

Email: _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

Street Address (it is presumed that the city and state are the same as the Site):

Zip Code: _____ - _____

Benefit Specialist ID: This identifier is assigned when the benefit specialist information is entered, and is required to review or enter beneficiary/recipient information.

Write it down here when the computer gives it to you: _____