

SECTION 599 – PENDING DOCUMENTS ADVISORY

Date: _____
Claimant/Customer Name: _____
SSN: _____

The following documentation must be submitted within **14 days** for your 599 application to be considered complete:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Due Date: _____

Failure to meet this deadline can impact the amount of additional benefits for which you may be eligible.

CERTIFICATION:

I, _____ have agreed to provide a copy of all required documents by the due date listed above. If I am not able to provide the documents before my deadline, I will contact my One-Stop Center to advise my representative of the reason for missing my deadline.

Claimant/Customer
Signature: _____ Date: _____

One Stop
Representative's
Signature: _____ Date: _____