



2018 Acknowledgment

Title II/Medicare and SSI/Medicaid

I hereby acknowledge that I have received information to find *Title II Benefits: SSDI (Disability Insurance), CDB (Childhood Disability Benefits) and Medicare 2018 and Supplemental Security Income and Medicaid 2018* at www.ssa.gov. I understand that while the Employment Support Agency (SKCAC) may offer basic assistance or information regarding my benefits, the Agency is not responsible for managing my Title II and Medicare or Supplemental Security Income and Medicaid benefits.

Name of participant: _____

2018 SSDI Amount: \$_____/month

2018 SSI Amount: \$_____/month

Participant Signature: _____

Printed name: _____

Date: _____

Guardian/Client Representative Signature: _____

Printed name: _____

Relationship: _____

Date: _____

Additional comments: