

SOCIAL SECURITY ADMINISTRATION  
NOTICE OF DECISION – SUPPLEMENTAL SECURITY INCOME (SSI)

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Claim Number: XXX-XX-4821  
Date: February 10, 2026

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Dear [Applicant Name],

We have made a decision on your application for Supplemental Security Income (SSI) benefits filed on November 14, 2025.

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**OUR DECISION**

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We have determined that you are ELIGIBLE for SSI benefits. Your benefits will begin on March 1, 2026.

**YOUR MONTHLY BENEFIT AMOUNT: \$943.00**

This amount is based on the 2026 Federal Benefit Rate (FBR) of \$943.00 for an individual, minus any applicable deductions for countable income.

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**HOW WE CALCULATED YOUR BENEFIT**

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Federal Benefit Rate (2026):	\$943.00
Less: Countable Earned Income	-\$ 0.00
Less: Countable Unearned Income	-\$ 0.00
Less: In-Kind Support and Maintenance (ISM)	-\$ 0.00
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YOUR MONTHLY SSI PAYMENT:	\$943.00

**PAYMENT INFORMATION**

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Your SSI payments will be deposited directly into your bank account on the 1st of each month. If the 1st falls on a weekend or federal holiday, payment will be made on the preceding business day.

If you do not have a bank account, you may be eligible for a Direct Express Debit MasterCard. Call 1-800-333-1795 to enroll.

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**YOUR RESPONSIBILITIES – WHAT YOU MUST REPORT**

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You **MUST** report the following changes to SSA within 10 days of the month in which they occur. Failure to report may result in overpayments that you will be required to repay, and may result in penalties or suspension of benefits.

Report immediately if:

- You start working or your earnings change
- You get married, separated, or divorced
- Someone moves into or out of your household
- Your living situation changes (you move, enter a nursing home, etc.)
- You receive any other income (gifts, inheritance, lottery, etc.)
- Your resources (savings, property) exceed \$2,000 (individual) or \$3,000 (couple)

- You leave the United States for 30 or more consecutive days
- Your immigration status changes
- You are incarcerated (in jail or prison)
- Your medical condition improves

HOW TO REPORT: Call 1-800-772-1213 (TTY: 1-800-325-0778)  
Visit your local SSA office  
Online at: [ssa.gov/myaccount](http://ssa.gov/myaccount)

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#### YOUR RIGHT TO APPEAL

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If you disagree with any part of this decision (such as the benefit amount), you have the right to appeal. You must request an appeal within 60 days of receiving this notice (we assume you received it 5 days after the date above).

Appeal options (in order):

1. Reconsideration – A different SSA employee reviews your case
2. Hearing by an Administrative Law Judge (ALJ)
3. Review by the Appeals Council
4. Federal Court Review

To appeal, complete Form SSA-561 (Request for Reconsideration) at any SSA office or online at [ssa.gov/appeals](http://ssa.gov/appeals). You may also request a hearing in person.

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Social Security Administration

Toll-Free: 1-800-772-1213 | TTY: 1-800-325-0778  
Hours: Mon-Fri, 8 AM-7 PM | Website: [ssa.gov](http://ssa.gov)