



OFFICE OF  
**CONGRESSMAN STEVE WOMACK**  
 3<sup>RD</sup> DISTRICT OF ARKANSAS  
 3333 Pinnacle Hills Parkway, Suite 120  
 Rogers, Arkansas 72758  
 479-464-0446 (voice) 479-464-0063 (fax)  
**www.womack.house.gov**

**Social Security, Medicare & General Authorization Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSA#: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Would you like to receive Congressman Womack's weekly email newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please check all that apply:**

My issue is with Social Security: Disability \_\_\_\_\_ Supplemental Security Income (SSI) \_\_\_\_\_  
 Retirement \_\_\_\_\_ Other: \_\_\_\_\_

My issue is with Medicare Part: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ Other \_\_\_\_\_

Where did you first file your claim \_\_\_\_\_ Date \_\_\_\_\_

Where is your claim now:

1. \_\_\_ **Initial**, waiting first decision by Disability Determination Services (DDS)
2. \_\_\_ **Reconsideration**, initial claim was denied: appealed and waiting second decision by DDS
3. \_\_\_ **Hearing**, claim was denied twice and waiting for hearing before Administrative Law Judge
4. \_\_\_ **Appeals Council**, claim was denied three times; waiting for review by Appeals Council
5. \_\_\_ Other: Please describe \_\_\_\_\_

Briefly describe the issue

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Steve Womack or a member of his staff to make the appropriate inquiry about this issue, on my behalf, without any time or date limitations.

Signature \_\_\_\_\_ Date \_\_\_\_\_