



AFC SSA CHANGE OF ADDRESS

DATE: _____

Social Security Administration

51 Mirtkle Street

Worcester, MA 01609

Please be Informed that: _____

Social Security Number: _____

Date of Birth: _____

Is now enrolled in the Adult Foster Care Program and is required to contribute to their room and board in the amount of at least \$20 per day.

His/ Her new and current address is:

If any further information is required, please let us know.

Sincerely,

Top Aid Healthcare INC

Member Signature: _____ Date: _____