

## CARETAKER LETTER for Applicant of Any Age from Social Security Representative Payee (Organization)

To IDNYC Program:		
I write on behalf of	tory of this letter, I wanderstand that in er from the Social	addition to this letter, the Security Administration
Name of Organization		
Address: Number and Street	City, Borough	Zip Code
According to our records the applicant li	ves at the followin	ng address:
Number and Street	City	Zip Code
I authorize the following employee to repapplicant at the IDNYC enrollment center	•	zation and accompany the
Name and Title of Employee [Employee must bring	ng 3 points of identity of	documents, including a Photo ID]
Thank you,		
Signature of Executive Level official		Print Name
Title		/ / e signed (mm/dd/yyyy)
		formation in this latter

\* This letter must be submitted at an IDNYC Enrollment Center **no more than 60 days** after the date signed.