

TO WHOM IT MAY CONCERN:

The Social Security Office in ____ (city, state) _____ has issued the attached check on this ____ day of _____ 2005. This check has been issued out of the local office due to the fact that this individual is from the area that has been affected by Hurricane Katrina.

____ (insert name) _____ is due the check because he/she is entitled to _____ monthly Social Security and/or Supplemental Security Income payments.

Please cash the check for this individual so that he/she can meet their living needs during this very difficult time.

If you have questions, or need to verify the check, please call ____ (contact name and telephone number, including extension) _____.

Thank you for your kindness in assisting these individuals.

Sincerely,

District Manger name
City, State