



Massachusetts Department of Transitional Assistance

Request for Quarters of Coverage (QC)
History Based on Relationship Form

To: Social Security Administration

Date of Request _____

Complete the information below when requesting Quarters of Coverage (QC) history for spouse(s) or parent(s) of a lawfully admitted noncitizen applicant.

Mail the form to the Social Security Administration (SSA), PO Box 33015, Baltimore, MD 21290-3015.

Print Last Name _____ First _____ M.I. _____

Social Security Number _____ Date of Birth _____

Relationship to Applicant _____

NOTE: COMPLETE THE YEAR COLUMN AND CIRCLE THE PERTINENT QUARTER(S) FOR THE YEAR. SSA WILL PROVIDE INFORMATION ONLY FOR YEARS AND QUARTERS YOU INDICATE.

Table with 10 columns: YEAR, 1ST Q, 2ND Q, 3RD Q, 4TH Q, YEAR, 1ST Q, 2ND Q, 3RD Q, 4TH Q. Includes 'QC PATTERN' labels above the second and seventh columns.

From: _____
Transitional Assistance Office

Print Case Manager Name _____ Case Manager Signature _____ Area Code - Telephone Number _____

Supervisor Signature _____ Date _____

Noncitizen's Name _____ Noncitizen's SSN _____

This institution is an equal opportunity provider.