

REFERRAL FOR SOCIAL SECURITY NUMBER APPLICATIONS

SSN-1
07-12

DCF Office and Address _____	Case Name _____
_____	Case No. _____
_____	Worker's Name _____
_____	Worker's Phone No. _____
_____	Date Completed _____

SOCIAL SECURITY NUMBER APPLICATIONS MUST BE MADE FOR THE FOLLOWING PEOPLE:

Name _____	ID No. <u>17</u>

INSTRUCTIONS ON HOW TO APPLY FOR SOCIAL SECURITY NUMBERS

You must apply for a Social Security Number for the person(s) listed above no later than _____

You must get verification that you have applied by taking this form with you to your local Social Security office. You must bring proof of age and proof of identity for each person listed. If you were born outside the U.S., you must also bring proof of U.S. citizenship or alien status.

Proof of Age: An official birth certificate is always the preferred document. Hospital birth certificates and baptismal certificates are acceptable. If those documents are not available, Social Security may accept other documents that show the date of birth.

Proof of Citizenship/Alien Status: If you were born outside the U.S., you must have proof of citizenship or lawful alien status.

Proof of Identity: A second document is required for all persons to establish identity. Examples of proof of identity would be a driver's license, insurance policy, or draft card. For children of school age, a school report card or school record may be acceptable. For younger children, medical records may be used. **A birth certificate cannot be used as proof of identity.**

Note: If you are applying for a Social Security number for an individual under age 18 or who is mentally incapable, you will need evidence of your identity as well as evidence of age, identity, and U.S. citizenship of the individual.

Remember, you must take this form to your local Social Security office when you apply for the number(s).

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TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION**

Name(s) of Person(s) Needing SSN _____	Completed Application?
_____	Yes _____ No _____

Comments _____

Signature of Social Security Official _____

Date _____ Telephone _____

Original-SSA; Copy-File.