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Office of the Secretary 555 S. Kansas Ave., 6th Floor Topeka, KS 66603

Economic and Employment Services Division (EES)

Laura Howard, Secretary

Laura Kelly, Governor

				Date of Request:	
То:	Social Secur	rity Administra	ation		
-		•	e for the following programs ations 30-4-55 (check all that		ng to 7 CFR § 273.6(b)(2)(i)-(ii) and :
		Temporary	Assistance for Needy Famil	ies (TAI	NF)
		Food Assis	tance (SNAP)		
		Child Care	Assistance		
receipt If SSA	/acknowledgo is unable to	ement of the reassign an SSN	equest for our tracking purport, please provide the alien wi	oses.	pply the SSN applicant with a -L676 Refusal Notice which clearly s
	t Name	to assign an S	Date of Birth		Client Identification Number
			But of Birth		
Please	call 888-369	-4777 if any fo	urther information is needed		
Sincere	ely,				
(Signature of DCF Designee)					(Date)
Name o	of DCF Desig	gnee: Click or	tap here to enter text.		
Phone	Number: Cli	ck or tap here	to enter text.		