Date of Request: Click or tap to enter a date.

To: Social Security Administration

The person listed below is eligible for the following programs according to 7 CFR § 273.6(b)(2)(i)-(ii) and (3) and Kansas Administrative Regulations 30-4-55 (check all that apply):

Temporary Assistance for Needy Families (TANF)

Food Assistance (SNAP)

Child Care Assistance

All program requirements are met except for having a Social Security Number. This letter is written to comply with the documentation described in Social Security POMS RM 10211.600, “Request for an SSN from an Alien without Work Authorization”. Please issue a non-work number and supply the SSN applicant with a receipt/acknowledgement of the request for our tracking purposes.

If SSA is unable to assign an SSN, please provide the alien with an SS-L676 Refusal Notice which clearly states why SSA is unable to assign an SSN.

|  |  |  |
| --- | --- | --- |
| Client Name | Date of Birth | Client Identification Number |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |

Please call 888-369-4777 if any further information is needed.

Sincerely,

Click or tap to enter a date.

(Signature of DCF Designee) (Date)

Name of DCF Designee: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Economic and Employment Services Division (EES)