COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

OFFICE OF INCOME MAINTENANCE

## REFERRAL TO THE **SOCIAL SECURITY ADMINISTRATION**

Dear SSA Worker:

We are referring this individual to your office to apply for or verify a Social Security Number for the client named. When the requested action has been taken, please sign and date this form and give it to the client for return to the county assistance office.

EALTH OF PENNSYLVANIA NT OF HUMAN SERVICES OF INCOME MAINTENANCE ERRAL TO THE	RETURN TO CAO BY
AL SECURITY	
INISTRATION	CLIENT'S NAME:
\ Worker:	CLIENT'S SSN, IF APPLICABLE:
eferring this individual to your office or or verify a Social Security Number ent named. When the requested is been taken, please sign and date this give it to the client for return to the sistance office.	NPN: 3 9 State Code Co code Dist code 7 Digit Record # Line #
TO APPLY FOR A SOCIAL SECURITY N	UMBER
Applicant indicates no previously a alien status has been discussed with the a	ssigned number. Evidence of age, identity and citizenship or oplicant.
TO VERIFY A PREVIOUSLY ASSIGNED	SOCIAL SECURITY NUMBER
Client has an SSN but cannot remember the number. Client has more than one number. Please provide the correct number. Client reports a name change from name on card.  Other	Existing number cannot be posted to our database or validated by SSA due to one or more of the following mismatches:    FIRST NAME
Evidence of identity has been discussed w provide you with the needed verification.	vith the applicant. The applicant has been advised to
TO BE COMPLETED BY THE	SOCIAL SECURITY ADMINISTRATION
rep	Branch
	Telephone Number
ON TAKEN:	
Application for a new SSN  Application for a Replacement	Application Not Processed (See individual's letter of explanation)
(Duplicate or Corrected) Card	Other

cannot remember the number. Client has more than one number.		or validated by SSA d following mismatches:	
Please provide the correct number.		FIRST NAME	SEX
Client reports a name change from name on card.		LAST NAME	BIRTH _
nom name on oard.		SSN	
Other			
Evidence of identity has been discussed provide you with the needed verification.			
TO BE COMPLETED BY TH	<u>E SOCIAL SECL</u>	<u>IRITY ADMINISTRA</u>	ATION
SSA rep	Br	anch	
SIGNATURE			
Date	Te	elephone Number	
ACTION TAKEN:			
Application for a new SSN	Application No	ot Processed Il's letter of explanation)	
Application for a Replacement (Duplicate or Corrected) Card	Other	13 letter of explanation)	
COMMENTS:			
COUNTY ASSISTANCE OFFICE NAME	COUNT	Y ASSISTANCE OFFICE SIGNATURE	
COUNTY ASSISTANCE OFFICE ADDRESS	TELEPH	ONE NUMBER	
DATE			
D.II.E			PA 1564 10/16

## PROOFS NEEDED TO APPLY FOR A SOCIAL SECURITY NUMBER

YOU MUST SHOW THE SOCIAL SECURITY OFFICE THE ORIGINAL DOCUMENT OR A CERTIFIED COPY.

If you are applying for a child, you also need to show proof of <u>your</u> identity.

For a United States citizen - born in the U.S.: You need one proof for age and one proof for identity.

PROOFS	OF AGE:
	Client birth record
	Church record of birth or baptism showing age or date of birth, if issued before age five
	Certified notice of birth registration, if issued before age five
	Birth certificate as a result of adoption, if issued before age five
	Hospital certification of birth
	An official document that is at least one year old and shows the applicant's name and date of birth or age.
PROOFS	OF IDENTITY:
	Driver's license
	State identity card
	Court order for name change
	School record or school identification card
	Marriage record
	Divorce Decree
	Work badge or building pass
	Draft card for military ID
	U.S. passport or U.S. ID card
	Military discharge papers or draft record
	Any documents with applicant's name and picture or signature
	Insurance policy or Health Insurance Card
	Adoption records
	Clinic, doctor or hospital records
	Church membership or confirmation record (if not used as evidence of age)
For a U.S. citizer	a - born overseas: In addition to proof of age and identity, you need proof of citizenship.
	Consular report of birth
	Foreign Birth Certificate <u>and</u> U.S. Citizen ID card, U.S. Passport, Certificate of Citizenship or Naturalization ssued by Immigration and Naturalization Service (INS)
For a person wh	o is not a U.S. citizen: Provide a Birth Certificate or Passport and one of the following:
]	Documents from Immigration and Naturalization Service
	Alien Registration Receipt Card (I-151 or I-551)
	Form I-94 Departure Record