

COUNTY ASSISTANCE OFFICE NAME

DATE

COUNTY ASSISTANCE OFFICE ADDRESS

NPN:

RETURN TO CAO BY								
3 9								
State Code	Co code	Dist code	7 Digit Record # Lin	ne#				

it

## REFERRAL TO THE SOCIAL SECURITY ADMINISTRATION

TO APPLY FOR A			SSN (if a	pplicable):
_	Lawful Permane	nt Resident ap	pplicant indicates r	no previously assigned number. Evidence of t.
status has been dis and must be issued 45 CFR § 205.52,	vidual indicates r scussed with the d an SSN in orde 42 CFR § 435.91	no previously a individual. The r to maintain e 0, 42 CFR § 4	assigned number. e individual named ligibility for public 35.920, 42 CFR §	Evidence of age, identity and noncitizen is eligible to receive the benefits selected by assistance benefits in accordance with 457.340 (b), 7 CFR 273.2(f)(1)(v), Pennsylvant 15.25 (b) (b) (c)
TANF	32.2(b)(3) and Po	ennsylvania R	egulation 55 Pa. C	Code § 155.2 and 601.105
Systematic A	Llien Verification f	or Entitlement	s (SAVE) Number	
•	mber		, ,	<del></del>
TO VERIFY A PRE	<del></del>			MRER
	has an SSN but o			WDEIX
Individual	has more than or	ne number. Ple	ease provide the c	orrect number.
	reports a name c	hange from na	ame on card.	
Individual		posted to our	database or valida	ated by SSA due to one or more of the
Existing nu	umber cannot be nismatches:			
Existing nu following r				□ SEX:
Existing nu following r	nismatches: NAME:			□ SEX:
Existing not following r	nismatches: NAME:			

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COUNTY ASSISTANCE OFFICE SIGNATURE

TELEPHONE NUMBER

TO BE COMPLETED BY TI	TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION						
SSA rep.	Branch						
SIGNATURE							
Date	Telephone Number						
ACTION TAKEN:	FION TAKEN:						
Application for a new SSN	Application Not Processed						
Application for a Replacement	(See individual's letter of explanation)						
(Duplicate or Corrected) Card	Other						
COMMENTS:							
EVIDENCE DOCUMENTS NEEDED TO APP	DI V EOR A SOCIAL SECURITY NUMBER						
	FICE THE ORIGINAL DOCUMENT OR A CERTIFIED COPY.						
EVIDENCE OF AGE:							
☐ Individual birth record	☐ Hospital certification of birth						
☐ Church record of birth or baptism showing							
☐ Certified notice of birth registration, if issued before age five							
☐ Birth certificate as a result of adoption, if is	☐ Birth certificate as a result of adoption, if issued before age five						
☐ An official document that is at least one ye	ar old and shows the applicant's name and date of birth or age.						
EVIDENCE OF IDENTITY:							
☐ Driver's license	☐ State identity card						
☐ School record or school identification card	☐ Divorce decree						
☐ Court order for name change							
☐ Work badge or building pass	☐ Adoption records						
U.S. Military I.D. active duty, retiree, national gu	uard or dependent U.S. passport or U.S. ID card						
☐ Clinic, doctor, or hospital records							
☐ Health insurance policy or health insurance	e card						
Any documents with applicant's name and	☐ Any documents with applicant's name and picture or signature						
☐ Church membership or confirmation record	d (if not used as evidence of age)						
	o evidence of age and identity, you need evidence of citizenship						
Consular Report of Birth Abroad (CRBA F	•						
☐ Foreign Birth Certificate and U.S. Citizen II by U.S. Citizenship and Immigration Service	D card, U.S. Passport, Certificate of Citizenship or Naturalization issued ces (USCIS)						
For a person who is not a U.S. citizen: Provide	a Birth Certificate or Passport and <u>one</u> of the following:						
Documents from USCIS or Department of	•						
☐ Permanent Resident Card (Form I-551)							
☐ Arrival / Departure Record (Form I-94)							
A personal interview at SSA will be required for	or a restricted non-work SSN.						

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