

REFERRAL FOR SOCIAL SECURITY NUMBER

TO: Social Security Administration

RE: _____ /_____/____ 120-_____
Name Date of Birth Client Identifier No.

The above person is being referred for:

- A new social security number.
- A duplicate social security card.
- Correction of information on social security _____

Eligibility Worker Date

Response from: Social Security Administration

- SSN application has been accepted and will be processed as the required proofs have been submitted.
- SSA will inform you of the new Social Security number when number is assigned.

SSA Representative Title Phone

PLEASE SEND REPLY TO:

Department of Human Services
Unit _____
Address _____

Worker Code _____
FAX No. _____