



# VERIFICATION OF SSN APPLICATION FOR NONCITIZEN

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

FLORIDA Case Number: \_\_\_\_\_

Alien Number: A- \_\_\_\_\_

Dear Social Security Administration Staff Member:

The applicant named above has applied for the following federally funded public assistance programs. These programs require the submission of a social security number or proof of application for a social security number as part of the eligibility determination process.

Cash Assistance (TANF)  
[Family Self-Sufficiency Act  
Section 414.095(2)(a)3]

Food Assistance  
[7 CFR, Section 273.6(a)]

Medicaid  
[42 CFR, Section 435]

This applicant has been determined eligible for one or more of the programs identified above. We will approve benefits when the social security number is provided or we receive verification that the applicant has applied for a number.

Please assign a number to the applicant or indicate an application has been made for a number by completing the bottom of this form or attaching a receipt. Return this form to the applicant.

DCF Manager's Address:  
  
  
  
Phone Number:

\_\_\_\_\_  
Signature of DCF Manager Date Signed

\_\_\_\_\_  
Title

## FOR SSA USE ONLY

I verify that application for a Social Security Number has been made by the above-named individual on (date) \_\_\_\_\_.

SSA Official's Address:  
  
  
  
Phone Number:

\_\_\_\_\_  
Signature of SSA Official Date Signed

\_\_\_\_\_  
Title