

SOCIAL SECURITY ADMINISTRATION REFERRAL NOTICE

Instructions:

- To CWD: Please complete Part I. Retain original for your records, copy for recipient/SSA. Client must take this form to SSA.
- To Recipients: Read the back of this form. Take the necessary documentation to the Social Security Administration listed below in Part I B.
- To SSA: This form is a request for the action noted in Part I C. Please complete Part II of this form and distribute as noted in Part I A. If you have any questions, the eligibility worker's name and phone number are provided.

PART I: TO BE COMPLETED BY THE COUNTY WELFARE DEPARTMENT

A. Please enter the complete county welfare office name and address within the brackets provided.

SSA, after completion:

- FAX To:
- Mail this form to the county welfare office.
- Return this form to the recipient to be returned to CWD.

<p>B. Social Security Office Information</p> <p>Name of SSA District/Regional Office</p> <hr/> <p>Address (number and street)</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">City</td> <td style="border: none; width: 30%;">State</td> <td style="border: none; width: 40%;">ZIP Code</td> </tr> </table> <hr/> <p>D. Applicant/Recipient Information</p> <p>Recipient's name (last, first, middle initial)</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Date of birth (month/day/year)</td> <td style="border: none; width: 30%;">Sex (M or F)</td> </tr> </table> <hr/> <p>County ID per MEDS</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20%;">□ □ - □ □ - □ □ □ □ □ □ □ □ - □ - □ □ □</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Recipient's SSN (if applicable)</td> <td style="border: none; width: 50%;">Case name</td> </tr> </table> <hr/> <p>E. CWO Information</p> <p>Name of Eligibility Worker</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20%;">Date form completed</td> <td style="border: none; width: 30%;">E.W. Worker</td> <td style="border: none; width: 50%;">E.W. phone number</td> </tr> </table>	City	State	ZIP Code	Date of birth (month/day/year)	Sex (M or F)	□ □ - □ □ - □ □ □ □ □ □ □ □ - □ - □ □ □	Recipient's SSN (if applicable)	Case name	Date form completed	E.W. Worker	E.W. phone number	<p>C. If the bearer of this form is either an applicant or a recipient of Food Stamps, Cash Aid, or Medi-Cal, the following service is required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Original SSN card <input type="checkbox"/> Duplicate SSN card SSN#: _____ <input type="checkbox"/> Info on SSA's Data Bases (Numident, Title II, Title XVI, and Medicare) needs to be verified. <ul style="list-style-type: none"> <input type="checkbox"/> Name <input type="checkbox"/> DOB <input type="checkbox"/> Sex <input type="checkbox"/> Info on SSA's Data Bases (Numident, Title II, Title XVI, and Medicare) needs to be corrected. <ul style="list-style-type: none"> <input type="checkbox"/> Name <input type="checkbox"/> DOB <input type="checkbox"/> Sex <p style="margin-left: 20px;">Note: Recipient must provide verification of change.</p> <input type="checkbox"/> Recipient has been assigned two SSNs. Please take action to delete all but one. <input type="checkbox"/> Two recipients appear to have been assigned the same SSN. Please verify correct number for recipient from Numident File. <hr/> <p>F. Comments</p>
City	State	ZIP Code										
Date of birth (month/day/year)	Sex (M or F)											
□ □ - □ □ - □ □ □ □ □ □ □ □ - □ - □ □ □												
Recipient's SSN (if applicable)	Case name											
Date form completed	E.W. Worker	E.W. phone number										

PART II: TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION DISTRICT/REGIONAL OFFICE

<p>A. Date Received</p> <hr/> <p>C. Comments</p>	<p>B. Result of Referral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recipient has completed an SSN application (including Form SS-5 and other proof) and application is being processed. <input type="checkbox"/> Insufficient Identification <input type="checkbox"/> SSN application is not being processed. (Explain) <li style="padding-left: 20px;">_____ <input type="checkbox"/> Other (Explain in Comments Section.) 	
<p>D. SSA Representative – print name</p>	<p>Signature</p>	<p>Telephone Number</p>

SSA REFERRAL INFORMATION SHEET
(For Medi-Cal, Food Stamp, and CalWORKs Recipients)

YOU MUST CONTACT SOCIAL SECURITY

Public Law requires that each person who applies for or receives full-scope Medi-Cal, Food Stamps, or California Work Opportunity and Responsibility to Kids must have or apply for a social security number. For the applicant/ recipient noted on the reverse side, either (1) the Social Security Administration does not have a social security number on file, or (2) the information provided by the Social Security Administration and the information provided to the eligibility worker do not agree. To correct this situation, you must contact the Social Security Office indicated on the reverse side of this referral form. **DO NOT MAIL THESE FORMS TO THEM.**

NOTE: *Age, citizenship or alien status, and identity must all be documented.* One of the identification documents must be a **birth or baptismal certificate established BEFORE age 5**. If one is not obtainable, refer to **Column A** for acceptable substitutes. In addition, if the applicant/recipient is a U.S. citizen born outside of the U.S. or an alien, one of the items listed in **Column B** must be presented.

Column A

Column B

1. Evidence of Age/Citizenship

- School records
- Church records
- Census records (state or federal)
- Insurance policy
- Marriage records
- Draft card
- U.S. passport
- Other records indicating applicant's age or date and place of birth

1. If you are now a U.S. citizen born outside the U.S., take one of the following items in addition to the item(s) required in Column A:

- U.S. citizen identity card
- U.S. passport
- Naturalization certificate
- Certificate of citizenship
- Consular report of birth
- Form I-179 (U.S. citizen card)
- Form I-197 (U.S. citizen resident card)

2. Evidence of Identity

- Driver's license
- State identification card
- Voter's registration
- School records
- Health records (doctor's, hospital's, etc.)
- Any other document which shows applicant's signature, photograph, or description

2. If you are an alien, take one of the following items in addition to the item(s) listed in Column A:

- Form I-151 or I-551 (Alien Registration Receipt Card)
- Form AR3a, I-94, I-95a, I-84, I-85, I-86, or SW-434
- Letters from Immigration and Naturalization Service showing alien status

If you have a question concerning the two identification documents which you must take to the Social Security Office, please contact the Social Security Office.