

**South Carolina Department of Social Services
Family Assistance Programs
VERIFICATION OF APPLICATION FOR SOCIAL SECURITY NUMBER**

This Certifies That a Social Security Number Was Requested For:

| | |
|---------------------------------|--------------------------------|
| Child's Name | Sex of Child |
| Date of Birth | Father's Name, If Given |
| Name of Mother | County of Mother's Residence |
| Mother's Social Security Number | Signature of Hospital Official |
| Date of Request | Name of Hospital |

MESSAGE FROM THE DEPARTMENT OF SOCIAL SERVICES

If you are applying for or receiving Family Independence (FI) or Supplemental Nutrition Assistance Program (SNAP) benefits for your baby, you must bring this notice with you when you apply or add a child.

MESSAGE FROM SOCIAL SECURITY

Important: If you have not named your baby, a Social Security card cannot be issued.

You should receive your baby's Social Security card in a few weeks.

If you are filing for FI or SNAP for your baby, you will need the above information completed before you leave the hospital. Present this form to DSS to show a Social Security number has been applied for. **Once you receive the Social Security number, you will need to give this number to DSS.**