

(TO BE PRINTED ON SOCIAL SERVICES DISTRICT LETTERHEAD)

**AGENCY LETTER REQUEST FOR SOCIAL SECURITY NUMBER**

Social Security Administration  
 STREET ADDRESS  
 CITY, New York (Zipcode)

Dated: \_\_\_\_\_

Dear Sir/Madam:

\_\_\_\_\_ (Alien's name) is an applicant for State-funded Medicaid in New York State.

New York State law requires that each Medicaid applicant apply for and furnish a social security number ("SSN") as a condition of Medicaid eligibility. (See Social Services Law §134-a(2), 18 NYCRR §351.2(c), 18 NYCRR §360-1.2). Social Security Administration procedures permit an SSN to be assigned to an alien who does not have a United States Citizenship and Immigration Services (USCIS) work authorization when the alien has a valid nonwork reason for an SSN. (See POMS RM 00203.510, "Alien Without Work Authorization - Nonwork Need for An SSN.")

Accordingly, please assign an SSN to \_\_\_\_\_ and to any household members listed below: (Alien's name)

Names of any household members	Sex	Date of Birth
1.		
2.		
3.		
4.		
5.		

If you have any questions regarding this request, please contact \_\_\_\_\_.  
 (Local district contact)

Sincerely,

Commissioner