

## Social Security Number Attestation Form

NAME:	_____
ADDRESS:	_____ _____
DATE:	_____
CASE NUMBER:	_____

With certain exceptions, the Medicaid program requires all applicants to tell the local social services district what their Social Security Number (SSN) is or apply for a Social Security Number. The Medicaid program uses SSNs to check income and other information to determine eligibility. If you have a SSN and do not tell us about it or you do not want to apply for a SSN, you may not qualify for health coverage.

1. If you have a Social Security Number, please provide it \_\_\_\_\_.

If you do not have a Social Security Number, please check the reason below:

2. \_\_\_\_\_ I will apply for a Social Security Number.
3. \_\_\_\_\_ I am in the process of applying for a Social Security Number.
4. \_\_\_\_\_ I am not eligible for a Social Security Number due to my immigration status.

**Note:** If you checked 2 or 3 above, the Medicaid program will follow up with you within four months to see if an SSN has been provided.

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Attestation. I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.

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Your Signature

Date (mm/dd/yyyy)

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Name (type or print legibly)

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