

# Attachment I (Federal Benefits)

## (DRAFT) LOCAL DISTRICT LETTERHEAD

Date:

Case Number:

Case Name:

(Address of Local Social Security Office)

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Dear Social Security Administration:

Pursuant to Federal law, a Social Security Number is an eligibility requirement for the receipt of Federal public benefits. (42 U.S.C. §§ 1320b-7(a)(1), (b)(1), (b)(2), (b)(4))

\_\_\_\_\_ has been deemed  
(Immigrant's Name) (Date of Birth) (Sex (M/F))

otherwise eligible for benefits under one or all of the following Federal Assistance Programs:

- Temporary Assistance for Needy Families (42 U.S.C. 601 et seq.)
- Food Stamps (7 U.S.C. 2011 et seq.)
- Medicaid (42 U.S.C. 1396 et seq.)

Please assign a Social Security Number to \_\_\_\_\_ as the applicant has met all the  
(Immigrant's Name)

eligibility requirements for \_\_\_\_\_,  
(List the Federal Assistance Program(s) above in which Applicant Qualifies)

except for the possession of a Social Security Number.

If you have any questions regarding this request, you may contact \_\_\_\_\_

at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)