DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

May 4, 1983

ALL-COUNTY LETTER NO. 83-39

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: MANDATORY SOCIAL SECURITY NUMBERS FOR ALL HOUSEHOLD MEMBERS

REFERENCE:

State food stamp regulations are currently being processed on an emergency basis to require Social Security Numbers (SSNs) for all household members. This requirement will become effective for all new applications and re-certifications, upon the effective date of the regulations (anticipated to be June 1, 1983). Also, at the time the regulation changes become effective, the SSN disclosure statement on the food stamp applications (DFA 285-A2 and CA 2FS) will become obsolete. As a result, CWDs are directed to take one of the following corrective measures to ensure that applicants are adequately advised of the new SSN disclosure requirements.

1. Hand correct the disclosure statement on each food stamp application (DFA 285-A2 and CA 2FS) by crossing out "age 18 or older or under 18 with countable income". (See Attachments 1 and 2 for English and Spanish samples).

2. Reproduce and attach to each application, the attached "Important Notice" advising applicants of the change in the SSN disclosure requirements. (See Attachment 3).

3. For CWDs which print their own supplies of the DFA 285-A2 and the CA 2FS, the disclosure statement may be revised by eliminating the words specified for crossing out in option 1 above. No other revision to the disclosure statement is permitted.

State printed application forms will not be revised to reflect this change until October 1983 when monthly reporting/retrospective budgeting is implemented. Therefore, CWDs will have to use one of the interim corrective measures described above until that time.

Should you have any questions, please contact your Food Stamp Program Operations Consultant at (916) 322-5475.

Kyle S. McKinsey

KYLE S. McKINSEY
Deputy Director

cc: CWDA

Attachments

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

APPLICATION FOR FOOD STAMPS - PART 2

IMPORTANT: SEE PAGE 5 FOR INFORMATION CONCERNING YOUR RIGHTS AND RESPONSIBILITIES.

INSTRUCTIONS: Please complete the following questions in ink. Answer the questions honestly and completely. You may complete this form at home and mail it or bring it to the Food Stamp Office. Another member of your household or an adult who knows you may complete and return it to us. If it is completed by an adult who is not a member of your household, attach a written authorization signed by the head of household or another household member. If you need more space, attach another sheet of paper.

COUNTY USE ONLY

CASE NUMBER

WORKER | DATE RECEIVED

☐ NEW APPLICATION
☐ RECERTIFICATION

EXPEDITED SERVICES ☐ Yes ☐ No

DOCUMENTATION GUIDELINES
Identity, residency, SSN, alien status, HH member 60 or over or disabled.

(1) NAME (HEAD OF HOUSEHOLD)

ADDRESS NUMBER, STREET, ROUTE NUMBER | CITY | STATE | ZIP CODE

(2) Have you or has anyone living in your home received food stamps during this month or the previous month? ☐ Yes ☐ No If YES, where? _____

(3) Provide the following information on each person living in your home, including yourself. You must list all people living in your home whether or not they want food stamps. For each person who is not a citizen, you must provide verification of alien status.

				Work Registration Information or Non-Household Member Code
1. NAME (HEAD OF HOUSEHOLD)		BIRTHDATE / /	U.S. CITIZEN ☐ Yes ☐ No	
SOCIAL SECURITY NUMBER*			CIRCLE SEX M F	
2. NAME		BIRTHDATE / /	U.S. CITIZEN ☐ Yes ☐ No	
SOCIAL SECURITY NUMBER*	RELATIONSHIP TO HEAD OF HOUSEHOLD		CIRCLE SEX M F	
3. NAME		BIRTHDATE / /	U.S. CITIZEN ☐ Yes ☐ No	
SOCIAL SECURITY NUMBER*	RELATIONSHIP TO HEAD OF HOUSEHOLD		CIRCLE SEX M F	
4. NAME		BIRTHDATE / /	U.S. CITIZEN ☐ Yes ☐ No	
SOCIAL SECURITY NUMBER*	RELATIONSHIP TO HEAD OF HOUSEHOLD		CIRCLE SEX M F	
5. NAME		BIRTHDATE / /	U.S. CITIZEN ☐ Yes ☐ No	
SOCIAL SECURITY NUMBER*	RELATIONSHIP TO HEAD OF HOUSEHOLD		CIRCLE SEX M F	
6. NAME		BIRTHDATE / /	U.S. CITIZEN ☐ Yes ☐ No	
SOCIAL SECURITY NUMBER*	RELATIONSHIP TO HEAD OF HOUSEHOLD		CIRCLE SEX M F	
7. NAME		BIRTHDATE / /	U.S. CITIZEN ☐ Yes ☐ No	
SOCIAL SECURITY NUMBER*	RELATIONSHIP TO HEAD OF HOUSEHOLD		CIRCLE SEX M F	
8. NAME		BIRTHDATE / /	U.S. CITIZEN ☐ Yes ☐ No	
SOCIAL SECURITY NUMBER*	RELATIONSHIP TO HEAD OF HOUSEHOLD		CIRCLE SEX M F	

Work Exemption Code

A. Under 18/60 or older
B. Mentally/physically disabled
C. Cares for child under 12 or incapacitated person
D. Cares for child under 18 and HH member reg./emp
E. Receives cash aid
F. UIB registered
G. Participant in drug/alcohol program
H. 30 hour week/min x 30
I. Meets eligible student criteria

Non-Household Member Code

1. Ineligible alien
2. Ineligible student
3. SSI/SSP recipient
4. Disqualified/SSN or fraud
5. Live-in attendant
6. Roomer } Must also be listed in 8
7. Boarder } Must also be listed in 8
8. Separate household (Purchase/prepare separately)

Household Size _____

(4) Is any person listed above currently on strike? ☐ Yes ☐ No
If YES, who? _____

Date household member went on strike _____

(5) Has anyone listed above become unemployed in the last 60 days? ☐ Yes ☐ No
If YES, who? _____ When? _____

Vol. Quit: ☐ Yes ☐ No

(6) Has anyone listed above sold, traded or given away anything of value in the last three months? ☐ Yes ☐ No
If YES, explain who and what:

***DISCLOSURE OF A SOCIAL SECURITY NUMBER IS REQUIRED FOR EACH HOUSEHOLD MEMBER, ~~AGE 18 OR OLDER OR UNDER 18 WITH COUNTABLE INCOME~~. OUR AUTHORITY TO REQUEST YOUR SOCIAL SECURITY NUMBER IS FOOD STAMP MANUAL SECTION 63-404. YOUR SOCIAL SECURITY NUMBER WILL BE USED TO IDENTIFY YOU, TO MATCH YOU WITH OTHER FILES, AND TO DETERMINE THE EFFECTIVENESS OF THE FOOD STAMP PROGRAM. REFUSAL TO PROVIDE IT WILL RESULT IN DISQUALIFICATION. THIS DISQUALIFICATION WILL APPLY TO THE INDIVIDUAL FOR WHOM IT IS NOT PROVIDED AND NOT THE ENTIRE HOUSEHOLD.**

ESTADO DE CALIFORNIA AGENCIA DE SALUD Y BIENESTAR

ATTACHMENT 2

DEPARTAMENTO DE SERVICIOS SOCIALES

SOLICITUD DE ESTAMPILLAS PARA COMIDA — PARTE 2

IMPORTANTE: VEA LA PÁGINA 5, LA CUAL CONTIENE INFORMACIÓN RESPECTO A SUS DERECHOS Y RESPONSABILIDADES.

INSTRUCCIONES: Por favor conteste las siguientes preguntas con tinta. Conteste las preguntas honesta y completamente. Puede completar esta forma en su casa y enviarla por correo o traerla a la Oficina de Estampillas para Comida. Otro miembro de su hogar o un adulto que le conozca puede completarla y devolvérnosla. Si es completada por un adulto que no sea miembro de su hogar, adjunte una autorización escrita firmada por el/la jefe de familia u otro miembro del hogar. Si necesita más espacio, por favor adjunte otra hoja.

SÓLO PARA USO DEL CONDADO

CASE NUMBER

WORKER | DATE RECEIVED

☐ NEW APPLICATION
☐ RECERTIFICATION

EXPEDITED SERVICES ☐ Yes ☐ No

DOCUMENTATION GUIDELINES
Identity, residency, SSN, alien status, HH member 60 or over or disabled.

(1) NOMBRE (JEFE DE FAMILIA):

DOMICILIO: NÚMERO, CALLE, NO. DE RUTA | CIUDAD | ESTADO | ZONA POSTAL

(2) ¿Ha recibido usted o alguien que viva en su hogar estampillas para comida durante este mes o el mes anterior? ☐ Sí ☐ No Si es así, ¿dónde? _____

(3) Proporcione la siguiente información respecto a cada persona que viva en su casa, incluyéndose a sí mismo. Debe anotar a todas las personas que vivan en su casa, sin importar si quieren estampillas para comida. Debe proporcionar verificación del estado legal de cada persona que no sea ciudadana.

			Work Registration Information or Non-Household Member Code
1. NOMBRE (JEFE DE FAMILIA)	FECHA DE NACIMIENTO / /	CIUDADANO DE LOS E.U. ☐ Sí ☐ No	
NO. DE SEGURO SOCIAL*		MARQUE CON UN CÍRCULO CUÁL SEXO M F	
2. NOMBRE	FECHA DE NACIMIENTO / /	CIUDADANO DE LOS E.U. ☐ Sí ☐ No	
NO. DE SEGURO SOCIAL*	RELACIÓN CON EL/LA JEFE DE FAMILIA	MARQUE CON UN CÍRCULO CUÁL SEXO M F	
3. NOMBRE	FECHA DE NACIMIENTO / /	CIUDADANO DE LOS E.U. ☐ Sí ☐ No	
NO. DE SEGURO SOCIAL*	RELACIÓN CON EL/LA JEFE DE FAMILIA	MARQUE CON UN CÍRCULO CUÁL SEXO M F	
4. NOMBRE	FECHA DE NACIMIENTO / /	CIUDADANO DE LOS E.U. ☐ Sí ☐ No	
NO. DE SEGURO SOCIAL*	RELACIÓN CON EL/LA JEFE DE FAMILIA	MARQUE CON UN CÍRCULO CUÁL SEXO M F	
5. NOMBRE	FECHA DE NACIMIENTO / /	CIUDADANO DE LOS E.U. ☐ Sí ☐ No	
NO. DE SEGURO SOCIAL*	RELACIÓN CON EL/LA JEFE DE FAMILIA	MARQUE CON UN CÍRCULO CUÁL SEXO M F	
6. NOMBRE	FECHA DE NACIMIENTO / /	CIUDADANO DE LOS E.U. ☐ Sí ☐ No	
NO. DE SEGURO SOCIAL*	RELACIÓN CON EL/LA JEFE DE FAMILIA	MARQUE CON UN CÍRCULO CUÁL SEXO M F	
7. NOMBRE	FECHA DE NACIMIENTO / /	CIUDADANO DE LOS E.U. ☐ Sí ☐ No	
NO. DE SEGURO SOCIAL*	RELACIÓN CON EL/LA JEFE DE FAMILIA	MARQUE CON UN CÍRCULO CUÁL SEXO M F	
8. NOMBRE	FECHA DE NACIMIENTO / /	CIUDADANO DE LOS E.U. ☐ Sí ☐ No	
NO. DE SEGURO SOCIAL*	RELACIÓN CON EL/LA JEFE DE FAMILIA	MARQUE CON UN CÍRCULO CUÁL SEXO M F	

Work Exemption Code

A. Under 18/60 or older
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1. Ineligible alien
2. Ineligible student
3. SSI/SSP recipient
4. Disqualified/SSN or fraud
5. Live-in attendant
6. Roomer } Must also be listed in 8
7. Boarder }
8. Separate household (Purchase/prepare separately)

Household Size _____

(4) ¿Está en huelga cualquiera de las personas anotadas arriba? ☐ Sí ☐ No
Si es así, ¿quién? _____

Date household member went on strike: _____

(5) ¿Se ha quedado sin empleo cualquiera de las personas anotadas arriba en los últimos 60 días? ☐ Sí ☐ No
Si es así, ¿quién? _____ ¿Cuándo? _____

Vol. Quit: ☐ Yes ☐ No

(6) ¿Ha vendido, cambiado, o dado cualquier cosa de valor cualquiera de las personas anotadas arriba en los últimos tres meses? ☐ Sí ☐ No
Si es así, explique quién y qué:

***SE REQUIERE EL NÚMERO DE SEGURO SOCIAL PARA CADA MIEMBRO DEL HOGAR ~~DE O MAYOR DE 18 AÑOS, O MENOR DE 18 AÑOS SI TIENE INGRESOS QUE SE CUENTEN.~~ LA SECCIÓN 63-404 DEL MANUAL DE ESTAMPILLAS PARA COMIDA NOS AUTORIZA A REQUERIR SU NÚMERO DE SEGURO SOCIAL, EL CUAL SERÁ USADO PARA IDENTIFICARLE, PARA SER COTEJADO CON OTROS EXPEDIENTES, Y PARA DETERMINAR LA EFICACIA DEL PROGRAMA DE ESTAMPILLAS PARA COMIDA. SI SE NIEGA A PROPORCIONARLO SERÁ DESCALIFICADO. DICHA DESCALIFICACIÓN APLICARÁ A LA PERSONA PARA LA CUAL NO SE PROPORCIONE Y NO AL HOGAR ENTERO.**

IMPORTANT NOTICE FOR FOOD STAMP APPLICANTS

Food Stamp Program regulations now require that each household member provide a Social Security Number (SSN) as a condition of eligibility for food stamp benefits. As specified in Section 63-404 of the Food Stamp Regulations, any household member who refuses to provide an SSN will be disqualified from participating in the Program.

AVISO IMPORTANTE PARA LOS SOLICITANTES DE ESTAMPILLAS PARA COMIDA

Los reglamentos del programa de estampillas para comida ahora requieren que cada miembro del hogar proporcione su número del seguro social (SSN) como condición para calificar para los beneficios de estampillas para comida. Según especifica la sección 64-404 de los reglamentos de estampillas para comida, cualquier miembro del hogar que se niegue a proporcionar el número de seguro social será descalificado del programa.