



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

DATE:

TO: **Social Security Administration**

FROM: **DSHS / Community Services Division**

The persons listed below are eligible for the following programs, according to WAC 388-424-0009, 388-424-0015 and 388-424-0030 (check all that apply):

- Temporary Assistance for Needy Families (TANF)
- State Family Assistance (SFA)
- Non-emergency Medicaid
- Food Assistance Program (FAP)

They meet all the requirements for these programs except for having a Social Security Number. This letter is written to comply with the documentation described in Social Security POMS RM 10211.600, "Request for an SSN from an Alien without Work Authorization." Please issue a non-work number and supply the SSN applicant with a receipt / acknowledgement of the request for our tracking purposes.

CLIENT NAME

DATE OF BIRTH

CLIENT IDENTIFICATION NUMBER

Please call _____ or e-mail at _____ if any further information is needed.

Sincerely,

Date: _____

_____, Chief of Programs and Policy, or Chief's designee
Community Services Division (CSD)
Economic Services Administration (ESA)
Department of Social and Health Services (DSHS)