STATE DEPARTMENT OF HUMAN SERVICES

VERIFICATION OF BIRTH

_____**Department of Social Services**

DATE:	CASE NUMBER:	CASE NAME:

Dear Ms. _____:

      Each person who receives Temporary Cash Assistance must have or apply for a social security number. This means that, when your baby is born, an application for a social security number must be completed before we can add the baby to grant. As part of this application, we must have proof of your baby's birth. Please ask the hospital or your doctor to fill out the bottom of this form as soon as the baby is born. Return it a soon as you can. <u>The sooner you can return it and complete the social security application, the sooner your baby can be added to your grant.</u> Remember you must report a new baby (and any other change) within 10 days.

                            Sincerely,

                            _____
                            Case Manager

                            _____
                            Telephone Number

TO BE COMPLETED BY HOSPITAL STAFF PERSON OR PHYSICIAN: (Please affix seal, stamp, or imprint of patient's card.)

This is certify that_____
                                        (Mother's Name)

Gave birth to a son or daughter_____
                                      (Child's Name)

On_____at_____Hospital.
      (Date)

Has Social Security number has been requested by the parent for the child?

☐ *YES*   ☐ *NO*   *If yes, date requested_____*

                           _____
                           Signature

                           _____
                           Title

                           _____ _____
                           Telephone   *Date*