

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last
	FULL NAME AT BIRTH <small>IF OTHER THAN ABOVE</small>	First	Full Middle Name	Last
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD			
2	Social Security number previously assigned to the person listed in item 1 →		- -	
3	PLACE OF BIRTH <small>(Do Not Abbreviate)</small> City	State or Foreign Country		4
		<small>Office Use Only</small>	<small>FCI</small>	DATE OF BIRTH MM/DD/YYYY
5	CITIZENSHIP → <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
		<input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY <small>Are You Hispanic or Latino? (Your Response is Voluntary)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE <small>Select One or More (Your Response is Voluntary)</small>	
		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
8	SEX →	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
9	A. MOTHER'S NAME AT HER BIRTH →	First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) →			- -
10	A. FATHER'S NAME →	First	Full Middle Name	Last
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) →			- -
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
12	Name shown on the most recent Social Security card issued for the person listed in item 1 →	First	Full Middle Name	Last Name
13	Enter any different date of birth if used on an earlier application for a card →		MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY	15	DAYTIME PHONE NUMBER () - Area Code Number	
16	MAILING ADDRESS <small>(Do Not Abbreviate)</small> →	<small>Street Address, Apt. No., PO Box, Rural Route No.</small> DCF c/o Child and Family Connections <small>City</small> 4100 Okeechobee Blvd., <small>State/Foreign Country</small> West Palm Beach, <small>ZIP Code</small> FL 33409		
17	YOUR SIGNATURE →	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:	
		<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input checked="" type="checkbox"/> Other (Specify) <u>CFC for DCF</u>		
<small>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</small>				
<small>NPN</small>		<small>DOC</small>	<small>NTI</small>	<small>CAN</small>
<small>PBC</small>	<small>EVI</small>	<small>EVA</small>	<small>EVC</small>	<small>ITV</small>
<small>PRA</small>	<small>NWR</small>	<small>DNR</small>	<small>UNIT</small>	
EVIDENCE SUBMITTED Court Order # Shelter Date: Judge: Badge #65-0978467			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW DATE DATE	
			<small>DCL</small>	<small>DATE</small>