Iowa Department of Human Services Verification of Social Security Information

Social Security Administration	Date: Case Number:				
	Name:				
		SSN:			
	Date of Birth:				
Dear Sir/Madam:					-
The Child Support Recovery Unit (duty of establishing and collecting information is for an emergency or (FPLS) SSA sources before sendir concerning the above-named indiv	child support paym sensitive situation ng this request. T	nents in the S . I checked o enable ou	State of Iowa the Federal I office to pui	 This request for Parent Locator Se rsue a child suppo 	rvice rt case
1. Is	receiving Socia	I Security	Yes 🖵 🗈	No 🗖	
Benefits?					
2. If yes, how much is		_ receiving	\$		
per month? (gross) 3. When did the payment of benef 4. What type of benefits are being 5. What is known address?	paid?	· last	Month Disability [Day Year _ Retirement □	SSI 🗆
 Are any dependents receiving to Who is receiving the payments If the dependents are not received to benefits? Please indicate below which children, if necessary. 	for the child? ving benefits, are th	·	Yes 🗖 1	No 🔲	additional
Child's Name (First, Middle, Last)	Date of Birth	Date of Birth SSN		itlement Date	Gross Monthly Benefit Amt.
					\$
					Ţ
					\$
					\$
					\$
Thank you for your cooperation. If Child Support Recovery Unit	you have any que	stions, you r	nay call the l	ocal office listed b	elow:
Phone:					

470-3515 (Rev. 7/2011)