

## Newborn

Date:  
County:  
Worker Number:  
Worker Name:  
Phone:

Worker E-mail:  
**Information due date:**

Someone in your household had a baby. Now, I need the information on this form so I can decide what benefits the baby may get. **I need *all* of the information by the due date at the top of this letter.**

Please call my office if:

- You have any questions or need help,
- You can't get the information I need by the due date above, or
- If you need this information in another language.

I accept collect calls.

Thank you for your cooperation,

Income Maintenance Worker

### Baby's Information

Baby's Name

Baby's Birthday

The baby is a:  Boy  Girl

Does the baby have health insurance?  No  Yes

- If yes, fill out and send me the attached *Insurance Questionnaire* form.

### Things We Need

Please send us the items next to the checked boxes:

- A copy of the baby's birth certificate or crib card from the hospital
- A copy of the receipt for the baby's Social Security Number application
- The attached *Absent Parent Information* form, which you need to fill out
- The attached *Affidavit of Identity*, which you need to complete and return