

SSN Request for Information

Case Number:

{CUSTOMER_ADDRESS}

Worker ID:

Worker Name:

Worker Phone:

Dear {PRIMARY_APPLICANT_NAME}:

To find out if you can continue to receive benefits, we need:

- A Social Security Number (SSN) or proof of application for an SSN for {NEW_BORN_NAMES}

Please provide this information by {DUE_DATE}. If you fail to provide the requested information, your benefits may be cancelled.

You may provide this information by phone at the worker number above or by sending a COPY of the Social Security Card. Please include your Case Number () on any information you send us.

Return Information to:

Iowa Dept. of Human Services
Image Center 4
PO Box 2027
Cedar Rapids, IA 52406

We cannot return originals to you. Please send us only a COPY of the card if you choose to mail the document to us.

If you provide the above information, we will review it to determine if you remain eligible. If your change affects eligibility for any person on your case or your benefit amount, we will send a Notice. We will NOT send a Notice if all persons remain eligible and benefits remain the same.

If you have any QUESTIONS or you need more time to get the information, please call me on or before {DUE_DATE}.