

Enumeration Referral
(Complete one form for each SSN referral)

Date:

To: Social Security Administration

From: State of Iowa Department of Health and Human Services

The person listed below is eligible for the following programs, according to IAC 441-41.22(13), IAC 441-60.5(3), and 7 CFR 273.6(a), (check all that apply):

- Family Investment Program (FIP)
- Refugee Cash Assistance (RCA)
- Supplemental Nutrition Assistance Program (SNAP)

Client Full Name	Client Date of Birth
State ID	Case Number

The above individual meets all the requirements for these programs except for having a Social Security Number. This letter is written to comply with the documentation described in Social Security POMS RM 1021 I.600, "Request for an SSN from an Alien without Work Authorization." Please issue a non-work number and supply the SSN applicant with a receipt/acknowledgement of the request for our tracking purposes.

If SSA is unable to assign a Social Security Number, please provide the alien with an SSA-L676 Refusal notice which clearly states why SSA is unable to assign an SSN.

Please call _____ or email at _____ if any further information is needed.

Sincerely,

Full Name of Management Designated Official (typed)	
Ink Signature – Management Designated Official (Use blue ink only)	Date