

(TO BE PRINTED ON SOCIAL SERVICES DISTRICT LETTERHEAD)

**ATTESTATION OF EFFORT TO APPLY FOR A SOCIAL SECURITY NUMBER**

1. I, \_\_\_\_\_, tried to apply for a Social Security  
(Name)  
Number at the following office of the Federal Social Security Administration:

\_\_\_\_\_  
(Address)

2. I tried to apply for a Social Security Number on the following  
date: \_\_\_\_\_

3. I tried to apply for a Social Security Number for (check one):

\_\_\_\_\_ myself

\_\_\_\_\_ another person, whose name is: \_\_\_\_\_  
(Name of Medicaid Applicant)

4. I showed a Social Security Administration employee the letter from the Medicaid office that requests a non-work Social Security Number, but the employee told me that I could not apply for a Social Security Number or that I, or the person for whom I was trying to apply for a Social Security Number, was not eligible for a Social Security Number.

5. I asked this employee for a written acknowledgement that I tried to apply for a Social Security Number but I was unable to obtain this written acknowledgement.

I swear that this information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_