

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
VERIFICATION OF APPLICATION FOR SOCIAL SECURITY NUMBER

**This certifies that a Social Security Number was requested for the following child:**

|                                 |                               |                                  |
|---------------------------------|-------------------------------|----------------------------------|
| Name of Child:                  |                               | Child's Date of Birth:           |
| Name of Mother:                 | County of Mother's Residence: | Mother's Social Security Number: |
| Signature of Hospital Official: | Name of Hospital:             | Date of Request:                 |

**MESSAGE FROM DEPARTMENT OF HEALTH AND HUMAN SERVICES:**

**IF YOU ARE APPLYING FOR MEDICAID OR FAMILY INDEPENDENCE FOR YOUR BABY, YOU MUST BRING THIS NOTICE WITH YOU WHEN YOU APPLY.**

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**MESSAGE FROM SOCIAL SECURITY:**

INFORMATION ABOUT WHEN YOU WILL RECEIVE YOUR BABY'S SOCIAL SECURITY CARD

**IMPORTANT: IF YOU HAVE NOT NAMED YOUR BABY, A SOCIAL SECURITY CARD CANNOT BE ISSUED.**

You should receive your baby's Social Security card in about 13 weeks. In your state, it takes about 12 weeks before the information about your baby's birth is provided to the Social Security Administration. After the birth is registered, Social Security is given a computer tape that we use to issue your baby a Social Security card. The card will be mailed to you about one week after we are notified by the state of your baby's birth.

If you are applying for Medicaid or Family Independence benefits for your baby, you will need the above information completed before you leave the hospital. You will then need to notify both your Medicaid eligibility worker and your Family Independence caseworker when you receive the baby's Social Security card.

**INSTRUCTIONS**  
**VERIFICATION OF APPLICATION FOR SOCIAL SECURITY NUMBER**

**PURPOSE:** This form is a receipt for the individual who agrees for the Bureau of Vital Statistics application for birth certificate to be transferred to the Social Security Administration to serve as an application for the newborn's Social Security Number.

**COMPLETION:** The hospital official completes all of the information at the top of the form and signs and dates the form.

**ROUTING:** Original is given to the patient before or at discharge. Copies are filed with the hospital medical record.

## Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail at: PO Box 8206, Columbia, SC 29202-8206, by phone at: 1-888-549-0820 (TTY: 1-888-842-3620), or by email at: [civilrights@scdhhs.gov](mailto:civilrights@scdhhs.gov).

If you believe SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person, by mail, or via email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>