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Main Menu

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Welcome to *SSNAP*

SOCIAL SECURITY
USA
ADMINISTRATION

Exit SSNAP

Options in the left menu will depend on the user's profile.

Links: Go

Welcome to *SSNAP*

[Retrieve Application](#)

! No application found
Do you want to create a new application for this numberholder?
Create Application

Retrieve Application:

Search by reference number: Search

Search by name (first, middle, last, suffix):

Date of birth (mmddccyy): Search

Search by SSN: Search

Back Cancel Refresh Continue

This is an example of selecting Retrieve Application from the Main Menu and entering data for a person who has never applied for a SSN. The user is then given the opportunity to create a new application.

Applicant Info – Select Applicant

SSNAP Links: [dropdown] Go

Applicant Info

Application filed by: [dropdown]

U.S. Mailing Zip Code: [input] U.S. Mailing Zip Code not involved

Is this a single name? Yes No

Applicant Name (first, middle, last, suffix): [input] [input] [input] [dropdown]

Back Cancel Refresh Continue

The US Mailing Zip Code is requested to ensure that the applicant is in the proper jurisdiction to best be served. SSA has Card Centers in major cities with their sole function to issue original and replacement SSNs.

SSNAP Links: [dropdown] Go

Applicant Info

Application filed by: NONE OF THE ABOVE [dropdown]

- NONE OF THE ABOVE
- SELF
- LEGAL GUARDIAN
- CUSTODIAL MOTHER
- CUSTODIAL FATHER
- ADMINISTRATOR OF ESTATE
- RELATIVE WITH CUSTODY
- AGENCY WITH LEGAL CUSTODY
- OTHER (CAN ESTABLISH RELATIONSHIP AND RESPONSIBILITY)

Back Cancel Refresh Continue

This is the dropdown menu with the possible choices of a proper applicant.

Numberholder Information

SSNAP

Links:

<u>Applicant Info</u> NH info	Has numberholder ever filed for or received a Social Security Number? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
	SSN last received or used: <input type="text"/> <input type="button" value="SSN Search"/>
	Numberholder (NH) name: Is this a single name? <input type="radio"/> Yes <input checked="" type="radio"/> No (First, middle, last, suffix) <input type="text"/> <input type="text"/> <input type="text"/> <input type="button" value="v"/>
	Date of birth (MMDDCCYY): <input type="text"/> <input type="button" value="Name DOB Search"/>
	Name on Numident: <input type="text"/> <input type="text"/> <input type="text"/> <input type="button" value="v"/>
	Date of birth on Numident: <input type="text" value="Display Only"/>
	Name to be shown on card: <input type="text"/> <input type="text"/> <input type="button" value="Refresh Name"/>
	Citizenship of NH: <input type="radio"/> U.S. <input type="radio"/> Lawful Alien <input type="radio"/> Other
	Update proof of age code: <input type="checkbox"/>
	Date Evidence Received: <input type="text"/>
	Is this a U.S. citizen adoption case? <input type="radio"/> Yes <input type="radio"/> No
	If any of these exclusions apply, this application will be processed for a replacement card:
	Please check all that apply: <input type="checkbox"/> Child is continuing to receive Title II auxiliary or Title XVI benefits
	<input type="checkbox"/> Child knows the previously assigned SSN
	<input type="checkbox"/> Child knows he or she is adopted
<input type="checkbox"/> Adopting parent is a stepparent	
<input type="checkbox"/> Adopting parent is a grandparent	
<input type="checkbox"/> Child has worked	
<input type="checkbox"/> None of the above	
Is the numberholder present for the interview? <input type="radio"/> Yes <input type="radio"/> No	

Numberholder Address

U.S. is Default Selection

SSNAP Links:

NH: **Joann LastName** DOB: **12/12/2000** Reference: **999988877**

[Applicant info](#)
[NH info](#)
[NH Alert](#)
Mailing address

Mailing address: U.S. Foreign Military

Street address 1:

Street address 2 (opt.):

Street address 3 (opt.):

Street address 4 (opt.):

City, State, Zip, Sub zip:

Daytime phone number: U.S. Foreign None

Number: Ext:

Foreign Address Selected

SSNAP Links:

NH: **Joann LastName** DOB: **12/12/2000** Reference: **999988877**

[NH info](#)
Mailing address

Mailing address: U.S. Foreign Military

Street address 1:

Street address 2 (opt.):

Street address 3 (opt.):

City: Province or Region:

Country: Postal Code:

Consular Code:

Daytime phone number: U.S. Foreign None

Number: Ext:

Military Address Selected

SSNAP Links:

NH: **Joann LastName** DOB: **12/12/2000** Reference: **999988877**

[NH info](#)
Mailing address

Mailing address: U.S. Foreign Military

Street address 1:

Street address 2 (opt.):

Street address 3 (opt.):

Street address 4 (opt.):

Location, zip code, sub zip:

Daytime phone number: U.S. Foreign None

Number: Ext:

U.S. Citizen 12 or Older Interview Questions

SSNAP

Links:

NH: John LastName DOB: 04/13/1994 Reference: 999988877

[NH info](#)
[Mailing address](#)
[In person interview](#)
12 or older questions

This screen pertains to U.S. citizens, age 12 or older, applying for a Social Security Number for the first time. Please ask questions similar to the following:

Note: This list is not all inclusive. Depending on the situation, ask additional questions based on the individual circumstances to determine if an SSN has already been assigned or another identity has been used.

Has John LastName ever:

- Held a full-time, part-time or temporary job or registered with an employment service? Yes No
- Had a driver's license? Yes No
- Taken the Scholastic Achievement Test or other college entrance exam? Yes No
- Attended or applied for admittance to a college, university or technical/vocational school? Yes No
- Had an account with a bank, credit union, or other financial institution? Yes No
- Filed a state or federal income tax return or been claimed as a dependent on a federal tax return? Yes No
- Registered for the draft or registered to vote? Yes No
- Applied for any type of public assistance, medical aid, public job training or summer youth employment? Yes No
- Lived outside the U.S. for a prolonged period of time? Yes No

Interviewer: Have you completed the investigation of the answers above? Yes No

When you have completed your investigation, explain the answers provided above and describe the evidence you obtained:

Additional Information

SSNAP

Links:

NH: Joann LastName DOB: 12/12/1990 Reference: 999988877

Applicant Info

[NH info](#)

[NH Alerts](#)

[Mailing address](#)

[In person interview](#)

Additional info

Please review and verify the information below with the applicant before continuing

Is a new (different) number being requested? Yes No

Reason for new (different) number request:

Suppress card issuance? Yes No

Replacement card count: ANNUAL: 3 LIFETIME: 7

Prior Legend:

Limit met - issue or deny:

Letter from third party:

Third party remarks:

Reason for name change: NUMIDENT name correction Legal name change

NUMIDENT name correction reason:

Numberholder's gender: Male Female

Numberholder's place of birth:

Is this a single name? Yes No

Name used at birth, if different:
(First, middle, last, suffix)

Is this a single name? Yes No

Other name used by numberholder:
(First, middle, last, suffix)

Is this a single name? Yes No

Alternate name used by numberholder:
(First, middle, last, suffix)

Is this a single name? Yes No

Mother's name at her birth: Unknown

Mother's SSN: Unknown SSN Hide SSN on printed application

Is this a single name? Yes No

Father's name: Unknown

Father's SSN: Unknown SSN Hide SSN on printed application

I have verified all pre-populated information above with the applicant.

Verify and Sign

SSNAP

Links:

NH: Joann LastName DOB: 05/03/1976 Reference: 999988877

- [NH info](#)
- [NH Address](#)
- [Additional Info](#)
- [Proof of Age](#)
- [Proof of Citizenship](#)
- [Summary](#)
- Verify and Sign**

If the applicant is present for the interview, ask the following question:

Do you understand that the information you gave us and examined will be used to process (your/ name of number holder's) application? Do you declare under penalty of perjury that this information is true and correct to the best of your knowledge?

Type of signature: Attestation Signature on application Refusal

Auxiliary/Survivor claim number (opt.):

Notify office of SSN assigned? Yes No

Do you want to clear this application? Yes No Reason:

- Multiple Family
- 7-day auto card suppression

Enter application for another family member? Yes No

Same parents?

Same address?

Same Proper Applicant?

(Race Ethnicity) – Not a SSNAP screen but will be in the path

Voluntary Race and Ethnicity Identification

The next two questions are about ethnicity and race.

To ensure that all of our customers are treated fairly, we are requesting information about your race and ethnicity. **Providing this information is voluntary**, and it will not affect decisions about your application. The information is being requested for research and statistical purposes only. The categories and definitions below are the same as those used by other Federal agencies. The information will be kept private and used for authorized Federal agency reporting purposes only.

[More Information](#)

Are you (is he/she) Hispanic or Latino ? (Select one):

[Ethnicity Definitions](#)

- Yes
- No
- No Response

What is your/his/her race? (Read list, select all that apply):

[Race Definitions](#)

- Alaska Native
- American Indian
- Asian
- Black/African American
- Native Hawaiian
- Other Pacific Islander
- White
- No Response (Do not use if actual race selected)

[More Information](#)

[Back](#)

[Continue](#)

Additional Information – SSA Employee can Link to/View These Screens (on the next 2 pages) if the Applicant Asks for Information about the Race/Ethnicity Screens

Information About Voluntary Race And Ethnicity Questions

Purpose Of Collection

The Office of Management and Budget regulates the collection and use of race and ethnicity information. This information is not required so the applicant/beneficiary does not have to provide it. Answering the questions is voluntary and will not affect decisions about business conducted with Social Security. The information will be kept private and used for authorized federal agency reporting purposes only.

Authorized reporting purposes include:

- A. Statistical Reporting
- B. Program Administrative and Grant Reporting
- C. Civil Rights and Compliance Reporting.

The standards were developed to establish common categories so that such data could be collected in a uniform and comparable manner by all federal agencies.

Answers By Third Party

A third party is anyone who answers for another person. For example, a parent answering for young children. The OMB standard encourages self-identification, including minors age 15 or older, but allows for third party responders when the person cannot answer for himself or herself. The third party responder should be asked if he/she knows the person's ethnicity or race, not to make a guess. If he/she does not know, or declines to answer, then select No Response for either or both questions.

[Close This Window](#)

Ethnicity Definitions

Ethnicity Category	Definition / Usage
Yes (Hispanic or Latino)	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
No (Not Hispanic or Latino)	A person who does not consider themselves to be Hispanic or Latino.
No Response	<ul style="list-style-type: none">• Use this option when a third party responder does not know the person's ethnicity, when no one is available to answer the question, or the employee completing the screen does not have ethnicity information available.• This option can also be used when the person or third party states he/she does not wish to identify ethnicity.

[Close This Window](#)

Racial Category Definitions

Race Category	Definition / Usage
Alaska Native	A person descended from the original people of Alaska who maintains tribal affiliation or community attachment. For example: Aleuts, Athabascans, Haidas, Inupiat, Tlingits and Yupiks.
American Indian	A person descended from any of the original people of North (except Alaska), South, or Central America, and who maintain tribal affiliation or community attachment.
Asian	A person descended from any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand And Vietnam.
Black Or African American	A person descended from any of the black racial groups of Africa. Includes those who describe themselves as Haitian.
Native Hawaiian	A person descended from any of the original people of Hawaii.
Other Pacific Islander	A person descended from any of the original people of Australia, Guam, Samoa, New Zealand, or Other Pacific Islands.
White	A person descended from any of the original people of Europe, the Middle East, or North Africa.
No Response	<ul style="list-style-type: none">• Use this option when a third party responder does not know the person's race, when no one is available to answer the question, or the employee completing the screen does not have race information available.• This option can also be used when the person or third party states he/she does not wish to identify a race.• No Response cannot be used when any other race choice is selected.

Close This Window

Privacy/Paperwork Reduction Act Statements

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.ssa.gov or at your local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235 6401. Send only comments relating to our time estimate to this address, not the completed form.