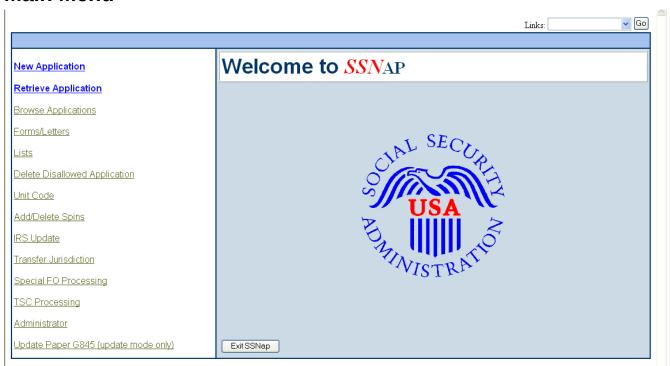
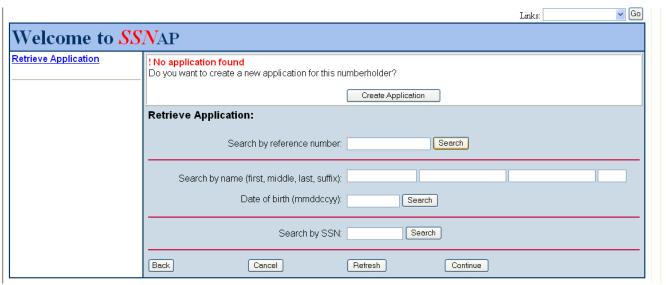
## **Menu of SSNAP Screens**

2
3
4
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5
5
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7
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.10

# Main Menu

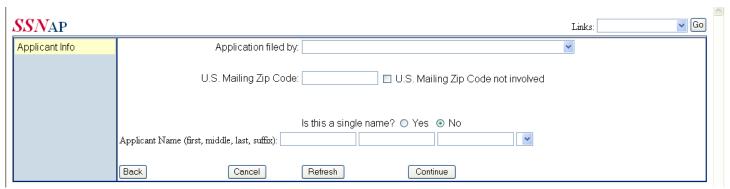


Options in the left menu will depend on the user's profile.

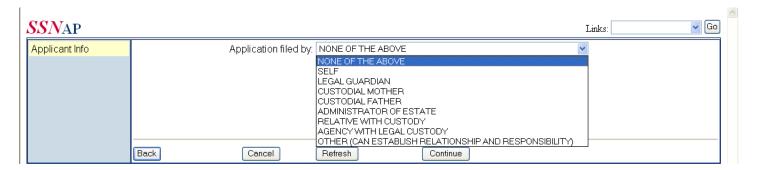


This is an example of selecting Retrieve Application from the Main Menu and entering data for a person who has never applied for a SSN. The user is then given the opportunity to create a new application.

# **Applicant Info – Select Applicant**

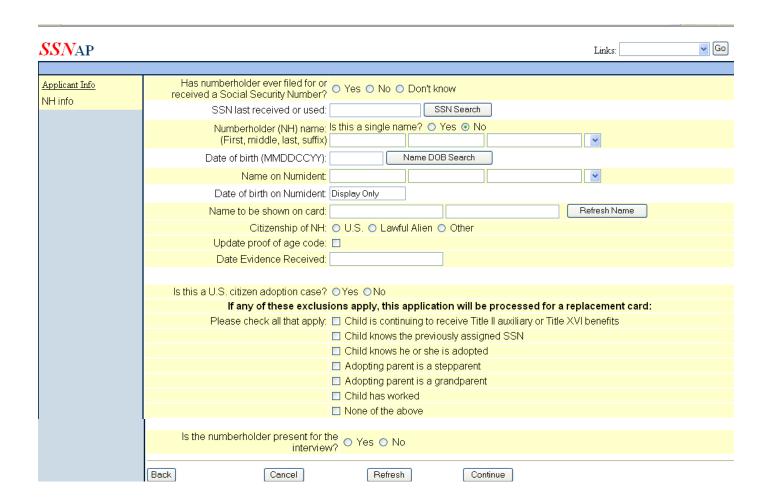


The US Mailing Zip Code is requested to ensure that the applicant is in the proper jurisdiction to best be served. SSA has Card Centers in major cities with their sole function to issue original and replacement SSNs.



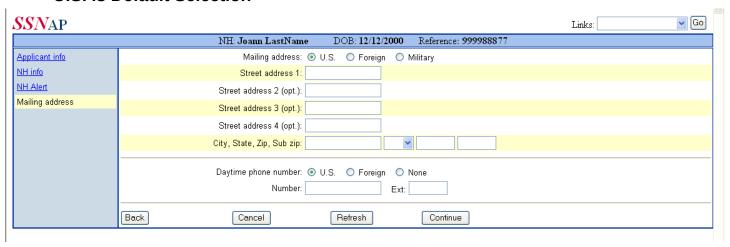
This is the dropdown menu with the possible choices of a proper applicant.

# **Numberholder Information**

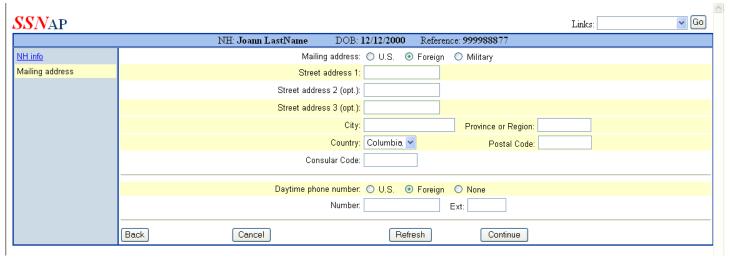


## **Numberholder Address**

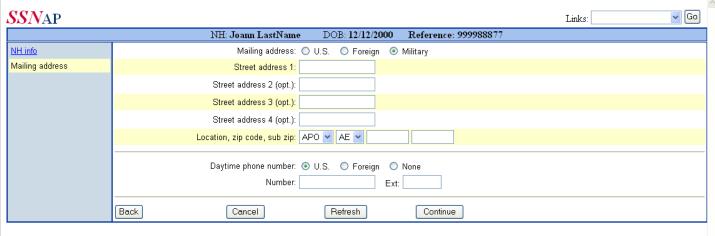
## **U.S.** is Default Selection



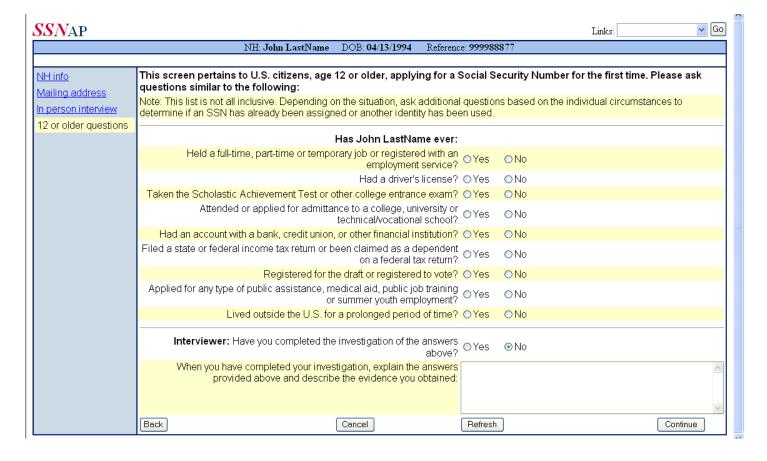
# **Foreign Address Selected**



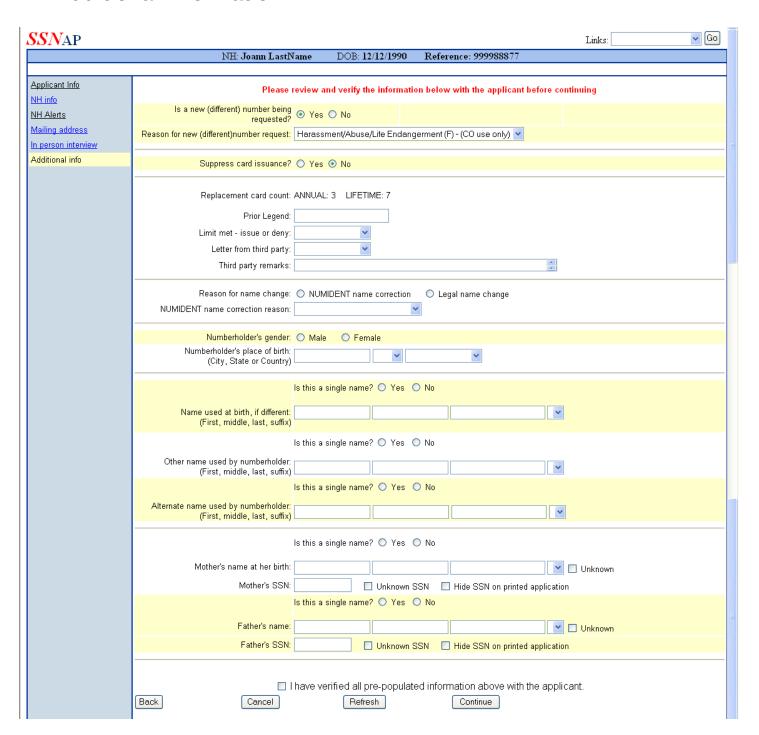
# **Military Address Selected**



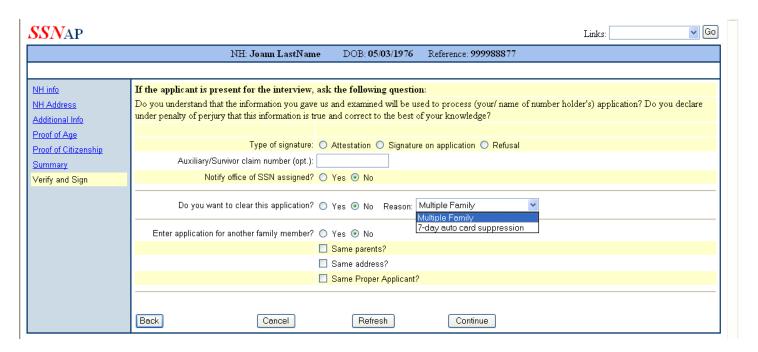
# **U.S. Citizen 12 or Older Interview Questions**



# **Additional Information**



# **Verify and Sign**



# (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** OYes ONo 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**

l	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	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.
l		

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	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 <u>W</u>indow

## **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 <a href="https://www.ssa.gov">www.ssa.gov</a> 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.