Appendix C: SSNAP Screen Designs

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 user is able to select the language of the attestation that is to be presented to the applicant. The corresponding attestation is presented on the screen. 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

SSNAP

Links: [_____ ▼] [Go]

Name: ZOE ARYANNE PHILLIPS DOB: 05/06/2007 Reference Number: 11088016965

Applicant Info	**Number Holder Information**
NH Info	* Has numberholder ever filed for or received a Social Security Number? ● Yes ○ No ○ Don't know
NH Address	SSN last received or used: [491-02-2104]

SSN is now protected. If SSN is not correct, you will need to delete the application and re-key

* Is this a single name? ○ Yes ● No

* Numberholder name (First, middle, last, suffix): [ZOE] [ARYANNE]
[PHILLIPS] [▼]

* Date of birth (mmddccyy): [05/06/2007]

Name on Numident
(First, middle, last, suffix): **ZOE , ARYANNE , PHILLIPS ,**
Date of birth on Numident
(mmddccyy): **05/06/2007**

* Name to be shown on Card: [ZOE ARYANNE]
[PHILLIPS]

Name to be shown on Card(Display only):
```
        ZOE ARYANNE
         PHILLIPS
```
[Center Name]

* Citizenship: ● U.S. ○ Lawful Alien ○ Other

Update proof of age code: ☐

* Date Evidence Received: [03/29/2011]

* Is the applicant requesting a new SSN in a U.S. citizen adoption case? ● Yes ○ No

If any of these exclusions apply, this application will be processed for a replacement card:

* Please Check all that apply: ☑ Child is continuing to receive Title II auxilary or Title XVI benefits
☐ Child knows the previously assigned SSN
☐ Child knows he or she is adopted
☐ Adopting parent is a stepparent
☐ Adopting parent is a grandparent
☐ Child has worked
☐ None of the above

* Is the numberholder present for the interview? ● Yes ○ No

[Back]   [Cancel]   [Refresh]   [Continue]

Numberholder Address

U.S. is Default Selection

SSNAP
Links: [▼] [Go]

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: [ ]

[Back]   [Cancel]   [Refresh]   [Continue]

Foreign Address Selected

SSNAP
Links: [▼] [Go]

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: [Columbia ▼] Postal Code: [ ]
Consular Code: [ ]

Daytime phone number: ○ U.S. ◉ Foreign ○ None
Number: [ ] Ext: [ ]

[Back]   [Cancel]   [Refresh]   [Continue]

Military Address Selected

SSNAP
Links: [▼] [Go]

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: [APO ▼] [AE ▼] [ ] [ ]

Daytime phone number: ◉ U.S. ○ Foreign ○ None
Number: [ ] Ext: [ ]

[Back]   [Cancel]   [Refresh]   [Continue]

12 or Older Interview Questions

U.S. Citizen 12 or Older Interview Questions

SSNAP

Links: [_____ ▾] [Go]

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

Applicant info
Proof of Identity Other than Self
NH Info
NH Address
12 or older

This screen pertains to individuals, 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. (For additional information , see RM 10205.110.)

Has John LastName ever:

*Held a full-time, part-time or temporary job in the U.S.? ○ Yes   ○ No

*Had a U.S. State-issued identification card or driver's license? ○ Yes   ○ No

*Taken the Scholastic Achievement Test or any other U.S. college-related entrance exam? ○ Yes   ○ No

*Attended or applied for admittance to a U.S. college, university or technical/vocational school? ○ Yes   ○ No

*Had a U.S. savings or checking account in a bank, credit union, or other financial institution, or ever owned stocks or bonds? Did the parents or other relatives ever open an account or buy U.S. Savings Bonds for the applicant? ○ Yes   ○ No

*Filed a U.S. Federal or State income tax return or been claimed as a dependent on a U.S Federal tax return of a parent or other relative? ○ Yes   ○ No

*Registered for the U.S.draft or to vote in the U.S.? ○ Yes   ○ No

*Applied for or received any type of U.S. governmental assistance such as TANF, Food Stamps, WIC, Medicaid, medical assistance, 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:

Answers in this box to propagate to the printed application

remaining 400 char, Max. Length: 400 Chars

[Back]   [Cancel]   [Refresh]   [Continue]

Non U.S. Citizen 12 or Older Interview Questions

SSNAP

Links: [_____ ▾] [Go]

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

Applicant info
Proof of Identity Other than Self
NH Info
NH Address
12 or older

This screen pertains to individuals, 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. (For additional information , see RM 10205.110.)

Has John LastName ever:

*Held a full-time, part-time or temporary job in the U.S.? ○ Yes   ○ No

*Had a U.S. State-issued identification card or driver's license? ○ Yes   ○ No

*Taken the Scholastic Achievement Test or any other U.S. college-related entrance exam? ○ Yes   ○ No

*Attended or applied for admittance to a U.S. college, university or technical/vocational school? ○ Yes   ○ No

*Had a U.S. savings or checking account in a bank, credit union, or other financial institution, or ever owned stocks or bonds? Did the parents or other relatives ever open an account or buy U.S. Savings Bonds for the applicant? ○ Yes   ○ No

*Filed a U.S. Federal or State income tax return or been claimed as a dependent on a U.S Federal tax return of a parent or other relative? ○ Yes   ○ No

*Registered for the U.S.draft or to vote in the U.S.? ○ Yes   ○ No

*Applied for or received any type of U.S. governmental assistance such as TANF, Food Stamps, WIC, Medicaid, medical assistance, public job training or summer youth employment? ○ Yes   ○ No

*Ever visited or resided in the U.S. ○ 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:

Answers in this box to propagate to the printed application

remaining 400 char, Max. Length: 400 Chars

[Back]   [Cancel]   [Refresh]   [Continue]

Additional Information

Links: [▾] [Go]

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

Applicant Info	Is a new number being requested? ○ Yes ◉ No
NH info	Reason for new number request: [▾]
NH Alerts	
Mailing address	Suppress card issuance? ○ Yes ◉ No
In person interview	
Additional info	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: [Enter city] [Select State from the dropdown ▾]
(City, State or Country) [Select from the foreign country dropdown list ▾]

Is this a single name? ○ Yes ○ No
Name used at birth, if different: [   ] [   ] [   ] [▾]
(first, middle, last, suffix)
Are there any other names used? ○ Yes ○ No

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)

Parent / Mother's name unknown: ☐
Is this a single name? ○ Yes ○ No
Parent / Mother's name at her birth [   ] [   ] [   ] [▾]
(first, middle, last, suffix):
Parent / Mother's SSN: [   ]   ☐ Unknown SSN   ☐ Hide SSN
Parent / Father's name unknown: ☐
Is this a single name? ○ Yes ○ No
Parent / Father's name [   ] [   ] [   ] [▾]
(first, middle, last, suffix):
Parent / Father's SSN: [   ]   ☐ Unknown SSN   ☐ Hide SSN

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

[Back]   [Cancel]   [Refresh]   [Continue]

Verify and Sign

SSNAP

Links: [▼] [Go]

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

Applicant info

Proof of Identity Other than Self

NH Info

NH Address

12 and Older

Additional Info

Race and Ethnicity

Proof of Age

Proof of Identity

Summary

Verify Sign

If the applicant is present for the interview, read the following statement:

Here is a printed copy of the information that will be used to process (your/name of numberholder's) application. Please review all the information carefully and tell us if anything needs to be corrected.

If the applicant is present for the interview, read the following statement:

Aquí está una copia impresa de la información que se usará para procesar la solicitud (suya/de name of number holder). Favor de revisar toda la información cuidadosamente y díganos si hay algo que tengamos que corregir.

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

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?

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

Entiende que la información que nos dio y revisó se usará para procesar la solicitud (suya/de name of number holder)? Declara usted bajo pena de perjurio que esta información es cierta y verdadera según su mejor entender?

*Type of signature: ○ Attestation ○ Signature on Application ○ Refusal

Auxiliary/Survivor claim number (opt.): [   ]

Notify office of SSN assigned? ○ Yes ● No

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*Do you want to clear this application? ○ Yes ○ No   Reason: [Multiple Family   ▼]

Enter application for another family member? ○ Yes ● No

☐ Same parents?

☐ Same address?

☐ Same Proper Applicant?

[Back]   [Cancel]   [Refresh]   [Continue]

Voluntary Race and Ethnicity Identification

Browser window — Social Security Number Application Process - Windows Internet Explorer

URL: http://s3dc00f.ba.ad.ssa.gov:9080/ssnapWeb/AdditionalInfo.do

Links: [▾] Go

SSNAP

Name: JOSEPH LEON GOULET DOB: 02/17/1905 Reference Number: 11102001244

Applicant Info
NH Info
NH Address
Additional Info
Race and Ethnicity
Proof Of US Citizenship

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/his/her race and ethnicity. **Providing this information is voluntary**, and it will not affect decisions about your/his/her 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 one or more):
Race Definitions

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

More Information

Done   Local intranet | Protected Mode: Off   100%