Appendix C: SSNAP Screen Designs

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Main Menu

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| Application Welcome to SSNAP | | |
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| NAL SECO | 6 | |
| <u>Disallowed Application</u> | E. | |
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| velete Spins | 5 | |
| odate Of the second secon | , S | |
| er Jurisdiction | | |
| al FO Processing | | |
| Processing | | |
| istrator | | |
| e Paper G845 (update mode only) Exit SSNap | | |

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

| | Links: • G |
|----------------------|---|
| Welcome to SS | NAP |
| 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 |
| | Search by ARN 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

| SSN AP | Links: |
|----------------|--|
| | Reference Number: |
| Applicant Info | Select Language for Attestation: English - |
| | If the applicant is present for the interview, read the following statement: During this interview, we will ask you questions that will be used to process (your/ name of numberholder's) application. At the end of the interview, we will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your response. You should be aware that you can be held legally responsible for giving us false information. If the applicant is present for the interview, read the following statement: Durante esta entrevista, le haremos preguntas que se usarán para procesar la solicitud (suya/de name of number holder). Al final de la entrevista, le pediremos que confirme la veracidad de sus respuestas bajo pena de perjurio y documentaremos su respuesta. Debe estar conciente que de acuerdo con la ley podria ser legalmente responsable por darnos información falsa. |
| | Application filed by: |
| | U.S. Mailing Zip Code: 📃 U.S. Mailing Zip Code not involved |
| | Back Cancel Refresh Continue |

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.

| SSN AP | | Links: 🔽 🔽 Go |
|----------------|--|---------------|
| Applicant Info | Application filed by: NONE OF THE ABOVE | ~ |
| | 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

| Number Holder Information Number Holder Information Number Holder Information Number Status Number Status Number Million Number Status Name Status Status Status Name Status Status Name Status Status | SSNAP | | Links: |
|--|---------------------------|--|---|
| Applicant two Will have Wi | | Name: ZOE ARYANNE PHILLIPS D | DB: 05/06/2007 Reference Number: 11088016965 |
| Applicating * Haro * Haro * No Dot to wow Number 2 SSN is are verified for or received a 'Social Security 's 'Vas' > No SSN is now protected. If SSN is not correct, you will need to delete the application and re- key * Is the a single many ? * Ss 's No * * St the a single many ? * Ss 's No * St the a single many ? * Ss 's No * Units * * * Date of birth (middle; ver)? St(Date of Variance) * * Date of birth (middle; ver)? St(Date of Variance) * * Date of birth (middle; ver)? St(Date of Variance) * * Date of birth (middle; ver)? St(Date of Variance) * * Name to be shown on Card(Display orly)? 20E APYANNE * * Objective of using a code: * * * * Objective of using a code: * * * * Objective a using a code is code: * * * * Date Evidence Received: St(Date of Variance) * * * Bit wapploant requesting a new SSN in a U.S. citizen % res No No Apploin case? * Bit way of these exclusions apply, this application will | | Number Holder Information | |
| Minddess Winder? SSN last received or used: 401022104'' * Numberholder name? * Date of birth (mmddcry)? * Obsec of birth on Numidet (first, midel, last, suffit): ZOE ARYANNE PHILIPS Name to be shown on Card * Name to be shown on Card(Display only): * Obsec order: | Applicant Info NH Info | * Has numberholder ever filed for or received a Social Security | ● Yes ○ No ○ Don't know |
| SN last received or user is 49:02:104 SSN is not correct, you will need to delets the application and re- key * Is this a single name? * Use For Note from the SSN is not correct, you will need to delets the application and re- key * Use For Note from the SSN is not correct, you will need to delets the application and re- key * Use For Note from the SSN is not correct, you will need to delets the application and re- key * Date of birth (mmddccy); 05/06/2007 * Name to be shown on Card (20E ARYANNE / PHILLPS , Date of birth on Numident (mmddccy); 05/06/2007 * Name to be shown on Card (20E ARYANNE PHILPS Name to be s | NH Address | Number? | |
| SSN is now protected. If SSN is not correct, you will need to delete the application and re- key * Is the a single name? Yes * No * Numberholder name CZE APVANNE PHILIPS * Date of birth (muddcry): 6506/0007 * Date of birth (muddcry): 6506/2007 * Name to be shown on Card CDE ARVANNE PHILIPS, Date of birth on Numideet (First, midde, last, suffix): ZOE ARVANNE PHILIPS, Date of birth on Numideet (First, midde, last, suffix): ZOE ARVANNE PHILIPS, Date of birth on Numideet (First, midde, last, suffix): ZOE ARVANNE PHILIPS Name to be shown on Card CDE ARVANNE PHILIPS Name to be shown on Card CDE ARVANNE PHILIPS Name to be shown on Card CDE ARVANNE PHILIPS * Other Update proof of age code: * Other Evidence Received: 02/20201 * Is the applicant requesting a new SSN in a U.S. citizen & Yes No adoption case? If any of these exclosions 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 Didid knows the previously assigned SSN Child knows the previously assigned SSN Child knows the previously assigned SSN Child knows the a stepparent Adopting parent is a steppa | | SSN last received or used: | 491-02-2104 |
| * Is this a single name? Yes * No * "Date of birth (mmddccyy): 5(506,2007) * Date of birth (mmddccyy): 5(506,2007) Name on Numident (Fist, midd, last, suffix): 20E, ARYANNE, PHILLIPS, Date of birth on Numident (mmddccyy): 55/06/2007 * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE PHILLPS * Name to be shown on Cart 20E ARYANNE | | | SSN is now protected. If SSN is not correct, you will need to delete the application and re- key |
| Numberholder mane ZOE AFYANNE (First, midde, last, suffix): PHILIPS | | * Is this a single name? | ○ Yes ● No |
| <pre>(Inst.Initiale; last. duily. PHILLPS * Date of birth (mmddccyy): 05/06/2007 Name on Numident (Frist, midde, last, suffy): 205 / ARYANNE, PHILLPS, Date of birth on Numident (mmddccyy): 05/06/2007 * Name to be shown on Card() ZOE ARYANNE PHILLPS Name to be</pre> | | * Numberholder name (First middle last suffix) | ZOE ARYANNE |
| • Date of birth (mmddccyy): 05/06/2007 Name on Numident (First, midde, last, suffa): ZOE, ARYANNE, PHILLIPS, Date of birth on Numident (mmddccyy): 05/06/2007 • Name to be shown on Card(ZOE ARYANNE) PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): 20E, ARYANNE PHILIPS Name to be shown on Card(Display only): CenterName • Other Other Update proof of age code: • Other Update proof of age code: • Date Evidence Received: (Bi202)(Display only): If any of these exclusions apply, this application will be processed for a replacement card: • Please Check all that apply: Child knows the previously assigned SSN © Child knows the previously assigned SSN © Child knows the or she is adopted © Adopting parent is a stepparent © Child knows the reviously assigned SSN © India knows de None of the above • Is the numberholder present for the interview? @ Yes No Back Cancel Person Contemport Person Contemport Person Contemport Person Conte | | (First, findule, last, suffix). | PHILLIPS • |
| Name on Numident (First, middle, last, suffs): ZOE , ARYANNE , PHILLIPS , Date of birth on Numident (minddccyy): IS/06/2007 * Name to be shown on Card (ZOE ARYANNE PHILLPS Name to be shown on Card (Display only): 20E ARYANNE PHILLPS Name to be shown on Card (Display only): 20E ARYANNE PHILLPS Name to be shown on Card (Display only): 20E ARYANNE PHILLIPS Center Name * Other of of age code: * Date Evidence Received: 10/202011 * Is the applicant requesting a new SSN in a U.S. citizen @ Yes No adoption case? If any of these exclusions apply, this application will be processed for a replacement card: * Please Check all that apply: (Child knows the previously assigned SSN Child knows he or she is adopted Adopting parent is a stepparent Adopting parent is a stepparent Adopting parent is a grandparent Child know set None of the above | | * Date of birth (mmddccyy): | 05/06/2007 |
| (Fist, midde, last, suffix): 20E, 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): 20E ARYANNE PHILLIPS Name to be shown on Card(Display only): 20E ARYANNE PHILLIPS Name to be shown on Card(Display only): 20E ARYANNE PHILLIPS Center Name • Citizenship: @ U.S., Lawful Alien • Other Update proof of age code: • Date Evidence Received: 029/2011 • Is the applicant requesting a new SSN in a U.S. Citizen • Yes • No adoption case? 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 has worked • None of the above • Is the numberholder present for the in | | Name on Numident | |
| Date of bith on Numident (mnddccyy): 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 • Ctizenship: @ U.S., Date Evidence Received: 01/202111 • Date Evidence Received: 03/29/2011 • Is the applicant requesting a new SSN in a U.S. citizen adoption case? If any of these exclusions apply, this application will be processed for a replacement card: • Please Check all that apply: • Please Check all that apply: • Did knows he or she is adopted Adopting parent is a stepparent • Child knows he or she is adopted • Adopting parent is a grandparent • Child has worked • None of the above • Is the numberholder present for the interview? • Yes • No Back Cancel Refersh | | (First, middle, last, suffix): | ZOE, ARYANNE, PHILLIPS, |
| • Name to be shown on Card [ZOE ARYANNE PHILLPS Name to be shown on Card [Display only]: ZOE ARYANNE PHILLPS • Citizenship: • U.S. Cawful Alien O Other • Citizenship: • U.S. Cawful Alien O Other • Update proof of age code: • Date Evidence Received: 03/29/2011 • Is the applicant requesting a new SSN in a U.S. citizen • Yes No adoption case? 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 or she is adopted ○ Child knows the or she is adopted ○ Child knows the or she is a grandparent ○ Child has worked Non or of the above • Is the numberholder present for the interview? • Yes No Eack Cancel Eetsel | | Date of birth on Numident (mmddccvv): | 05/06/2007 |
| Name to be shown on Card: ZOE ARYANNE PHILIPS Name to be shown on Card(Display only): ZOE ARYANNE PHILIPS Center Name Citizenship: U.S., Lawful Alien O Other Update proof of age code: * Date Evidence Received: U3/29/2011 * Is the applicant requesting a new SSN in a U.S. citizen @ Yes No adoption case? If any of these exclusions apply, this application will be processed for a replacement card: * Please Check all that apply: Child knows the previously assigned SSN Child knows he or she is adopted Adopting parent is a stepparent Child has worked None of the above * Is the numberholder present for the interview? Yes No Back Cancel | | (| |
| PHILLIPS Name to be shown on Card(Display only): ZOE ARYANNE PHILLIPS CenterName Ottizenship: 0.5. Lawful Alien Other Update proof of age code: | | * Name to be shown on Card: | ZOE ARYANNE |
| Name to be shown on Card(Display only): ZOE ARYANNE PHILLIPS Center Name * Citizenship: 0.5. • Date Evidence Received: 03(29)(2011 * Is the applicant requesting a new SSN in a U.S. citizer Yes Non adoption caser • 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 None of the above None | | | PHILLIPS |
| PHILIPS Cenjer Name Citizenship: U.S. Lawful Alien Other Update proof of age code: | | Name to be shown on Card(Display only): | ZOE ARYANNE |
| 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 • Yes • No adoption case? If any of these exclusions apply, this application will be processed for a replacement card: • Please Check all that apply: Child knows the previously assigned SSN Child knows the previously assigned SSN Child knows the 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 Qancel Beresh Coginue Coginue | | | PHILLIPS |
| 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 @ Yes No adoption case? If any of these exclusions apply, this application will be processed for a replacement card: " Please Check all that apply: I 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? Wes No Back Cancel | | | Center Name |
| Update proof of age code: • Date Evidence Received: 03/29/2011 • Is the applicant requesting a new SSN in a U.S. citizen • Yes No adoption case? 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 the previously assigned SSN Child knows the 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 * Is the numberholder present for the interview? • Yes No | | * Citizenship: | ● U.S. ○ Lawful Alien ○ Other |
| * Date Evidence Received: 03/29/2011 * Is the applicant requesting a new SSN in a U.S. citizen @ Yes @ No adoption case? 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 @ gancel Back @ gancel | | Update proof of age code: | |
| Is the applicant requesting a new SSN in a U.S. citizen Yes No adoption case? 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 Qancel Befesh Cogtinue | | * Date Evidence Received: | 03/29/2011 |
| * Is the applicant requesting a new SSN in a U.S. citizen • Yes No adoption case? If any of these exclusions apply, this application will be processed for a replacement card: * Please Check all that apply: V 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 | | | |
| If any of these exclusions apply, this application will be processed for a replacement card: * Please Check all that apply: ① 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 Child has worked None of the above * Is the numberholder present for the interview? • Yes No Back Cancel | | * Is the applicant requesting a new SSN in a U.S. citizen adoption case? | ⊚ Yes O No |
| Please Check all that apply: V 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 Please the numberholder present for the interview? Ves No Back Cancel Refresh Continue | | If any of these exclusions appl | y, this application will be processed for a replacement card: |
| 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 | | * Please Check all that apply: | Child is continuing to receive Title II auxilary or Title XVI benefits |
| Child knows he or she is adopted Adopting parent is a stepparent Adopting parent is a grandparent Adopting parent is a grandparent Child has worked None of the above | | | Child knows the previously assigned SSN |
| Adopting parent is a stepparent Adopting parent is a grandparent 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 | | | Child knows he or she is adopted |
| 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 | | | Adopting parent is a stepparent |
| Child has worked None of the above T Is the numberholder present for the interview? Yes No Back Continue Continue | | | Adopting parent is a grandparent |
| Image: Second | | | Child has worked |
| T is the numberholder present for the interview? | | | None of the above |
| Back Cancel Refresh Continue | | * Is the numberholder present for the interview? | © Yes ⊙ No |
| | | Back Cancel | Refresh Continue |

Numberholder Address

U.S. is Default Selection

| <i>SSN</i> AP | | Links: | 🖌 Go |
|-----------------|---|--------|------|
| | NH: Joann LastName DOB: 12/12/2000 Reference: 999988877 | | |
| Applicant info | Mailing address: 💿 U.S. 🔘 Foreign 🔘 Military | | |
| <u>NH info</u> | Street address 1: | | |
| NH Alert | Street address 2 (opt.): | | |
| Mailing address | Street address 3 (opt.): | | |
| | Street address 4 (opt.): | | |
| | City, State, Zip, Sub zip: | | |
| | Daytime phone number: ③ U.S. 〇 Foreign 〇 None Number: | | |
| | Back Cancel Refresh Continue | | |

Foreign Address Selected

| SSN AP | Links: Go |
|-----------------|---|
| | NH: Joann LastName DOB: 12/12/2000 Reference: 999988877 |
| <u>NH info</u> | Mailing address: 🔿 U.S. 💿 Foreign 🔿 Military |
| Mailing address | 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

| <i>SSN</i> ap | | Links: | 🖌 Go |
|-----------------|---|--------|------|
| | NH: Joann LastName DOB: 12/12/2000 Reference: 999988877 | | |
| NH info | Mailing address: 🔿 U.S. 🔿 Foreign 💿 Military | | |
| Mailing address | 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: | | |
| | Back Cancel Refresh Continue | | |

12 or Older Interview Questions

U.S. Citizen 12 or Older Interview Questions

| SSNAP | Links: | |
|---|---|--------------------|
| | NH: John LastName DOB: 04/13/1994 Reference: 999988877 | |
| Applicant info Proof of Identity Other than Self NH Info | This screen pertains to individuals, age 12 or older, applying for a Social Security Number for the first time. Please ask questions si 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 S already been assigned or another identity has been used. (For additional information , see RM 10205.110.) | milar to SN has |
| NH Address | Has John LastName ever: | |
| 12 or older | *Held a full-time, part-time or temporary job in the U.S.? O Yes O No | |
| | *Had a U.S. State-issued identification card or driver's license? Ves No | |
| | *Taken the Scholastic Achievement Test or any other U.S. college-related entrance exam? O Yes O No | |
| | *Attended or applied for admittance to a U.S. college, university or technical/vocational school? O Yes O 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 Yes open an account or buy U.S. Savings Bonds for the applicant? | |
| | *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? | |
| | *Registered for the U.S.draft or to vote in the U.S.? O Yes O 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 O Yes youth employment? | |
| | *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 | |
| | | |

Non U.S. Citizen 12 or Older Interview Questions

| SSNAP | Links: 🔹 🗣 |
|---|---|
| | NH: John LastName DOB: 04/13/1994 Reference: 999988877 |
| Applicant info Proof of Identity Other than Self NH Info | 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.) |
| NH Address | Has John LastName ever: |
| 12 or older | *Held a full-time, part-time or temporary job in the U.S.? O Yes O No |
| | *Had a U.S. State-issued identification card or driver's license? O Yes O No |
| | *Taken the Scholastic Achievement Test or any other U.S. college-related entrance exam? Ves O 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 ○ Yes ○ No open an account or buy U.S. Savings Bonds for the applicant? |
| | *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? O No |
| | *Registered for the U.S.draft or to vote in the U.S.? O Yes O 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 Yes No youth employment? |
| | *Ever visited or resided in the U.S. O Yes O 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

| SSNAP | | | | Links: | ▼ Go |
|---------------------|---|---------------------------|--|---------|------|
| | NH: Joann LastName | DOB: 12/12/1990 | Reference: 999988877 | | |
| A list lafe | la a num numbra baira annuatado | <u> </u> | | | |
| Applicant Into | is a new number being requested? | ○ Yes 	 No | | | |
| NH Alerts | Reason for new number request: | | * | | |
| Mailing address | Suppress card issuance? | ⊙ Yes ⊚ No | | | |
| In person interview | | | | | |
| Additional info | Replacement card count: | ANNUAL: 3 LIFETI | ME: 7 | | |
| | Prior Legend: | | | | |
| | Limit met - issue or deny: | - | | | |
| | Letter from third party: | • | | | |
| | Third party remarks: | | | A T | |
| | Reason for name change: | NUMIDENT name | e correction 💿 Legal name change | | |
| | NUMIDENT name correction reason: | | • | | |
| | Numberholder's gender: | ◯ Male ◯ Fem | ale | | |
| | Numberholder's place of birth: | Enter city | Select State from the dropdown | • | |
| | (City, State or Country) | Select from the forei | gn 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 | | | |
| | (first, middle, last, suffix) | | | - | |
| | | | | | |
| | Is this a single name? | ⊙ Yes ⊙ No | | | |
| | (first, middle, last, suffix) | | | • | |
| | | | | | |
| | Parent / Mother's name unknown: | | | | |
| | Is this a single name? | 🛇 Yes 🛇 No | | | |
| | Parent / Mother's name at her birth | | | • | |
| | 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 | | |
| | | l Have verified all pre-p | oopulated information above with the app | licant. | |
| | | | | | |
| | Back Cancel Refr | esh | Continue | | |
| | | | | | |

Verify and Sign

| SSN AP | Links: | Go | | | | |
|---|---|----|--|--|--|--|
| | NH: Joann LastName DOB: 05/03/1976 Reference: 999988877 | | | | | |
| | | | | | | |
| Applicant info | If the applicant is present for the interview, read the following statement: | | | | | |
| Proof of Identity Other than Self | 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. | | | | | |
| <u>NH Info</u> | | | | | | |
| NH Address | If the applicant is present for the interview, read the following statement: | | | | | |
| <u>12 and Older</u> Additional Info | Aqui 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 diganos si hay algo que tengamos que corregir. | | | | | |
| Race and Ethnicity | | | | | | |
| Proof of Age | If the applicant is present for the interview, ask the following questions: | | | | | |
| Proof of Identity | 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 periury that this information is true and correct to the best of your knowledge? | | | | | |
| <u>Summary</u> | | | | | | |
| Verify Sign | 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 seqún su mejor entender? | | | | | |
| | | | | | | |
| | *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 ▼ | | | | | |
| Enter application for another family member? 🔿 Yes 💿 No | | | | | | |
| | Same parents? | | | | | |
| | Same address? | | | | | |
| | Same Proper Applicant? | | | | | |
| | | _ | | | | |
| | Back Cancel Refresh Continue | | | | | |

Voluntary Race and Ethnicity Identification

| 🏉 Social Security Number A | pplication Process - Windows Internet Explorer | | | _ • • | | | |
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| 🕒 🗸 🖉 http://s30 | dc00f.ba.ad.ssa.gov:9080/ssnapWeb/AdditionalInfo.do | • 4 × | Live Search | ۶ - | | | |
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| 😭 🏟 🎉 Social Secu | rity Number Application Process | h • | 🔊 🔹 🖶 🔹 🔂 | <u>P</u> age ▼ ۞ T <u>o</u> ols ▼ [≫] | | | |
| | | | | | | | |
| SSNAP | Links: | | | <u>+</u> <u></u> | | | |
| Name: JOSEPH LEON GOULET DOB: 02/17/1905 Reference Number: 11102001244 | | | | | | | |
| Applicant Info | Voluntary Race and Ethnicity Identification | | | | | | |
| NH Info | The next two questions are about ethnicity and race. | | | | | | |
| NH Address Additional Info Race and Ethnicity Proof Of US Citizenship | 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. <u>More Information</u> | | | | | | |
| | Are you (is he/she) Hispanic or Latino? (Select one): Ethnicity Definitions O Yes O No O 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 | | .ocal intranet Pro | tected Mode: Off | • | | | |
| | | | | 1 40 | | | |