


SSNAP Screen Designs

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Main Menu

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Application Information Screen

SSN_{AP}

Links:

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| Application Information | <p>Application Information</p> <p>* What type of application is this: <input type="radio"/> In Person <input type="radio"/> By Mail</p> <p>* How are the proofs presented: <input type="radio"/> In Person <input type="radio"/> By Mail</p> <p>* Select Language for Attestation/Privacy Act Statement: <input type="text" value="English"/> <input type="text" value="Spanish"/></p> <p>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.</p> <p>Sections 205(c) and 702 of the Social Security Act (Act) allows us to collect your information, which we will use to provide the Social Security number or card services you requested. Providing this information is voluntary, but not providing the information may prevent us from assisting you. We may disclose your information as law permits, including to employers, our contractors, and others listed in routine uses in System of Records Notice 60-0058. Your information may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and debts under these programs. The Act also allows us to collect your race and ethnicity information for research and statistical purposes. Providing this information is voluntary and will not be used in decisions about your application. We may disclose your race and ethnicity as law permits, including to our contractors and others listed in routine uses in System of Records Notice 60-0104. See our notices at www.ssa.gov/privacy.</p> <p>* Application Filed By: <input type="text"/></p> <p><input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Refresh"/> <input type="button" value="Continue"/></p> |
|-------------------------|---|

| | |
|-------------------------|---|
| Application Information | <p>Application Information</p> <p>* What type of application is this: <input type="radio"/> In Person <input type="radio"/> By Mail</p> <p>* How are the proofs presented: <input type="radio"/> In Person <input type="radio"/> By Mail</p> <p>* Select Language for Attestation/Privacy Act Statement: <input type="text" value="English"/></p> <p>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.</p> <p>Sections 205(c) and 702 of the Social Security Act (Act) allows us to collect your information, which we will use to provide the Social Security number or card services you requested. Providing this information is voluntary, but not providing the information may prevent us from assisting you. We may disclose your information as law permits, including to employers, our contractors, and others listed in routine uses in System of Records Notice 60-0058. Your information may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and debts under these programs. The Act also allows us to collect your race and ethnicity information for research and statistical purposes. Providing this information is voluntary and will not be used in decisions about your application. We may disclose your race and ethnicity as law permits, including to our contractors and others listed in routine uses in System of Records Notice 60-0104. See our notices at www.ssa.gov/privacy.</p> <p>* Application Filed By: <input type="text" value="Self"/></p> <p><input type="button" value="Back"/> <input type="button" value="Cancel"/></p> <ul style="list-style-type: none"> Self Court Appointed Legal Guardian Custodial Mother Custodial Father Administrator of Estate Relative with Custody of Child State Agency or State Licensed Agency with Legal Custody Individual Who Can Establish Relationship and Responsibility None of The Above |
|-------------------------|---|

Numberholder Information Screen

SSN^{AP}

Links:

Reference Number: 21253126970

Application Information
Proof Of Identity, Other
NH Info

Number Holder Information

* Has numberholder ever filed for or received a Social Security Number? Yes No Don't know

SSN last received or used: XXX-XX-XXXX

* Is this a single name? Yes No

* Numberholder name (First, middle, last, suffix): MICHELLE LEE GIFFORD WATERS

* Date of birth (mmddccyy): 11/29/2009

Name on Numident
(First, middle, last, suffix): MICHELLE , LEE , GIFFORD WATERS ,

Date of birth on Numident
(mmddccyy): 11/29/1969

* Name to be shown on Card: MICHELLE LEE GIFFORD WATERS

Name to be shown on Card(Display only):
MICHELLE LEE
GIFFORD WATERS
Center Name

* Citizenship: U.S. Lawful Alien Other

* Date Evidence Received: 09/10/2021

* 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 auxiliary 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

Numberholder Address

U.S. is Default Selection

SSN^{AP}

Links: Go

Name: TEST TESTING DOB: 11/11/1999 Reference Number: 21258128361

| | |
|--------------------------------|----------------|
| Application Information | Address |
| NH Info | |
| NH Address | |
| 12 or Older | |

* Mailing Address: U.S. Foreign Military

* Street Address 1:

Street Address 2:

Street Address 3:

Street Address 4:

* City:

* State:

* Zip:

* Daytime phone number: U.S. Foreign None

Back Cancel Refresh Continue

Foreign Address Selected

SSN^{AP}

Links: Go

Name: TEST TESTING DOB: 11/11/1999 Reference Number: 21258128361

| | |
|--------------------------------|----------------|
| Application Information | Address |
| NH Info | |
| NH Address | |
| 12 or Older | |

* Mailing Address: U.S. Foreign Military

* Street Address 1:

Street Address 2:

Street Address 3:

* City:

Province or Region:

* Country:

Postal Code:

* Consular Code:

* Daytime phone number: U.S. Foreign None

Back Cancel Refresh Continue

Military Address Selected

SSN^{AP}

Links: Go

Name: TEST TESTING DOB: 11/11/1999 Reference Number: 21258128361

| | |
|--------------------------------|----------------|
| Application Information | Address |
| NH Info | |
| NH Address | |
| 12 or Older | |

* Mailing Address: U.S. Foreign Military

* Street Address 1:

Street Address 2:

Street Address 3:

Street Address 4:

* Location, zip code:

* Daytime phone number: U.S. Foreign None

Back Cancel Refresh Continue

12 or Older Interview Questions

U.S. Citizen 12 or Older Interview Questions

SSN^{AP}

Links:

| | |
|--|---|
| Name: TEST TESTING DOB: 11/11/1999 Reference Number: 21258128361 | |
| Application Information NH Info NH Address 12 or Older | This screen pertains to individuals who are U.S. citizens, age 12 or older, applying for a Social Security Number(SSN) for the first time. Please ask questions similar to the following: Note: This list is not all-inclusive. Ask additional questions, as necessary, to determine if the applicant already has an SSN or has used another identity. (For additional information, see RM 10205.112.) Has TEST TESTING ever: * Held a full-time, part-time or temporary job in the U.S.? <input type="radio"/> Yes <input type="radio"/> No * Had a U.S. State-issued Identification card or drivers license? <input type="radio"/> Yes <input type="radio"/> No * Taken the Scholastic Achievement Test or any other U.S. college-related entrance exam? <input type="radio"/> Yes <input type="radio"/> No * Attended or applied for admittance to a U.S. college, university or technical/vocational school? <input type="radio"/> Yes <input type="radio"/> No * Had a U.S. saving 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No * Registered for the U.S. draft or to vote in the U.S.? <input type="radio"/> Yes <input type="radio"/> No * Applied for or received a U.S. Federal or State funded benefit such as, TANF, Food Stamps, WIC, Medicaid, medical assistance, public job training or summer youth employment? <input type="radio"/> Yes <input type="radio"/> No * Lived outside the U.S. for a prolonged period of time? <input type="radio"/> Yes <input type="radio"/> No * Interviewer: Have you completed the investigation of the answers to all questions presented to the applicant? <input type="radio"/> Yes <input checked="" type="radio"/> No When you have completed your investigation, explain the answers provided above and describe the evidence you obtained: <input type="text"/> Remaining 400 Chars, Max. Length: 400 Chars <input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Refresh"/> <input type="button" value="Continue"/> |

Non U.S. Citizen 12 or Older Interview Questions

SSN^{AP}

Links:

| | |
|--|---|
| Name: TEST TESTING DOB: 11/11/1999 Reference Number: 21258128361 | |
| Application Information NH Info NH Address 12 or Older | This screen pertains to individuals who are non-U.S. citizens, age 12 or older, applying for a Social Security Number (SSN) for the first time. Please ask questions similar to the following: Note: This list is not all-inclusive. Ask additional questions, as necessary, to determine if the applicant already has an SSN or has used another identity. (For additional information, see RM 10205.113.) Has TEST TESTING ever: * Visited or lived in the United States? <input type="radio"/> Yes <input type="radio"/> No * Applied for or received a U.S. Federal or State funded benefit such as, TANF, Food Stamps, WIC, Medicaid, medical assistance, public job training or summer youth employment? <input type="radio"/> Yes <input type="radio"/> No * Interviewer: Have you completed the investigation of the answers to all questions presented to the applicant? <input type="radio"/> Yes <input checked="" type="radio"/> No When you have completed your investigation, explain the answers provided above and describe the evidence you obtained: <input type="text"/> Remaining 400 Chars, Max. Length: 400 Chars <input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Refresh"/> <input type="button" value="Continue"/> |

Additional Information

SSN_{AP}

Links:

Name: TEST TESTING DOB: 11/11/1999 Reference Number: 21258128428

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|--|---|
| Application Information NH Info NH Address 72 or Other Additional Info | <p>Number Holder Additional Information</p> <p>* Suppress card issuance? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>* Numberholder gender: <input type="radio"/> Male <input type="radio"/> Female</p> <p>* Numberholder's place of birth (City, State or Country): <input type="text"/></p> <p>Is this a single name? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Name used at birth, if different (first, middle, last, suffix): <input type="text"/></p> <p>Are there any other names used? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Parent / Mother's name unknown: <input type="checkbox"/></p> <p>* Is this a single name? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>* Parent / Mother's name at her birth (first, middle, last, suffix): <input type="text"/></p> <p>Parent / Father's name unknown: <input type="checkbox"/></p> <p>* Is this a single name? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>* Parent / Father's name (first, middle, last, suffix): <input type="text"/></p> <p><input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Refresh"/> <input type="button" value="Continue"/></p> |
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SSN_{AP}

Links:

Name: MICHELLE LEE GIFFORD WATERS DOB: 11/29/1969 Reference Number: 21258128434

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|---|---|
| Application Information NH Info NH Address Additional Info | <p>Number Holder Additional Information</p> <p>* Is a new (different) number being requested? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>* Reason for new (different) number request: <input type="text"/> <ul style="list-style-type: none"> Sequential SSNs, Same Family Scrambled Earnings Religious/Cultural Objection SSN Misuse and Disadvantage Harassment/Abuse/Life Endangerment </p> <p>* Suppress card issuance? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>* Numberholder gender: <input type="radio"/> Male <input type="radio"/> Female</p> <p>* Numberholder's place of birth (City, State or Country): <input type="text"/></p> |
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SSN_{AP}

Links:

Name: MICHELLE LEE GIFFORD WATERS DOB: 11/29/1969 Reference Number: 21258128434

| | |
|---|---|
| Application Information NH Info NH Address Additional Info | <p>Number Holder Additional Information</p> <p>* Is a new (different) number being requested? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>* Suppress card issuance? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Replacement Card Count: ANNUAL: 0 LIFETIME: 2</p> <p>* Numberholder gender: <input type="radio"/> Male <input checked="" type="radio"/> Female</p> <p>* Numberholder's place of birth (City, State or Country): <input type="text"/> <ul style="list-style-type: none"> Alabama Alaska American Samoa Arizona </p> <p>Is this a single name? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> |
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SSN_{AP}

Links:

Name: MICHELLE LEE GIFFORD WATERS DOB: 11/29/1969 Reference Number: 21258128434

| | |
|---|--|
| Application Information NH Info NH Address Additional Info | <p>Number Holder Additional Information</p> <p>* Is a new (different) number being requested? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>* Reason for new (different) number request: <input type="text"/></p> <p>* Suppress card issuance? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>* Numberholder gender: <input type="radio"/> Male <input checked="" type="radio"/> Female</p> <p>* Numberholder's place of birth (City, State or Country): <input type="text"/> Number holder place of birth country</p> <p>Is this a single name? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Name used at birth, if different (first, middle, last, suffix): <input type="text"/></p> <p>Are there any other names used? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Parent / Mother's name unknown: <input type="checkbox"/></p> <p>* Is this a single name? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>* Parent / Mother's name at her birth (first, middle, last, suffix): <input type="text"/></p> <p>Parent / Father's name unknown: <input type="checkbox"/></p> <p>* Is this a single name? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>* Parent / Father's name (first, middle, last, suffix): <input type="text"/></p> <p><input type="button" value="Back"/> <input type="button" value="Cancel"/></p> <ul style="list-style-type: none"> Afghanistan (01/01/1900-PRESENT) Albania (11/29/1912-PRESENT) Algeria (01/01/1900-PRESENT) Andorra (01/01/1900-PRESENT) Angola (01/01/1900-PRESENT) Anguilla (06/15/1974-PRESENT) Antarctica (01/01/1900-PRESENT) Antigua (01/01/1900-05/18/1983) Antigua and Barbuda (05/19/1983-PRESENT) Argentina (01/01/1900-PRESENT) Armenia (01/03/1992-PRESENT) Aruba (01/01/1900-PRESENT) Ashmore and Carter Islands (05/19/1983-PRESENT) Australia (01/01/1900-PRESENT) Austria (01/01/1900-PRESENT) Azerbaijan (01/03/1992-PRESENT) Bahamas, the (01/01/1900-PRESENT) Bahrain (01/01/1900-PRESENT) Baker Island (01/01/1900-01/02/1900) Bangladesh (12/16/1971-PRESENT) Barbados (01/01/1900-PRESENT) Basques de India (01/01/1900-PRESENT) Beaumont (01/01/1900-10/03/1968) Belarus (09/08/1992-PRESENT) Belgium (01/01/1900-PRESENT) Belize (06/15/1974-PRESENT) Benin (05/20/1983-PRESENT) Benin (04/30/1976-05/19/1983) Berlin, West (01/01/1949-06/14/1974) |
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Voluntary Race and Ethnicity Identification

SSNAP

Links:

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|---|---|
| Name: TEST TESTING DOB: 11/11/1999 Reference Number: 21258128428 | |
| Application Information NH Info NH Address 12 or Older Additional Info Race and Ethnicity Proof Of Age | <h3>Voluntary Race and Ethnicity Identification</h3> <p>If the applicant is present for the interview, read the following statement:</p> <p>The next two questions are about race and ethnicity. Providing this information is voluntary and will not affect your application.</p> <p>We are requesting this information for research and statistical purposes, to ensure we treat our customers fairly and equally. We hope you will share this information with us.</p> <p>More Information</p> <p>Are you (is he/she) Hispanic or Latino ? (Select one):</p> <p>Ethnicity Definitions</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Response</p> <p>What is your/his/her race? (Read list, select one or more):</p> <p>Race Definitions</p> <p><input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No Response Race (Do not use if actual race selected)</p> <p>More Information</p> <p><input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Refresh"/> <input type="button" value="Continue"/></p> <p>Display Help</p> |

Verify and Sign

SSNAP

Links:

| Name: MICHELLE LEE GIFFORD WATERS DOB: 11/29/1969 Reference Number: 21258128398 | |
|---|--|
| Application Information | If the applicant is present for the interview, read the following statement: |
| NH Info | Here is a printed copy of the information that will be used to process your application. Please review all the information carefully and tell us if anything needs to be corrected. |
| NH Address | If the applicant is present for the interview, ask the following questions: |
| Additional Info | Do you understand that the information you gave us and examined will be used to process your application? Do you declare under penalty of perjury that this information is true and correct to the best of your knowledge? |
| Race and Ethnicity | * Type of Signature: <input type="radio"/> Attestation <input type="radio"/> Signature on application <input type="radio"/> Refusal |
| Proof of Identity | Auxiliary/Survivor claim number (opt.): <input type="text"/> |
| Summary | Notify office of SSN assigned? <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Verify Sign | * Do you want to clear this application? <input type="radio"/> Yes <input type="radio"/> No Reason: <input type="text"/> |
| | Enter application for another family member? <input checked="" type="radio"/> Yes <input type="radio"/> No |
| | <input type="checkbox"/> Same parents? |
| | <input type="checkbox"/> Same address? |
| | <input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Refresh"/> <input type="button" value="Continue"/> |