

Action : Change

Issue: Social Security Number

Title : Failed to provide SSN When
Received or Failure to Cooperate

Auto ID No.:

Source :

Issued by : ACL 14-88

Reg Cite : 40-105.2, 40-107(a) (l), 40-157.2,
40-157.3, 40-171.221(j), 40-181.4,
44-317, 45-201, 82-832.24

Use Form No. : NA 200

Original Date : 07-01-95

Revision Date : 11-01-14

MESSAGE:

從_____開始，郡政府將停止_____的現金補助。你的現金補助將由\$ _____改為\$ _____。

理由如下:

- [] 我們在_____要求你提供社會保險號碼。條例規定，你必須為你家中的每一個人提供我們社會保險號碼 (SSN)。你沒有為這人向我提供 SSN，而你沒有向郡政府尋求幫助找這證明。
- [] 你在醫院內已為你的新生兒申請了 SSN。條例規定，你必須在收到 (SSN) 日期後六個月內提供給我們他/她的 SSN，或者在每年審查你的 CalWorks 案件日期之前。你沒有把你孩子的 SSN 提供給我們。
- [] 你沒有為這人幫助澄清有關 SSN 的問題。

你新的補助金額計算在此頁。

INSTRUCTIONS: Use this notice of action when the recipient has failed to provide a SSN or to help in resolving questions about the SSN given. In the first blank space fill in the date cash aid will be stopped. In the second blank space fill in the name of the person being deleted. In the third and fourth blank space fill in the previous amount of cash aid and the new amount of cash aid. Check the appropriate box. If the first check box is marked, fill in the date the recipient was asked to provide the SSN and the final date by which they must provide the SSN.

This message replaces M40-105 dated 10-01-95.

(Chinese)