

Requesting a New or Replacement Social Security Card for Client in Custody: Instructions for Certified Letter to Verify DCF Custody Medicaid Eligibility

Use: Complete the *Certified Letter to Verify DCF Custody Medicaid Eligibility (Certified Letter)* each time a new or replacement social security card is needed for a client in the custody of the Secretary of the Department for Children and Families. The *Certified Letter* must contain an original signature by the supervisor (or designee) of the employee requesting the card. The client's permanent plastic medical card must accompany the *Certified Letter*. In the event that the original plastic medical card is not available, a copy of the card is acceptable.

When requesting (1) issuance of a social security number for a client in DCF custody, or (2) a replacement card for a client for whom a social security number has already been issued, you will need...

- Application for a Social Security Card (Form SS-5);
- Document proving client's U.S. citizenship (client's birth certificate);
- Document proving client's identity-Part 1 (*Certified Letter*);
- Document proving client's identity-Part 2 (Permanent Plastic Medical Card);
- Document proving DCF's relationship to Client (custody court order);
- Document proving DCF Worker's identify (driver's license).

Take the completed application and original documents to your local Social Security office.

**Example of
Certified Letter to Verify DCF Custody Medicaid Eligibility
(To be Placed on DCF Letterhead)**

Certified Letter to Verify DCF Custody Medicaid Eligibility

To: Social Security Administration

From: DCF – Prevention and Protection Services

Please accept this letter as evidence of client identification which shows Medicaid eligibility for the following DCF client:

Owner of Medical Card (Client name):

Owner's Date of Birth (Client DOB):

Medicaid Eligibility Start Date:

Medicaid Eligibility End Date:

Attached is a copy of the client's permanent, plastic medical card.

DCF Supervisor: I do hereby certify that the information listed above is accurate as of the date shown below.

(printed name)

(signature)

(work phone
number)

(date)

