

SAMPLE FORMAT

Notice to ADC Assistance Groups Concerning the Social Security Number
Requirement in the Determination of Cash Benefits for Newborns

(CDHS LETTERHEAD)

(Date)

Assistance Group Name

Assistance Group Number

Assistance Group Address

Dear _____:

A newborn is being added to your medicaid assistance group effective _____. In order to become eligible for, or receive an increase in ADC cash benefits, you must apply for a social security number for your child and meet all other eligibility factors in the ADC program. Verification of your application must be submitted to the county department of human services. If the verification certifies that you applied for the social security number no later than the first day of the second month following birth, or the first day of the second month following the mother's discharge from the hospital, the county department of human services shall determine eligibility for ADC cash benefits using your child's date of birth as the beginning date of aid. If the social security number is not applied for until after the first day of the second month, eligibility will be determined using the date you applied for the social security number as the beginning date of aid.

Caseworker: _____

Unique
I.D.: _____

Telephone Number: _____