SOCIAL SECURITY NUMBER REQUEST FORM

CHILD INFORMATION		
Child Name:		
Date of Birth:	Case Number:	Court Number:
Placement Date:	CSW Name:	CSW Phone Number:

CAREGIVER INFORMATION	
Your Caregiver Name	Other Names Used
Address	
Vendor Number	Facility Type
Phone Number	Email

SIGNATURES	
Caregiver Signature :	Date:

Email Social Security Request Form to : SSNInquiries@DCFS.LACOUNTY.GOV