	<b>Division/Section</b>	Family Support
	<b>Chapter No./Name</b>	4 – Economic Stability (ES)
	<b>Part No./Name</b>	B – Eligibility Factors
	<b>Section No./Name</b>	B-400-FITAP-SNAP Enumeration/Social Security Numbers
	<b>Document No./Name</b>	B-470-SNAP Enumeration At Birth Project
	<b>Effective Date</b>	March 1, 2020

## I. STATEMENT OF POLICY

A CLIENT MAY APPLY FOR AN SSN FOR A NEWBORN WHILE IN THE HOSPITAL. THE CLIENT WILL BE GIVEN PROOF OF APPLICATION WHICH WILL BE FORM SSA 2853 OR A MODIFIED VERSION OF THE FORM WHICH VERIFIES THE SSN APPLICATION HAS BEEN MADE. ALSO, SOME BIRTH CERTIFICATES WILL INDICATE WHETHER AN SSN APPLICATION HAS BEEN MADE. A COPY OF THE VERIFICATION MUST BE FILED IN THE CASE RECORD.

TO BE ACCEPTABLE VERIFICATION THE FORM SSA 2853 MUST INCLUDE:

- THE NAME OF THE NEWBORN AND
- THE DATE AND SIGNATURE OF AN AUTHORIZED HOSPITAL OFFICIAL.

A MODIFIED FORM SSA 2853 MUST INCLUDE:

- THE NAMES OF THE PARENT AND NEWBORN,
- THE DATE AND SIGNATURE OF AN AUTHORIZED HOSPITAL EMPLOYEE AND
- THE NAME AND ADDRESS OF THE HOSPITAL.

A CHILD'S BIRTH CERTIFICATE MUST INCLUDE:


- THE NAME OF THE NEWBORN,
- THE SIGNATURE OF ONE AUTHORIZED HOSPITAL OFFICIAL, AND
- A "YES" BLOCK TO INDICATE ELECTION TO APPLY.

## II. PROCEDURES

WHEN A NEWBORN IS ENUMERATED THROUGH THIS PROCEDURE, THE SSN MUST BE PROVIDED TO THE AGENCY UPON ITS RECEIPT. PROVIDE THE CLIENT WITH A SELF-ADDRESSED STAMPED ENVELOPE FOR THIS PURPOSE.

IN CASES IN WHICH A HOUSEHOLD IS UNABLE TO PROVIDE OR APPLY FOR AN SSN FOR A NEWBORN IMMEDIATELY AFTER THE BABY'S BIRTH, THE HOUSEHOLD MUST PROVIDE THE SSN OR PROOF OF APPLICATION FOR A SSN FOR A NEWBORN \*\*\* \* AT ITS NEXT REDETERMINATION OR WITHIN SIX MONTHS FOLLOWING THE MONTH IN WHICH THE BABY IS BORN, WHICHEVER IS LATER. \*\*

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 <b>Department of Children &amp; Family Services</b> <i>Building a Stronger Louisiana</i>	<b>Division/Section</b>	Family Support
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THE NAME PROVIDED ON THE SSA 2853 WILL BE USED AS THE NEWBORN'S OFFICIAL NAME. IF THERE IS A DISCREPANCY BETWEEN THE NAME ON OUR FILE AND THE NAME THE CLIENT IS USING AT SSA, THEN THE SSA NAME WILL BE USED ON OUR FILE. IF THE CLIENT WANTS TO USE THE NAME ON OUR FILE RATHER THAN THE SSA NAME, THE CLIENT MUST INITIATE SUCH CHANGE AT SSA. DCFS CANNOT USE A DIFFERENT NAME BECAUSE OF THE COMPUTERIZED MATCHING PROCEDURES REQUIRED BY REGULATION.

### **III. FORMS AND INSTRUCTIONS**

THERE ARE NO FORMS ASSOCIATED WITH THIS POLICY.

### **IV. REFERENCES**

[LAC 67:III.CHAPTER 19, SUBCHAPTER B. APPLICATION PROCESSING](#)