



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #06-64-OPE

OBSOLETION OF THE REQUEST FOR ALIEN/IMMIGRANT SOCIAL SECURITY NUMBER (W-133E) FORM

Date: April 27, 2006	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform staff at Job Centers and Non-Public Assistance Food Stamp (NPA FS) Offices that, effective May 1, 2006, the Request for Alien/Immigrant Social Security Number (W-133E) will be obsolete.</p> <p>The W-133E has been replaced by the Social Security Number Referral Letter (Attachment A), which requires staff to indicate which type of public benefit (Federal or State) the noncitizen has been deemed eligible for. When preparing the Social Security Number Referral Letter, only one type of benefit (Federal or State) may be indicated for the applicant(s). In instances where the noncitizen who must apply for a Social Security number (SSN) has been deemed eligible to receive both Federal and State benefits, the staff member must indicate that the noncitizen is eligible for Federal benefits.</p> <p>For example:</p> <p>A noncitizen adult and a child under 18 years of age have been lawful permanent residents (LPR) since January 2004 and were deemed eligible for public benefits. Both need to apply for an SSN. As an LPR, the adult is subject to the five-year ban on Federal benefits and is eligible only for Safety Net Cash Assistance (SNCA). For public assistance (PA) purposes, the child is also restricted to benefits under SNCA. However, as a child under the age of 18, s/he is exempt from the five-year ban on Food Stamp (FS) benefits and therefore is eligible to receive FS.</p>


HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

In the above example, two separate SSN referral letters must be prepared: one for the adult, indicating that s/he is eligible for State-funded benefits, and one for the child, indicating s/he is eligible for Federal benefits.

Staff is reminded that noncitizens who do not have an SSN must not be referred to the Social Security Administration to apply for one until they have been otherwise deemed eligible for assistance.

Effective May 1, 2006

Attachments:

 Please use Print on Demand to obtain copies of forms.

Attachment A Social Security Number Referral Letter
W-133E Request for Alien/Immigrant Social Security Number (Obsolete)

Draft



To: Social Security Administration

A Social Security number is a Federal and New York State Public Benefit Eligibility Requirement.

_____ and all others indicated below have been deemed
(Alien/Immigrant's Name)

otherwise eligible for:

- Federal Public Benefits, and under 42 U.S.C. 1320b-7(a)(1), (b)(1) for Family Assistance; 7 C.F.R. § 273.6 for food stamps; 42 C.F.R. § 435.910(a) for Medicaid; a Social Security number will be required.
- State Public Benefits and, under New York State Social Services Law Section 134-a and Regulation 351.2 (c) of the New York State Office of Temporary and Disability Assistance, all applicants and legally responsible relatives must provide a Social Security number as a condition of eligibility for receipt of Temporary Assistance.

Please assign a Social Security number to _____
(Alien/Immigrant's Name)

and to any household members named below. They have met all eligibility requirements for a Public Benefit(s), except for possession of a Social Security number.

	Names of Household Members	Sex	Date of Birth
1.			
2.			
3.			
4.			
5.			

If you have any questions regarding this request, you may contact _____
at _____.

Sincerely,

Seth W. Diamond
Executive Deputy Commissioner



Social Security Administration

Request for Alien/Immigrant Social Security Number

A SOCIAL SECURITY NUMBER IS A NEW YORK STATE PUBLIC BENEFIT ELIGIBILITY REQUIREMENT

_____ is an applicant for a Public Benefit(s) or a legally responsible relative
(Alien's Name)
in a household that is applying for a Public Benefit(s). In New York State Public Benefits are known as Temporary Assistance. Under New York State Social Services Law Section 134-a and regulation 351.2 (c) of the New York State Office of Temporary and Disability Assistance, all applicants and legally responsible relatives must provide a Social Security Number as a condition of eligibility for receipt of temporary assistance.

Please assign a Social Security Number to _____
(Alien's Name)
and to any household members named below. They have met all eligibility requirements for a Public Benefit(s), except for possession of a Social Security Number.

Names of any household members	Sex	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

If you have any questions regarding this request, you may contact _____ at _____.

Sincerely,

Seth W. Diamond
Executive Deputy Commissioner