

Fax to:

Fax from:

Katie Hobbs
Governor



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Angie Rodgers
Director

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

Child SSN and Date of Birth Information

Thank you for responding to the National Medical Support Notice. As requested, we are providing the Social Security Number(s) and date(s) of birth for the child(ren) listed below.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
CHILD TEST	04/15/2010	914-28-7306

Employee: NONCUSTODIAL ATLAS TEST
Employee SSN: 914-28-7305

The information above is provided for the sole purpose of enrolling the children in a medical insurance plan. This information is confidential and must not be released to anyone including the obligor. Please destroy this document once the children have been enrolled.

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcss.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

