

Notice of Instruction

5905 Breckenridge Parkway, Suite F
Tampa, Florida 33610
(813) 740-3888
Fax (813) 623-1342

West Central Florida
Area Agency on Aging, Inc.



Assistance. Advocacy. Answers on Aging.

Notice of Instruction Number: 020408—Social Security Number Verification—JC

TO: All Lead Agency Providers
FROM: Joan Cecil, Medicaid Waiver Specialist (Extension 5613)
DATE: February 4, 2008
SUBJECT: Social Security Number Verification
cc: Maureen Kelly, Gloria Schuyler, Katie Parkinson

The purpose of this Notice of Instruction is to inform you that, effectively immediately, case managers must provide consumers with the attached form when obtaining social security numbers during home visits. This requirement is necessary in order to comply with the Department of Elder Affairs request and Section 119.071(5), F.S.

In addition, verification that this form has been provided to consumers will be reviewed during file monitoring to ensure providers are properly informing consumers on the reasons for Social Security number collection. **Please ensure case managers are aware of this requirement and begin to immediately document use of form in case records going forward.**

For additional information on this Notice of Instruction, please contact the Medicaid Waiver Specialist. Thank you

Attachment: Social Security Number Form