



CENTER FOR COMMUNITY HEALTH
 Early Intervention & Preschool Program
 Dr. Robert L. Yeager Health Center
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EDWIN J. DAY
County Executive

PATRICIA S. RUPPERT, DO, MPH, CPE, DABFM, FAAFP
Commissioner of Health

MARIA C. MOSQUERA, MD, MPH, FAAP
Medical Director

SOCIAL SECURITY NUMBERS

(to be completed by ISC at Initial IFSP meeting)

In accordance with subdivision four of section 2552 of the Public Health Law, parents are required to furnish their social security numbers and the social security number of their child to the Early Intervention Official, for purposes of administration of the Early Intervention Program.

CHILD’S NAME: _____ DOB: _____

CHILD’S SS #: _____

MOTHER’S NAME: _____ DOB: _____

MOTHER’S SS#: _____

FATHER’S NAME: _____ DOB: _____

FATHER’S SS#: _____

The social security numbers of the child and parent(s) will be maintained in a confidential manner, will be used solely for the purpose of administration of the Early Intervention Program, and will not be re-disclosed to any party other than the NYS DOH.

Parent/Guardian Signature _____ Date _____