

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**FOSTER PARENT REQUEST FOR THE RELEASE
OF THE SOCIAL SECURITY NUMBER
OF A CHILD IN FOSTER CARE FOR INCOME TAX PURPOSES**

(Please fill out a separate form for each child)

Date: / /

Name of Foster Parent: _____

Address: _____

Phone Number: () _____

Local Department of Social Services (LDSS) with
Legal Custody of the Child in Foster Care: _____

Tax Year Requesting SSN for: _____
(Tax Year)

Name of Child in Foster Care: _____

DOB of Child in Foster Care: / /

Dates Child in Foster Care Resided with the Foster Parent: From / / to / /

I, _____, am a current or previous foster parent of

(Name of Foster Parent)

_____ and I am requesting his or her Social Security number

(Name of the Child in Foster Care)

exclusively for income tax purposes.

I agree to disclose the Social Security number of the above-referenced child in foster care only to a government tax official or to a tax preparer for the purpose of filing my income tax return for the tax year

(Tax Year)

If I am required to re-disclose the prepared tax return to anyone other than a government tax official or to my tax preparer, I agree to redact the Social Security number of the above-named child in foster care from the form(s). By signing this request for release, I acknowledge that the Social Security number of the above-named child in foster care is confidential information and that there are civil and criminal penalties for the unauthorized disclosure of his or her Social Security number. By signing this form, I understand that the sole purpose for which I am authorized to receive the Social Security number of the above-named child in foster care is for the purpose of filing my income tax return for the above-referenced tax year.

Signature: _____ Date: / /

(Signature of Foster Parent)

LDSS OFFICIAL USE ONLY	
<input type="checkbox"/> APPROVED	CHILD IN FOSTER CARE'S SSN:
<input type="checkbox"/> DISAPPROVED	REASON: