

Cactus Children's Clinic, P.C.

5940 W. Union Hills Drive, D-100 Glendale, AZ 85308 (Ph) 602-978-2500 (F) 602-938-2198

JASON VARGAS, M.D.

SANGEETA OJHA, M.D.

ELIZABETH FISHER, M.D.

I, _____ the parent or legal guardian of, _____,

DOB: _____, am requesting a Social Security Letter to be completed. (Please make sure to add a middle name of child if wanted on Social Security card)

I understand that it may take 1 – 3 business days to complete. I acknowledge my child is a current patient and has been seen in the last year.

I also understand the following fee applies:

- \$10 processing fee for each letter requested.

I wish to: (please check mark & complete)

_____ Pick up. Call me at : _____ when form is ready.

_____ Mail to: _____

I understand that this letter cannot be faxed or emailed as the original must be handed to the state agency. The below address must match what is in CCC system and if it does not it must be updated prior to the completion of the letter.

Current Address: _____

Child Lives with (list parents only) _____

Parent/Legal guardian _____ Date _____

Persons picking up form are required to have a written consent on file from parent and/or legal guardian and must be over the age of 18 & show a valid Driver License.

Person picking up form: _____ Date: _____

Driv Lic# _____ Initials of empl. _____ Date: _____