



Everyone needs a Second Chance!

# SCS Birth Certificate & ID Request Form

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**Client #:** \_\_\_\_\_ **(For SCS Only)**

**NOTE: ALL FIELDS MUST BE COMPLETED.**

Date of Application: \_\_\_\_\_

Client Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

Client Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Case Manager: \_\_\_\_\_

Case Manger's Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Referring Agency Name: \_\_\_\_\_

Referring Agency Address: \_\_\_\_\_

Street City State Zip

Client Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Client Race: Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ White \_\_\_\_\_

Hawaiian/Pacific Islander \_\_\_\_\_ Native American/Alaskan \_\_\_\_\_

Hispanic \_\_\_\_\_ Other \_\_\_\_\_

**BIRTH CERTIFICATE INFORMATION:**

Birth Certificate Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, DOB: \_\_\_\_\_

City/State of Client's Birth: \_\_\_\_\_

**Make Check Payable To:** \_\_\_\_\_

**Exact Amount of Check:** \_\_\_\_\_

**FLORIDA ID INFORMATION:**

FL ID Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Is client homeless: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*We can supply Birth Certificates and/or IDs only if needed for one of the reasons below**

Reason for ID: Employment \_\_\_\_\_ Vocational Training \_\_\_\_\_

*Signature of Case Manager:* \_\_\_\_\_ *Date:* \_\_\_\_\_