



VERIFICATION SERVICES WEB USER INTERFACE - USER GUIDE



Topics Covered

- › How to Login
- › Ordering Your Verification(s)
 - Search By Social Security Number (SSN)
 - Search By Name, Address and Date of Birth
- › Viewing Verification Results
 - View Results
 - Saving to PDF
- › Additional Verification Products
- › Equifax Verification Support Services



HOW TO LOG IN



Login & User Name

Login through the Equifax Social Services Verification webpage

<http://www.theworknumber.com/SocialServices/>

Help | Contact Us

EQUIFAX®

Log In

Verifications

New Order

Login

Secure Account Access

Enter your Username to log in.
Note: Recently the 'Remember my Username' cookie was reset. If you had this option selected then your Username was erased, and you will have to manually reenter it. If you have forgotten your Username, please contact your webManager. Usernames and passwords are case sensitive. If you need additional help retr [more](#) ▾

Username:

Remember my Username

[Continue >](#)

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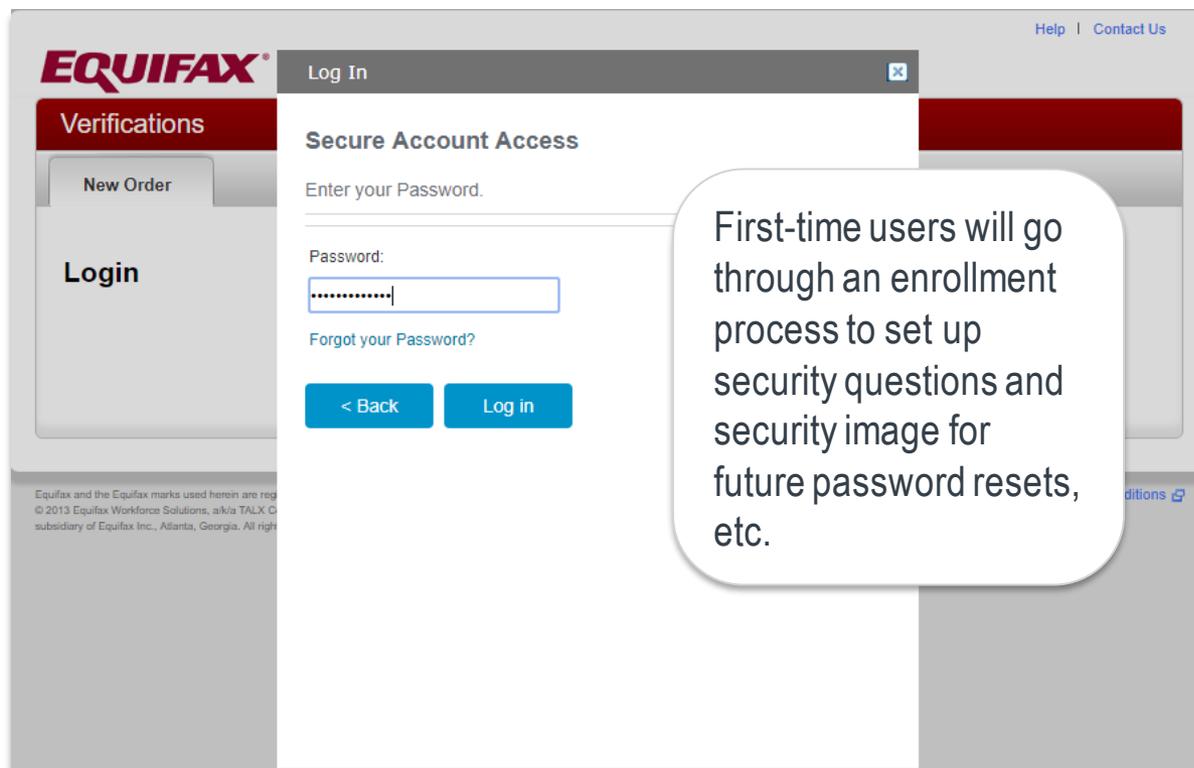
When you have been granted access to the service, you will be sent two emails from verifierid@equifax.com.

- One will contain your username.
- The other will contain a temporary password.

Please note that both username and password are case sensitive.

Enter your username on the screen shown and click Continue.

Login – Enter Your Password



The screenshot shows the Equifax login interface. At the top left is the Equifax logo. Below it is a navigation menu with 'Verifications' and 'Login'. The main content area is titled 'Secure Account Access' and contains the text 'Enter your Password.' followed by a password input field with a masked password '.....|'. Below the input field is a link for 'Forgot your Password?' and two buttons: '< Back' and 'Log in'. A callout box with a white background and rounded corners is positioned over the password field, containing the text: 'First-time users will go through an enrollment process to set up security questions and security image for future password resets, etc.'

Enter your password and click Log in.

The first time you login, you will be prompted to select 6 security questions and provide answers.

You will be required to select a security image and personalize your password.



ORDERING YOUR VERIFICATION



Ordering Records

1. Enter the **SSN** (if available, if not, follow instructions on next slide)
2. Enter **Tracking Number** (configurable as optional or required)
3. **Select Permissible Purpose** from drop down menu (*reason you are verifying this individual's employment*).
4. **Select Pay Date Range** to select active records in particular date range (month ranges, year ranges) or all records depending on program requirements and job function.

1. Enter the SSN (if available, if not, follow instructions on next slide)

2. Enter Tracking Number (configurable as optional or required)

3. Select Permissible Purpose from drop down menu (*reason you are verifying this individual's employment*).

4. Select Pay Date Range to select active records in particular date range (month ranges, year ranges) or all records depending on program requirements and job function.

5. Select your order type
Products presented to you are determined by your contract with Equifax.

Starting the Order

Administration 

New Order

To start the order, please provide Tracking Number (if applicable), Permissible Purpose, and the applicant's SSN. This information will be used throughout the ordering process for all verifications ordered.

new Don't have an SSN? No worries, you can search by name, address and date of birth. [Click here](#)

* SSN

TRACKING NUMBER 

* PERMISSIBLE PURPOSE 

* PAY DATE RANGE 

Some employers require using an alternate Employee ID rather than using a SSN. If this is a requirement for you, please check this box. [view employers](#)

Need a specific Employer? Please check this box.

Verification Type(s) 


SOCIAL SERVICES
VERIFICATION

By pressing 'Start Order' you agree and certify that the permissible purpose listed above is correct for this request and if you are verifying employment or income for a Vermont resident, you certify that you have received prior Consumer consent in accordance with VFCRA Section 2480e.

[Start Order >>](#)

Once all selections are made, click
“Start Order”

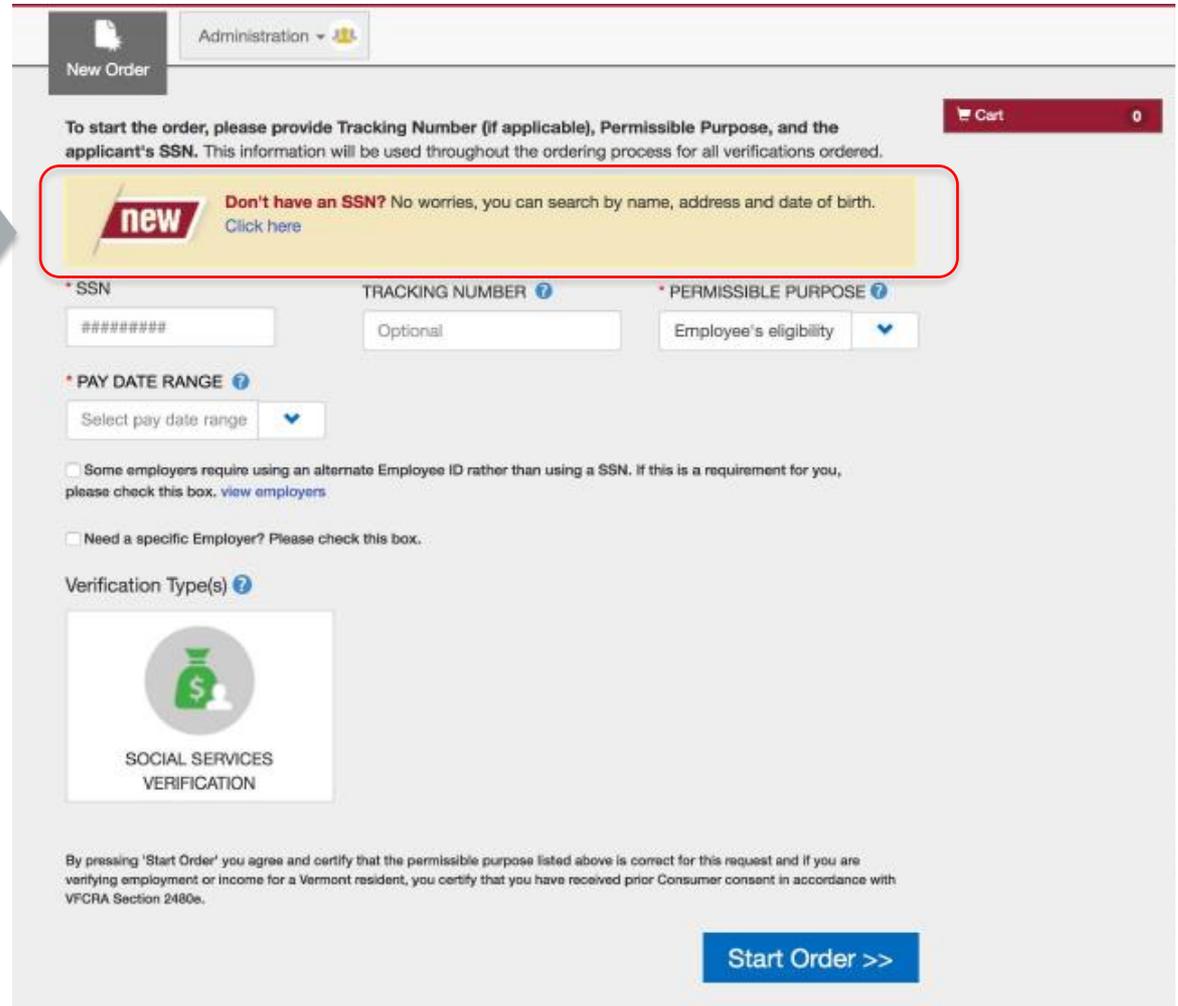
PLEASE NOTE:

Once you click on **“Start Order”** this action will initiate the order of records requested.

Don't have an SSN or not sure it's accurate?

If you do not have the applicant SSN but have other personal data to search with, before selecting the product type, simply choose “**Click Here**” in the highlighted area.

This may also be used if you have already searched unsuccessfully on SSN and suspect the SSN may be incorrect.



The screenshot shows the 'New Order' page on the Equifax website. At the top, there is a navigation bar with 'Administration' and a user icon. Below that, a 'New Order' button is visible. A red-bordered box highlights a yellow banner that reads: 'new Don't have an SSN? No worries, you can search by name, address and date of birth. Click here'. Below this banner, the form fields are organized into three columns: 'SSN' (with a masked input field), 'TRACKING NUMBER' (with an 'Optional' dropdown), and 'PERMISSIBLE PURPOSE' (with a dropdown menu set to 'Employee's eligibility'). Below these fields is a 'PAY DATE RANGE' dropdown set to 'Select pay date range'. There are two checkboxes: 'Some employers require using an alternate Employee ID rather than using a SSN. If this is a requirement for you, please check this box. view employers' and 'Need a specific Employer? Please check this box.'. Underneath is a 'Verification Type(s)' section with a circular icon of a money bag and the text 'SOCIAL SERVICES VERIFICATION'. At the bottom, there is a disclaimer: 'By pressing "Start Order" you agree and certify that the permissible purpose listed above is correct for this request and if you are verifying employment or income for a Vermont resident, you certify that you have received prior Consumer consent in accordance with VFCRA Section 2480e.' and a blue 'Start Order >>' button.

Don't have an SSN or not sure it's accurate? (cont.)

1. Enter Tracking Number (optional field)
2. Select Permissible Purpose from drop down menu (the reason you are verifying this individual's employment)
3. Provide First Name, Last Name, Address required data (indicated with *).

New Order

To start the order, please provide Tracking Number (if applicable), Permissible Purpose, and the applicant's Name and Address. This information will be used throughout the ordering process for all verifications ordered.

Cart 0

Switch back to SSN only search? [Click here](#)

SSN

*TRACKING NUMBER

* PERMISSIBLE PURPOSE

* FIRST NAME

* LAST NAME

* ST. ADDRESS

* CITY

* STATE

* ZIP CODE

DATE OF BIRTH

Some employers require using an alternate Employee ID rather than using a SSN. If this is a requirement for you, please check this box. [view employers](#)

Need a specific Employer? Please check this box.

Verification Type(s)


SOCIAL SERVICES VERIFICATION

By pressing 'Start Order' you agree and certify that the permissible purpose listed above is correct for this request and if you are verifying employment or income for a Vermont resident, you certify that you have received prior Consumer consent in accordance with VFCRA Section 2480e.

Start Order >>

Once all required information has been entered, you may proceed with selecting the product(s) needed and click "Start Order"

Download Report to PDF

Administration 

New Order

 **Thank You!** Your order information is listed below.

This Order **1**

PDF 

ORDER DETAILS

Requestor:	ADAM LOZIER	Inquiry Date:	11/20/2013
Organization:	CSf_SSV__Test_Org	Inquiry SSN:	XX-XX-XXXX
Email:	Jonas.Samuelsson@equifax.com	Inquiry Type:	Score
Address:	123 main st	Permissible Purpose:	Employment
Cell Phone:			Application
Work Phone:			Lease
			Residential
		Tracking Number:	
		Usage_Types:	California
			Partner
			Assistance
			E, Food & Nutrition Services, Section 8 - Housing Voucher Program Section 8, TANF, SNAP & Medicaid, CalFresh Work Incentive Nutritional Supplement (WINS)

THE WORK NUMBER VERIFICATIONS > REGULATED >

ALBERT CLARK **XXX-XX-6789**  **COMPLETE**

EMPLOYER: ER FOR RECONCILERTEST(18018) **CURRENT AS OF 08/26/2013** **CURRENTLY EMPLOYED**

REFERENCE #: 100182213849 

Order Information

Employer	Employee
Employer: ER for ReconcilerTest(18018)	
Headquarters Address:	
Federal Employer Identification Number (FEIN): 123456789	
Address: 606 MOUNTAIN ST APARTMENT 4 LONDON FL 63017-2459	
Date Of Birth: 04/06/1970	11

After "Start Order", is selected, the order report will display and will be available to download in PDF format



VIEWING VERIFICATION RESULTS



Sample Output of Completed Verification Order

New Order
Administration

✔ **Thank You!** Your order information is listed below.

This Order 1 PDF

ORDER DETAILS

Requestor: ADAM LOZIER	Inquiry Date: 11/14/18	
Organization: CSF_SSV__Test_Org	Inquiry SSN: XXX-XX-6789	
Email: Jonas.Samuelsson@equifax.com	Inquiry Type: Social Services Verification	
Address: 123 main st	Permissible Purpose: Employee's eligibility for a benefit granted by a governmental agency; - we are required by law to consider the employee's financial responsibility or status	
Cell Phone:		
Work Phone:		
	Tracking Number:	
	Usage_Types: CalFresh Employment and Training, Child Care, Mortgage, Welfare-to-Work Participation, Trafficking and Crime Victims Assistance Programs, Child Welfare/Title IV-E, Food & Nutrition Services, Section 8 - Housing Voucher Program Section 8, TANF, SNAP & Medicaid, CalFresh Work Incentive Nutritional Supplement (WINS)	

THE WORK NUMBER VERIFICATIONS > REGULATED >

ALBERT CLARK
XXX-XX-6789
✔ COMPLETE

EMPLOYER: ER FOR RECONCILERTEST(18018) **CURRENT AS OF** 08/26/2013 **CURRENTLY EMPLOYED**

REFERENCE #: 100182213849

Order Information

Employer		Employee
Employer: ER for ReconcilerTest(18018)		
Headquarters Address:		
Federal Employer Identification Number (FEIN): 123456789		
Address: 806 MOUNTAIN ST APARTMENT 4 LONDON FL 63017-2459		
Date Of Birth: 04/08/1970		

Order information followed by employee, employment, and benefits information

Order Information

Employer

Employer:	test-27516(27516)
Headquarters Address:	123 Main st SECOND FLOOR Boston AL 12345
Federal Employer Identification Number (FEIN):	882244012
Employer Disclaimer:	This is the Payroll disclaimer for ER 27516

Employee

Address:	1 CAPITOL SQUARE FIRST FLOOR ST LOUIS FL 34234-1542
Phone Number:	(314) 983-3273
Date Of Birth:	08/02/1972

Employment

Division:	DEMO A	Original Hire Date:	12/15/1999
Work Location (Job Site):	11432 LACKLAND SECOND FLOOR ST LOUIS MO 63146	Total Time With Employer:	3 Years, 8 Months
Job Title:	Oracle Developer		
Employment Status:	Active		
Union Affiliation:	NBOOW 510		
Most Recent Start Date:	08/01/2000		
Employee Payroll Disclaimer:	This is the payroll disclaimer1 for EE 999911334		

Benefits

Medical

Medical Insurance Available:	Y	Carrier Name:	MY INSURANCE CO1
Employee Eligible:	Y	Address:	11432 LACKLAND FIRST FLOOR
Reason for Ineligibility:	Data not provided	City, State, Zip:	ST LOUIS MO 63101
Employee Enrolled:	Y	Carrier Phone Number:	3149833317
Eligibility Date:	Data not provided	Policy Number:	123456789
Next Open Enrollment Date:	11/03/2008	Group Number:	12345
Coverage Start Date:	01/01/2008	Coverage Level:	Employee + Spouse/DP
Coverage Termination Date:	01/01/2050		

Sample Output (cont.)

Next Open Enrollment Date:	11/01/2008	Policy Number:	123456789
Coverage Start Date:	01/01/2008	Group Number:	12345
Coverage Termination Date:	01/01/2050	Coverage Level:	Employee + Spouse/DP
Dependent Coverage Available:	Y	Annual Cost:	1690
No. of Dependents Covered:	1	Per Pay Period Cost to Add Dependent:	100
		Participating in COBRA:	N

Dependents

Name	SSN	Birth Date
ALBERT DAVIS	XXX-XX-6789	07/15/2005

Dental

Dental Insurance Available:	Y	Carrier Name:	
Employee Eligible:	Y	Address:	
Employee Enrolled:	Y	City, State, Zip:	
		Carrier Phone Number:	
		Policy Number:	

Vision

Vision Insurance Available:	Y	Carrier Name:	
Employee Eligible:	Y	Address:	
Employee Enrolled:	Y	City, State, Zip:	
		Carrier Phone Number:	
		Policy Number:	

As you scroll down, you'll see additional information available should the employer choose to provide it: Dependents, Dental Insurance, Vision Insurance, Workers' Compensation, Income and Deductions...

DENTAL INSURANCE

Worker's Compensation:

Receiving Workers' Compensation:	Y	Date of Award:	07/09/2007
Carrier:	WC INSURANCE	Claim Number:	WC123456789
Date of Injury:	06/01/2007	Claim Pending:	Y

Income and Deductions

Employee Rate of Pay:	\$143.41
Employee Pay Frequency:	Annual
Avg. Hrs. Worked / Pay Period:	90
Pay Cycle:	Semi Monthly

Annual Income Summary

	Base Salary	Overtime	Commission	Bonus	Other	Total
2014	\$24,400.04	\$1,805.71	\$510.46	\$2,400.16	\$20.10	\$23,171.95
2013	\$25,415.41	\$1,705.38	\$610.87	\$2,500.59	\$20.62	\$23,171.67
2012	\$25,415.40	\$1,705.37	\$610.86	\$2,500.58	\$20.61	\$23,171.66
2011	\$25,415.39	\$1,705.36	\$610.85	\$2,500.57	\$20.60	\$23,171.65

Payroll Deduction for All Insurance Coverage:

\$32.00

It includes information that was provided by the employer about pay, frequency, and annual wages.

Sample Output (cont.)

Pay Period Detail

Income:

Total Gross Earnings:	\$500.45
Total Net Earnings:	\$430.70
Pension:	\$100.00
Other Income:	\$11.00

Withholding:

Federal Tax:	\$124.00	Retirement/401k:	\$132.00
State Tax:	\$59.00	Cafeteria Plan:	\$250.00
Local Tax:	\$17.00	Garnishments:	\$100.00
Social Security:	\$37.00	Other Withholding:	\$42.00
Medicare:	\$26.00		

Historical Pay Period Summary

Pay Period End Date	Pay Date	Hours Worked	Gross Earnings	Net Earnings
03/09/2018	03/13/2018	40.14	\$500.45	\$430.70
02/15/2018	02/19/2018	40.71	\$500.21	\$430.46
01/24/2018	01/28/2018	40.78	\$500.28	\$430.53
01/02/2018	01/06/2018	40.7	\$500.20	\$430.45
12/11/2017	12/15/2017	40.83	\$500.33	\$430.58
11/19/2017	11/23/2017	40.76	\$500.26	\$430.51
10/28/2017	11/01/2017	40.69	\$500.19	\$430.44
10/06/2017	10/10/2017	40.82	\$500.32	\$430.57
09/14/2017	09/18/2017	41.15	\$500.46	\$430.71
08/23/2017	08/27/2017	41.09	\$500.00	\$430.81
08/01/2017	08/05/2017	41.09	\$2,179.08	\$430.81
07/10/2017	07/14/2017	90	\$2,179.08	\$1,281.08
06/18/2017	06/22/2017	41.09	\$460.00	\$430.81
05/27/2017	05/31/2017	41.21	\$500.52	\$430.77
05/05/2017	05/09/2017	41.2	\$500.51	\$430.76
04/13/2017	04/17/2017	41.19	\$500.50	\$430.75
03/22/2017	03/26/2017	41.18	\$500.49	\$430.74
02/28/2017	03/04/2017	40.75	\$500.25	\$430.50
02/06/2017	02/10/2017	41.17	\$500.48	\$430.73
01/15/2017	01/19/2017	41.16	\$500.47	\$430.72
12/24/2016	12/28/2016	40.68	\$500.18	\$430.43
12/02/2016	12/06/2016	40.84	\$500.34	\$430.59
11/10/2016	11/14/2016	40.74	\$500.24	\$430.49
10/19/2016	10/23/2016	40.5	\$500.00	\$430.25
09/27/2016	10/01/2016	41.13	\$500.44	\$430.69

You will also see **Pay Period Detail** and **Historical Pay Period Summary** Information.

Starting a New Order

DATE	DATE	TIME	WAGE	WAGE
10/05/2015	10/09/2015	40.86	\$500.36	\$430.61
09/13/2015	09/17/2015	40.91	\$500.41	\$430.66
08/22/2015	08/26/2015	40.88	\$500.38	\$430.63
07/31/2015	08/04/2015	40.62	\$500.12	\$430.37
07/09/2015	07/13/2015	40.79	\$500.29	\$430.54
06/17/2015	06/21/2015	40.61	\$500.11	\$430.36
05/26/2015	05/30/2015	40.6	\$500.10	\$430.35
05/04/2015	05/08/2015	40.59	\$500.09	\$430.34
04/12/2015	04/16/2015	40.58	\$500.08	\$430.33
03/21/2015	03/25/2015	40.73	\$500.23	\$430.48

NOTICE: INFORMATION CONTAINED IN THE WORK NUMBER VERIFICATIONS SECTION OF THIS REPORT IS CONSUMER REPORT INFORMATION OBTAINED FROM THE WORK NUMBER. IT CAN BE USED FOR THE FCRA PERMISSIBLE PURPOSE FOR WHICH THIS CONSUMER REPORT WAS OBTAINED, AND THE USER MUST ADHERE TO FCRA REQUIREMENTS, INCLUDING BUT NOT LIMITED TO THE RELEVANT REQUIREMENTS CONTAINED IN THE CFPB'S NOTICE TO USERS OF CONSUMER REPORTS. This verification is system-generated and contains data that originated from the employer's payroll system. If any information is missing, it is because the employer did not provide this information for inclusion in the Work Number verification. Information not provided by the employer is showing as "Data Not Provided." Note, if this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253/TTY).

 Start New Order

You can start a new order from a completed order by clicking on **Start New Order**

ADDITIONAL VERIFICATION PRODUCTS

IRS INCOME AND IDENTITY



IRS Income and Identity Report

IRS Income and Identity Report are also available. If contracted, use the buttons at the bottom of the order page to start a new order or view an existing order.

For information on these products, reach out to Equifax supportservice or your account manager.

New Order Administration

To start the order, please provide Tracking Number (if applicable), Permissible Purpose, and the applicant's SSN. This information will be used throughout the ordering process for all verifications ordered.

new Don't have an SSN? No worries, you can search by name, address and date of birth. [Click here](#)

* SSN: #####

TRACKING NUMBER: Optional

* PERMISSIBLE PURPOSE: Employee's eligibility

* PAY DATE RANGE: Select pay date range

Some employers require using an alternate Employee ID rather than using a SSN. If this is a requirement for you, please check this box. [view employers](#)

Need a specific Employer? Please check this box.

Verification Type(s): SOCIAL SERVICES VERIFICATION

By pressing 'Start Order' you agree and certify that the permissible purpose listed above is correct for this request and if you are verifying employment or income for a Vermont resident, you certify that you have received prior Consumer consent in accordance with VFCRA Section 2460e.

Start Order >>

Additional Verifications

IRS INCOME AND IDENTITY verifications are also available. Use the buttons below to start a new order or view an existing order.

IRS INCOME IDENTITY REPORT

Equifax Verification Support Services

- For Social Service Verification (SSV)

socialservices@equifax.com

1-800-660-3399

- For Other Verification Services

member@equifax.com

1-800-367-5690

- Hours of Operation: 7am - 7pm CST

Please Note: Be sure to mention the product you are calling about.