**Dane County**
**Department of Human Services**

Fax requests for client numbers to 608-242-6288 Data Unit

Prepared by: _____
Return fax: _____
Program Number: _____

| SSN | Client Name (Last, First, MI) | Date of Birth | Sex | Race | Hispanic (Y/N) | Client Number |
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**Race: American Indian (I), Asian (A), Black (B), Native Hawaiian (P), White (W).**
*** If your client has two races please list them both , and please separate them with a comma.