## TOE 120

## CHILD RELATIONSHIP STATEMENT

Form Approved OMB No. 0960-0116

Privacy Act/Paperwork Act Notice: The information requested by this form is authorized by Section 216(h) of the Social Security Act (42 U.S.C. 416(h)). Your response to the following questions will be used to help establish the child's relationship to the worker on whose record a claim has been filed. Completion of this form is voluntary. Failure to provide all or any part of the requested information will hinder the development of the child's claim and may result in denial of the claim. The information you furnish may be disclosed by Social Security to another person or to another governmental agency for the following purposes: (1) to assist Social Security in establishing the right of an individual to Social Security benefits: (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., the Bureau of the Census): and (3) to comply with Federal laws requiring the exchange of information between Social Security and another agency (e.g., the General Accounting Office).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213. Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore,

	5-6401.					
PRINT WAG	GE EARNER'S NAME		WAGE EARN	IER'S SOCIAL SECUF	RITY NUMB	ER
Link bolon	and all the same of the same o	ftf		ain n b an aire		
	v all children of the wage earner (herea	fter referred to as the worker) for w	vnom you are reques	sting benefits.		
NAME OF	CHILD OR CHILDREN					
	the worker may be entitled to benefits			•		
	y a court to contribute to the child's su hild is his or her son or daughter; or (4		_		_	_
	below are designed to help Social Sec			•		
-	any comments you wish to make.	,	•			
1. Was	the worker ever decreed by a cour	t to be the child's parent?			YES	NO
	S," please submit a copy of that c		he court and the d	late of		LI
the d	ecree. (If "YES," omit items 2,3, a	nd 4.)				
2. Was	the worker ever ordered by a court	to contribute to the child's sup	pport because		YES	NO
	hild was his or her son or daughter				_	
	ES," please submit a copy of that o		he court and the c	date of		
the d	ecree. (If "YES," omit items 3 and	4.)				
If yo	u answer "YES" to any of the ເ	questions under Item 3, subr	nit the documer	nt if available o	com-	
plete	Item 4 on the reverse side of t	his form. If you are unsure o	of an answer ex	plain in Item 4.		
IN	I ALL CASES COMPLETE NAM	E AND ADDRESS BLOCK OF	N THE OTHER S	IDE OF THIS FO	ORM.	
	Niel 41	to the second of				
3. (a) [	iid the worker ever tile an applicati	on with or make a statement to	o the Veterans			
	Did the worker ever file an applicati Administration or welfare office or i				_	
A	Administration or welfare office or		hich he/she		YES	□ NO
A s	Administration or welfare office or	to any government agency in w	hich he/she	<u></u>	_ ¬	□ NO
s (b) F	Administration or welfare office or a tated the child was his/hers las the worker written any letters aftered to the child as a son or date	to any government agency in w to anyone that you know of in w ughter or referred to himself/her	hich he/she which he/she may rself as the child's	have parent	YES YES	□ NO
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(b) H (c) E (d) E (e) E (f) E (h) E (i) E (j) E (k) E (l) E	Administration or welfare office or tated the child was his/hers	to any government agency in we have a composed to himself/her a family tree or other family rest a dependent on a tax return? I surance policies on the child or expolicy? I surance policies on the child beneficiary I surance to the child while he/she was any applications for employment of the child or place of worships of a doctor's or dentist's office or or pay the child's hospital the child's birth certificate? I sevidence of any kind which works	which he/she may reelf as the child's cord?	v have s parent	YES	NO NO NO NO NO NO NO NO
(b) H (c) E (d) E (e) E (f) E (i) E (j) E (k) E (l) E	Administration or welfare office or tated the child was his/hers	to any government agency in warms and to anyone that you know of in a lighter or referred to himself/her a family tree or other family reas a dependent on a tax return? I surance policies on the child or e policy? I surance policies on the child or e policy? I surance policies on the child or e policy? I surance policies on the child or e policy? I surance policies on the child or e policy? I surance policies on the child beneficiary I surance or the child while he/she warms and applications for employmental in school or place of worship or a doctor's or dentist's office I surance of any kind which worser? (The information need not he	which he/she may reelf as the child's cord?	v have s parent	YES	NO
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(b) F (c) [C] (d) [C] (e) [C] (f) [C] (i) [C] (j) [C] (k) [C] (k) [C] (m) [s]	Administration or welfare office or tated the child was his/hers  las the worker written any letters are ferred to the child as a son or dau old the worker ever list the child in old the worker ever list the child as old the worker ever take out any in peneficiary of his/her own insurance old the worker ever make a will list old the worker ever make an allotmod the worker ever make an allotmod the worker ever list the child or old the worker ever register the child the worker ever take the child the stand as the child's parent?  Old the worker ever take the child the stand as the child's parent?  Old the worker accept responsibility lid he/she give the information for one you know of any other written exist the son or daughter of the worker he worker.)	to any government agency in we to anyone that you know of in a ghter or referred to himself/her a family tree or other family reas a dependent on a tax return? surance policies on the child or e policy?	which he/she may reelf as the child's cord?	v have s parent	YES	NO
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be w in fo	elow. For example: You should provide the names and addresses of gover where appropriate. The approximate date of the event and the surrounding information should be in sufficient detail to enable us to locate the docume	example: You should provide the names and addresses of government agencies, doctors, hospitals, schools, etc. ropriate. The approximate date of the event and the surrounding circumstances should be indicated. The a should be in sufficient detail to enable us to locate the document or evidence remembering the final responsibilitying this evidence is yours. Where more than one child is filing for benefits identify below the child to whom the ertains.					
NAM	E OF PERSON COMPLETING FORM	DATE					
ADDRESS (NUMBER AND STREET OR P.O. BOX, OR RURAL ROUTE)		TELEPHONE NO. 8	AREA CODE				
	AND STATE	ZIP CODE					
CITT	AND STATE	ZIF CODE					
A	Explain all development taken as a result of "YES" answers. Questions "Other Evidence" of parentage where the child was living with or receiv appropriate times, or to uncover other sources of an acknowledgement	ing contributions from the work					
В.	Outline all other pertinent relationship development made on this claim. (This suffices for the required RC.) When considering the status of an out-of-wedlock child, you may not disallow the child until you consider applicable State intestacy law.						
	State of Domicile:						