

STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY FOR SUPPLEMENTAL
SECURITY INCOME PAYMENTS — CHILD

RETURN THIS FORM WITHIN 30 DAYS FROM RECEIPT

PRINT ANSWERS LIKE THIS ▶

0 1 2 3 4 5 6 7 8 9

Yes No

Month Day Year OR LIKE THIS ▶

PRINT DATES LIKE THIS ▶

0 6 / 0 1 / 2 0 0 6

If the mailing address shown above is not correct, provide the correct mailing address

(Number, Street, City, State, and Zip Code): None-N/A

Street: _____ Apartment No. _____

City: _____ State: _____ Zip Code:

YOUR SOCIAL SECURITY NUMBER (SSN):

BECAUSE YOU ARE THE REPRESENTATIVE PAYEE, YOU MUST ANSWER THE FOLLOWING
QUESTIONS AS IF WERE COMPLETING THE FORM.

1. Since _____, has the child's marital status changed? Yes No
If the answer to the question is "no," go to Question 2.
If the answer to the question is "yes," please check the marital status that now applies to
the child.

- Married living with Spouse
- Married **NOT** living with Spouse
- Divorced
- Widowed
- Single

Date marital status changed (Month/Year) /

2. Since _____, has the marital status of the parents living with the child changed?

Yes No

If the answer to the question is "no," go to Question 3.

If the answer to the question is "yes," please check the marital status that now applies to the parent(s).

- Married living with Spouse Married **NOT** living with Spouse
 Divorced Widowed Single

Date marital status changed (Month/Year) /

3. Does the child live with either of his/her parents?

Yes No

If "no," go to Question 4.

Since _____, has anyone moved into or out of the child's household? (include births and deaths)

If "yes", please give the following information about them (including children).

If "no", go to Question 4.

a. Name: _____ None - N/A

Relationship: Spouse Mother Father Sister
 Brother Other Relative Other _____

Date Moved In / / Date Moved Out / /

b. Name: _____ None - N/A

Relationship: Spouse Mother Father Sister
 Brother Other Relative Other _____

Date Moved In / / Date Moved Out / /

c. Name: _____ None - N/A

Relationship: Spouse Mother Father Sister
 Brother Other Relative Other _____

Date Moved In / / Date Moved Out / /

4. Since _____, has the child or the child's representative payee moved to a new address? Yes No
 If the answer to the question is "no," go to Question 5.
 If the answer to the question is "yes," please give:

Child's new address

ADDRESS (Number, Street, City, State, and Zip Code): None-N/A
 Street: _____ Apartment No. _____

 City: _____ State: _____ Zip Code:
 Date the Person Moved (Month/Year) /

Representative Payee's new address:

ADDRESS (Number, Street, City, State, and Zip Code) None-N/A
 Street: _____ Apartment No. _____

 City: _____ State: _____ Zip Code:
 Date the Person Moved (Month/Year) /

5. List all the people who live in the same household with the child.

a. Name: _____ None-N/A
 Relationship: Spouse Mother Father Sister
 Brother Other Relative Other _____
 Date of Birth / / Social Security Number - -

b. Name: _____ None-N/A
 Relationship: Spouse Mother Father Sister
 Brother Other Relative Other _____
 Date of Birth / / Social Security Number - -

c. Name: _____ None-N/A
 Relationship: Spouse Mother Father Sister
 Brother Other Relative Other _____

Date of Birth / / Social Security Number - -

d. Name: _____ None-N/A
 Relationship: Spouse Mother Father Sister
 Brother Other Relative Other _____

Date of Birth / / Social Security Number - -

e. Name: _____ None-N/A
 Relationship: Spouse Mother Father Sister
 Brother Other Relative Other _____

Date of Birth / / Social Security Number - -

If you need more space use the REMARKS Section on page 11.

6. Do the child's parents own or rent the place where the child lives? **Yes** **No**
 If the answer to the question is "no," go to Question 7.
 If the answer is "yes," check the answer that applies: Own Rent

7. Since _____, has the child been in a hospital, nursing home, jail or prison, **Yes** **No**
 or other institution for a full calendar month or longer? (A "full calendar month"
 means, for example, from December 1 through December 31.)
 If the answer to the question is "no," go to Question 8.
 If the answer to the question is "yes," please give:

Date Entered
(Month/Day/Year)

Date Discharged
(Month/Day/Year)

a. / /

a. / /

Hospital Nursing Home Jail Other Institution _____ None-N/A

Name and Address of Institution: _____

Date Entered (Month/Day/Year)	Date Discharged (Month/Day/Year)
b. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	

8. Since _____, has the child been outside the United States (the 50 States, District of Columbia, and the Northern Mariana Islands) for more than 30 days in a row? **Yes** **No**

If the answer to the question is “no,” go to Question 9.
If the answer to the question is “yes,” please give:

Date(s) Left (Month/Day/Year)	Date(s) Returned (Month/Day/Year)	Where Did the Child Go?
a. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A _____ <input type="checkbox"/>
b. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A _____ <input type="checkbox"/>

9. **Yes** **No**

➤ Since _____, has the child, father or mother living with the child worked?

➤ Is the child, father or mother living with the child currently working?

➤ Do you expect the child, father or mother living with the child to work in the next 14 months?

If the answer to all **3 of the questions** is “no,” go to Question 10.
If the answer to **any of the 3 questions** is “yes,” please give:

Example:

If you have \$600, it would be printed like this. \$, .

SHOW DOLLARS ONLY

Child Father Mother	Name of Employer/ Address	Gross Wages (Before Any Deductions)	Dates of Employment
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____	Amount: \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____	Amount: \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____	Amount: \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Yes No
➤ Is the child a student?	<input type="checkbox"/> <input type="checkbox"/>

10. Since _____, has the child or have the parent(s) living with the child been self-employed or expect to be self-employed in the current taxable year? **Yes** **No**

If the answer to the question is “no,” go to Question 11.

If the answer to the question is “yes,” please give:

	Child N/A <input type="checkbox"/>	Father N/A <input type="checkbox"/>	Mother N/A <input type="checkbox"/>
Type of Business	_____ _____	_____ _____	_____ _____
Total Gross Income for Last Year	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .
Net Income for Last Year	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .
Estimated Gross Income for this Year	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .
Estimated Net Income for this Year	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .

Type of Income (choose from letters above)	Received by			Amount / How Often	Dates Received or Expected	Source (Name/Address of Person, Bank, Company or Organization)
	Child	Father	Mother			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A _____ _____ _____ <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A _____ _____ _____ <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A _____ _____ _____ <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A _____ _____ _____ <input type="checkbox"/>

12. Is the child's SSI check sent directly to a bank or other financial institution? (This is known as "Direct Deposit") Yes No

13. Does the child or do the parents living with the child own any of the following items? Answer "Yes," if the child's name or the parent(s) name, appears alone or with any other person as the owner or part owner for any of these items: Yes No

A. Cash (with you, at home, or in a safe deposit box)?	<input type="checkbox"/>	<input type="checkbox"/>
B. Checking or savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>
C. Money market accounts?	<input type="checkbox"/>	<input type="checkbox"/>
D. Credit union accounts?	<input type="checkbox"/>	<input type="checkbox"/>
E. Christmas club accounts?	<input type="checkbox"/>	<input type="checkbox"/>
F. Savings certificates/certificates of deposit?	<input type="checkbox"/>	<input type="checkbox"/>
G. Promissory notes or IOU's?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
H. Stocks, bonds or U.S. Savings Bonds?	<input type="checkbox"/>	<input type="checkbox"/>
I. Trusts?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If the answer to all 9 of the questions is “no,” go to Question 14. If the answer to any of the 9 questions is “yes,” please give:</p>		

Name of Each Item (choose from letters above)	Owner or Co-Owner			Total Value of Each	Name and Address of Bank, Company or Organization
	Child	Father	Mother		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input style="width: 100%; border: 1px solid black;" type="text"/>

14.	Does the child or do the parent(s) living with the child own or partially own, land, buildings or other houses where the child does not live? (Include property outside the U.S., inherited property, and life estates. Do not include the home you live in.) If the answer to the question is “no,” go to Question 15. If the answer to the question is “yes,” please give:	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Owner or Co-Owner			Estimated Current Market Value	Tax Assessed Value, if known	Amount of Mortgage Payment, if any	Amount Owed on this Property
Child	Father	Mother				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .

Description (Include type and size of structures, acreage or lot size, and location of property) N/A

Use (Describe how the property is used. If not in use, give date of last use and next planned use.) N/A

15. Since _____, has the child had any change in health insurance coverage or other insurance that pays for medical bills? **Yes** **No**

(Do not include Medicare, but do include insurance such as accident, automobile, or casualty if it covers medical bills for any reason.)

If the answer to the question is “no,” go to Question 16. None-N/A

If the answer to the question is “yes,” please explain: _____

16. If the child was disabled before age 22, does the child have a parent who is age 62 or older or disabled, or deceased? **Yes** **No**

17. a. Which language do you prefer to use when speaking to us?

English Spanish Other (write in name of language): _____

b. Which language do you prefer that we use to write to you?

English Spanish Other (write in name of language): _____

YOUR AUTHORIZATION

I give my permission for the Social Security Administration to check the information I have given on this form, and to ask my employer(s) for information about my wages. I understand that the Social Security Administration will compare its records with records from other State and Federal agencies to make sure I am paid the correct amount of benefits. I know that anyone who makes or causes to be made a false statement or representation of material fact in application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal or State law or both. I affirm that all information I have given in this document is true.

SIGNATURES (Write in ink)

Representative Payee's Signature (First name, middle initial, last name)

SIGN HERE _____ **DATE:** / /

Area Code & Telephone Number (Where you can be reached)

() - None

WITNESSES (Write in ink)

If you sign by mark (X), two people who know you must witness your signing. The witnesses must sign below and give their full names and addresses.

1. Signature of Witness

Address (Number, Street, City, State and Zip Code)

2. Signature of Witness

Address (Number, Street, City, State and Zip Code)

REPRESENTATIVE PAYEE (Print in ink)

If you are the Representative Payee and are filing this statement on behalf of another person give:

Your Full Name (First name, middle initial, last name)

Your title or Relationship to the Recipient

Address (Number, Street, City, State and Zip Code)

Your Social Security Number

- -

Area Code & Telephone Number (Where you can be reached)

() - None

FOR SSA USE ONLY

WBDOC **WBDOC1** **WBDOC2** **WBDOC3** **FO** **FO1** **FO2** **FO3**
