Social Security Administration

Form Approved OMB No. 0960-0643

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

## **RETURN THIS FORM WITHIN 30 DAYS FROM RECEIPT**

P	PRINT ANSWERS LIKE THIS   0   1   2   3   4   5   6   7   8   9     Month   Day   Year   OR   1   2   0   6   0   1   2   0   0   1   2   0   0   1   2   0   0   1   2   0   0   1   2   0   0   1   2   0   0   1   2   0   0   0   1   1   2   0   0   1   1   2   1   1   2   1   1   1   1   1   1   1   1    1    1   1	Yes	No X
(Nu	he mailing address shown above is not correct, provide the correct mailing address mber, Street, City, State, and Zip Code): None-N/A Street: Apartment No.		
	City:          Zip Code:		
BEC	UR SOCIAL SECURITY NUMBER (SSN): CAUSE YOU ARE THE REPRESENTATIVE PAYEE, YOU MUST ANSWER THE FOLLOWI ESTIONS AS IF WERE COMPLETING THE FORM.	NG	
1.	Since , has the child's marital status changed? If the answer to the question is " <b>no</b> ," go to Question 2. If the answer to the question is " <b>yes</b> ," please check the marital status that now applies to the child.	Yes	No
	Divorced   Widowed   Single		
	Date marital status changed (Month/Year)		
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2.	Since , has the marital status of the parents living with the child changed? If the answer to the question is " <b>no</b> ," go to Question 3. If the answer to the question is " <b>yes</b> ," please check the marital status that now applies to the parent(s).
	Married living with Spouse Married <b>NOT</b> living with Spouse
	Divorced Widowed Single
	Date marital status changed (Month/Year)
3.	Yes       No         Does the child live with either of his/her parents?
	If " <b>yes</b> ", please give the following information about them (including children). If " <b>no</b> ", go to Question 4.
	a. Name: None - N/A Relationship: Spouse Mother Father Sister Brother Other Relative Other
	Date Moved In   /   /   /   /   /
	b. Name:
	Date Moved In   /   /   /   /   /
	c. Name: None - N/A Relationship: Spouse Mother Father Sister Brother Other Relative Other
	Date Moved In / / Date Moved Out / / /
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4.	Since , has the child or the child's representative payee moved to a new address? If the answer to the question is " <b>no</b> ," go to Question 5. If the answer to the question is " <b>yes</b> ," please give:						
	Child's new address         ADDRESS (Number, Street, City, State, and Zip Code):       None-N/A         Street:						
	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:						
	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:						
	Date of Birth   /   /   Social Security     Number   -   -						
	b. Name:						
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	c. Name:		None-N/A
	Relationship: Spouse Mother	Father Sister	
	Brother Other Relative	Other	
	Date of Birth / / Social Num	al Security	
	d. Name:		None-N/A
	Relationship: Spouse Mother	Father Sister	
	Brother Other Relative	Other	
	Date of Birth / / Social Num	al Security	
	e. Name:		None-N/A
	Relationship: Spouse Mother	Father Sister	
	Brother Other Relative	Other	
	Date of Birth / / Social Num	al Security	
	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 If the answer to the question is " <b>no</b> ," go to Question 7 If the answer is " <b>yes</b> ," check the answer that applies:		Yes No
7.	Since , has the child been in a hospital or other institution for a full calendar month or longer means, for example, from December 1 through Decem If the answer to the question is " <b>no</b> ," go to Question 8 If the answer to the question is " <b>yes</b> ," please give:	? (A "full calendar month" ber 31.)	Yes No
	Date Entered (Month/Day/Year)	Date Discharged (Month/Day/Year)	
	a//	a.	
	Hospital Nursing Home Jail Ot	her Institution	None-N/A
	Name and Address of Institution:		
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	Date Entered (Month/Day/Year)			ischarged Day/Year)				
	<b>b.</b> / / / / / / / / / / / / / / / /							
	Hospital Nursing Home	Jail 🗌 🕻	Other Institution		None-N	N/A		
	Name and Address of Institution:							
8.	Since , has the child be of Columbia, and the Northern Marian If the answer to the question is " <b>no</b> ," g	a Islands) for	•		Yes	No		
	If the answer to the question is "yes,"	please give:						
	Date(s) Left (Month/Day/Year)		ate(s) Returned onth/Day/Year)	Where Did	the Child	l Go?		
	a.	<b>a.</b> /		·		N/A		
	<b>b.</b> / / /	<b>b.</b> /				N/A		
9.			other living with the child	worked?	Yes	No		
	Is the child, father or mother living with the child currently working?							
	Do you expect the child, father or months?	mother living	with the child to work in th	ne next 14				
	If the answer to all <b>3 of the questions</b> If the answer to <b>any of the 3 question</b>	, C						
	Example:							
	If you have <b>\$600</b> , it would <b>\$</b> be printed like this. SHOW DOLLARS ON	,[]	).					

Child	Father Mother	Name of Employer/ Address	<b>Gross Wages</b> (Before Any Deductions)	)	Dates of	of Employment
			Amount: \$,	<b>F</b>	From:	
			Paid:   Weekly   BiW     Monthly	Veekly 7	Fo:	
			Amount: \$,	I	rom:	
			Paid:   Weekly   BiW     Monthly	Veekly 7	fo:	
			Amount: \$,	<b>F</b>	From:	
			Paid:   Weekly   BiW     Monthly	Veekly 7	Fo:	
	Yes       No         ▶ Is the child a student?       □					
10.	If the	byed or expect to be se answer to the question	the child or have the parent(s) elf-employed in the current tax in is <b>"no,"</b> go to Question 11. in is <b>"yes,"</b> please give:	-		en self- Yes No
			N/A		N/A	1
			Child	Fatl		Mother N/A
Туре	of Busi	ness		Fatl		
		ness Income for Last Year		Fat		
Total	Gross					
Total Net In	Gross	Income for Last Year	· \$	\$		
Total Net In Estim	Gross	Income for Last Year for Last Year	· \$	\$		

11.	Since , has the child or have the parent(s) living with the child received, or expect to receive in the next 14 months, any of the income listed below:	Yes	No
	A. Private pensions or annuities (other than Social Security, SSI, or food stamps)?		
	B. Unemployment or worker's compensation?		
	C. Welfare or State or local assistance based on need?		
	D. Veterans Administration benefits (based on need, not based on need, education)?		
	E. Railroad Board, Black Lung, Military or Civil Service pensions?		
	F. Rental/lease income?		
	G. Alimony or child support?		
	H. Dividends or royalties?		
	I. Interest earned on money in bank accounts (including interest in checking account)?		
	J. Money from a trust fund?		
	K. Money from any other person or organization?		
	L. Any other income not included above?		

If the answer to **all 12 of the questions** is **"no,"** go to Question 12.

If the answer to **any of the 12 questions** is **"yes,"** tell us about that item. Please give:

Type of Income (choose from letters above)	Child Father Mother A	Amount / How Often	Dates ]	Received or Expected	Source (Name/Address of Person, Bank, Company or Organization)
		\$	. From:		N/A
		Weekly   BiWeekly     Monthly	kly To:		
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Type Inco (cho from l abo	ome ose etters	Child	Father	Mother App	Amount / How Often	Date	es R	eceived or Expected	(Name Person, B	ource Addrest ank, Co ganizati	mpany
					\$	dy To:					N/A
					\$	dy To:					N/A
					<ul> <li>Weekly</li> <li>Wonthly</li> </ul>	from: <sup>dy</sup> To:					N/A
					<ul> <li>Weekly</li> <li>Wonthly</li> </ul>	From: <sup>dy</sup> To:					N/A
12.				s SSI Jepos	check sent directly to a built")	oank or other	fina	ancial institution? (This i	s known	Yes	No
13.	An	swer	"Y	es,"	or do the parents living wi if the child's name or the wher or part owner for any	parent(s) nar	ne,	appears alone or with an		Yes	No
	А.	Cash	(w	ith y	ou, at home, or in a safe d	leposit box)?					
	В.	Chec	kin	g or	savings accounts?						
	C.	Mon	ey n	nark	et accounts?						
	D. Credit union accounts?										
	E.	Chri	stma	as clu	ub accounts?						
	F.	Savi	ngs	certi	ficates/certificates of depo	osit?					
	G.	Pron	nisso	ory n	otes or IOU's?						
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	Yes	No
H. Stocks, bonds or U.S. Savings Bonds?		
I. Trusts?		

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:

Name of Each Item (choose	Owner or Co-Owner				
from letters above)	Child Father Mother	Total Value of Each	Name and Address of Bank, Company or Organization		
		\$	N/A		
		Account Number:			
		\$,	N/A		
		Account Number:			
		\$	N/A		
		Account Number:			
		\$	N/A		
		Account Number:			
othe and If th	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.)       Yes       No         If the answer to the question is "no," go to Question 15.       If the answer to the question is "yes," please give:       If the answer to the question is "yes," please give:       If the answer to the question is "yes," please give:				

Owner or Co-Owner		Estimated Current	Tax Assessed Value,	Amount of Mortgage	Amount Owed on this	
Child Father	Mother	Market Value	if known	Payment, if any	Property	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
	proj	e (Describe how the propert				
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:       None-N/A					
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?				2 or older	
17.		English     Spanish     Other (write in name of language):				
	English Spanish Other (write in name of language):					
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WE ARE REQUIRED BY LAW TO ASK THE FOLLOWING QUESTIONS OF ALL SSI RECIPIENTS							
18.	a. Has the child been convicted of, or charged with a crime, or an attempt to commit a crime, which is a felony, or in jurisdictions that do not define crimes as felonies, is punishable by death or imprisonment for a term exceeding 1 year regardless of the actual sentence imposed?						
	If "yes," in which state did this occur? Answer b.						
	b. Since , has a warrant been issued for the child's arrest because the child was charged or convicted of a crime that carries a sentence of over 1 year, or because the child violated a condition of the child's probation or parole under Federal or State law?						
	If <b>"yes,"</b> explain below (provide warrant information, if available):						
19.	. Has the child been subject to a condition of parole or probation under Federal or State aw?						
	b. Since , has the child violated a condition of your parole or probation?						
	If "yes," explain below (provide warrant information, if available).						
	Child Father	Mot	her				
20.	a. Since, has the child or the parent(s) livingYesNoYesNowith the child sold, transferred title, disposed of or givenaway any property including property in foreign countries?Image: Countries in the parent set of the pare	Yes	No				
	b. Since , has the child or the parent(s) living with the child disposed of or given away any money?						
	If money was given away, please give amount: \$,						
RE	MARKS:						
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## 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					
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