

CERTIFICATE OF RESPONSIBILITY FOR WELFARE
AND CARE OF CHILD NOT IN APPLICANT'S CUSTODY

All items on this form requiring an answer must be answered or marked "Unknown."

Privacy Act Notice/Paperwork Act Notice. The information requested on this form is authorized by the Social Security Act, Sections 202(b) (c), and (g) (42 U.S.C. 402(b), 402(c), and 402(g)). Your response to the following questions will be used to help establish that the child-in-care requirement for mother's and father's benefits and for benefits for a spouse under age 62 is met. Your response to these questions is voluntary, however, the Social Security Administration (SSA) cannot review the decision on this claim unless the information is furnished. While the information you furnish on this form would almost never be used for any purpose other than making a determination about your claim, such information may be disclosed by SSA as generally permitted under the Privacy Act of 1974, as amended, 5 U.S.C. § 552a. This includes using the information as necessary for administrative purposes or as authorized by routine uses in the applicable Privacy Act system of records. For example, the information may be used to assist Social Security in establishing the right of an individual to Social Security benefits. In addition, SSA may disclose information to other agencies, such as the Government Accountability Office or to the Department of the Census to comply with Federal laws requiring or permitting the release of information from our records. SSA may also use the information you give us when we match records by computer. Matched programs compare SSA 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 SSA to do this even if you do not agree to it. Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security office.

See Revised PRA Attached

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 OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Only comments relating to our time estimate should be provided, not the completed form.

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER

I make this statement in support of my application for insurance benefits payable under Title II of the Social Security Act, as amended.

1. Give the following information about all unmarried children of the above wage earner or self-employed person who are not living with you and are: (a) under age 16, or (b) age 16 or over, with a disability that began before age 22. Include natural children, adopted children, stepchildren, and dependent grandchildren or step-grandchildren.

Remove Bracket

FULL NAME OF CHILD	DATE CHILD LEFT YOUR HOME	How Long From today will the child be away from you?	REASON CHILD LEFT YOUR HOME	NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP (TO CHILD) OF PERSON WITH WHOM CHILD IS NOW LIVING

2. (a) If you contribute to the support of any child named in item 1 above, give the following information

FIRST NAME OF CHILD	AMOUNTS CONTRIBUTED	HOW OFTEN YOU CONTRIBUTE
	\$	
	\$	
	\$	
	\$	

(b) If you are not contributing to the support of any child named in 1 above, give name of child and state why you are not doing so.

3. State how often you do any of the things shown below for any child named in 1 above.

FIRST NAME OF CHILD	VISIT	SEND CLOTHING	MAKE OTHER GIFTS	WRITE LETTERS	OTHER (DESCRIBE)

4. Do you give the person or persons with whom the child or children have been placed instructions for the care of such child or children? Yes No
 If "Yes," explain what those instructions are, how often you give them, and what you do to be sure they are carried out.

I know that anyone who (a) makes or causes to be made any false statement or representation of a material fact for use in determining a right to or the amount of any payment, or in determining an individual's disability, under Title II of the Social Security Act, or (b) who, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, under the Social Security Act, commits a crime Punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT SIGNATURE (First Name, Middle Initial, Last Name) (Write in ink)	DATE (Month, day, year)
SIGN HERE	TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY (include area code)

MAILING ADDRESS (Number and street, P.O. Box, or Rural Route)

CITY AND STATE	ZIP CODE	ENTER NAME OF COUNTY (IF ANY) IN WHICH YOU NOW LIVE
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Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (Number and street, City, State and ZIP Code)	ADDRESS (Number and street, City, State and ZIP Code)

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

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