

Certification of Low Birth Weight for SSI Eligibility

<i>For SSA Use Only</i>	
<i>Requester</i>	<i>Office address</i>
<i>Phone #</i>	<i>Fax #</i>

- 1) Child's SSN (if available) _____
- 2) Child's name: _____ Female Male

First
Middle
Surname
- 3) Medical record #: _____
- 4) Parents: Mother's name: _____

First
Maiden
Surname

 Father's name: _____

First
Surname

 Phone # _____ Address _____
- 5) Hospital of birth: _____
- 6) Date of birth: _____
- 7) Weight at birth: _____ grams
- 8) Gestational age (GA) at birth: _____ weeks
- 9) Medical conditions (check all that apply):
 - Cerebral white matter insult (periventricular leukomalacia, intraventricular hemorrhage (IVH) grade 3-4, or ventriculomegaly)
 - Bronchopulmonary Dysplasia (BPD), also known as Chronic Lung Disease (CLD) of prematurity
 - Retinopathy of Prematurity (ROP), grade 3 or greater
 - Necrotizing Enterocolitis (NEC), requiring bowel resection surgery
 - Other (please specify): _____
- 10) Date of discharge (if applicable): _____ Released to (person/facility): _____
- 11) Name and phone number of hospital social worker who can provide information about this child:
 Name: _____ Phone: _____

OPTIONAL: Attach copy of admission, discharge summary, or other medical evidence.

-OVER-

I certify that the foregoing information is accurate according to the child's medical records.

Physician signature: _____

Title: _____

Date: _____

Print or type name: _____

Hospital: _____

Address: _____

***PLEASE RETURN THE COMPLETED FORM TO THE SOCIAL SECURITY FIELD OFFICE
SHOWN ON TOP OF PAGE ONE***

The Privacy and Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 1614 and 1633 of the Social Security Act. Social Security needs this information to make a decision on the named claimant's claim under 20 CFR sections 416.931, 416.926a(m), and 416.924. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

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.

See Revised PA

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 10 – 15 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED FORM TO YOUR NEAREST SOCIAL SECURITY OFFICE OR TO THE SOCIAL SECURITY OFFICE THAT REQUESTED IT. If you have questions about how to complete the form, contact the Social Security office nearest you or the Social Security office that requested it. If you need the address or phone number for your nearest Social Security office, you can get it by calling Social Security at 1-800-772-1213. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

See Revised Paperwork
Reduction Act Statement

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement

Collection and Use of Personal Information

Sections 1614 and 1633 of the Social Security Act, as amended, and Social Security regulations at 20 C.F.R. §§ 416.924, 416.931, and 416.926 (a)(m)(6) authorize us to collect this information. We will use the information you provide to determine the Supplemental Security Income benefit eligibility of the named claimant.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate and timely benefit eligibility decision.

We rarely use the information you supply for any purpose other than for determining reimbursements. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Supplemental Security Income Record and Special Veterans Benefits, 60-0103. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at <http://www.socialsecurity.gov> or at your local Social Security office.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

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.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*