

CHILD RELATIONSHIP STATEMENT

PRINT WORKER'S NAME	WORKER'S SOCIAL SECURITY NUMBER
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List below all children of the worker for whom you are requesting benefits.

NAME OF CHILD OR CHILDREN		

A child of the worker may be entitled to benefits if: (1) the worker was decreed by a court to be the child's parent; or (2) the worker was ordered by a court to contribute to the child's support because the child is his or her son or daughter; or (3) the worker acknowledged in writing that the child is his or her son or daughter; or (4) the child is living with or receiving contributions from his or her parent at certain times. The questions below are designed to help Social Security determine if the child can meet these requirements. Please use item 4 on the reverse of this form for any comments you wish to make.

1. Was the worker ever decreed by a court to be the child's parent?
If "YES," please submit a copy of that decree or give us the name of the court and the date of the decree. (If "YES," omit items 2,3, and 4.) YES NO

2. Was the worker ever ordered by a court to contribute to the child's support because the child was his or her son or daughter?
If "YES," please submit a copy of that decree or give us the name of the court and the date of the decree. (If "YES," omit items 3 and 4.) YES NO

If you answer "YES" to any of the questions under Item 3, submit the document if available or complete Item 4 on the reverse side of this form. If you are unsure of an answer explain in Item 4.
IN ALL CASES COMPLETE NAME AND ADDRESS BLOCK ON THE OTHER SIDE OF THIS FORM.

3. (a) Did the worker ever file an application with or make a statement to the Veterans Administration or welfare office or to any government agency in which he/she stated the child was his/hers? YES NO
- (b) Has the worker written any letters to anyone that you know of in which he/she may have referred to the child as a son or daughter or referred to himself/herself as the child's parent? YES NO
- (c) Did the worker ever list the child in a family tree or other family record? YES NO
- (d) Did the worker ever list the child as a dependent on a tax return? YES NO
- (e) Did the worker ever take out any insurance policies on the child or make the child a beneficiary of his/her own insurance policy? YES NO
- (f) Did the worker ever make a will listing the child beneficiary? YES NO
- (g) Did the worker ever make an allotment for the child while he/she was in military service? YES NO
- (h) Did the worker ever list the child on any applications for employment? YES NO
- (i) Did the worker ever register the child in school or place of worship or sign a report card as the child's parent? YES NO
- (j) Did the worker ever take the child to a doctor's or dentist's office or to a hospital and list himself/herself as parent? YES NO
- (k) Did the worker accept responsibility for or pay the child's hospital expenses at birth or did he/she give the information for the child's birth certificate? YES NO

Privacy Act Statement Collection and Use of Personal Information

Section 216(h) of the Social Security Act (42 U.S.C. 416(h)) authorizes us to collect this information. We will use the information you provide to help establish the child's relationship to the worker on whose record a claim has been filed. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information could prevent us from making an accurate and timely decision on your claim.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. 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, General Services Administration, National Archives Records Administration, and the 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 and administered benefit programs 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, Claims Folder System, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your 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 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.*