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 STATEMENT: PRIVACY ACT STATEMENT:

Collection and Use of Personal Information

Sections 202(b) and (g) [42/U.S.C. 402(b) and (g)] of the Social Security Act authorize us to collect this information. We will use the information you provide to confirm past and continuing entitlement to be lefts and to determine whether such identifies are subject to suspension or termination. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information is cause for us to suspend your benefit payments. We rarely use the information you provide on this for for any purpose other than for the re We rarely use the information you provide on this torm 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 get the information to another person or to another agency in accordance with repeated to another person or to another agency in accordance with the release of information from Social Security in establishing to the Government Accountability Office, General Service Privacy Act

Statement below.

Statement below. sons explained above. However, we may use it for the 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-Junded and administered benefit programs for repayment of payments or pelinquent debts under these programs. The law allows us to do this even if you do not agree to it. ou do not agree to it. additional information regarding this formation 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 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 10 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SCIQRITY 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 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. 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. How Long DATE CHILD NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP From to day will the REASON CHILD FULL NAME OF CHILD LEFT (TO CHILD) OF PERSON LEFT YOUR HOME child be WITH WHOM CHILD IS NOW LIVING YOUR HOME away from you? 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.

FIRST NAME OF CHILD	VISIT	SEND CLOTHING	MAKE OTHER GIFTS	WRITE LETTERS	OTHER (DESCRIBE)	
			dir13	LETTENS	(DESCRIBE)	
Do you give the person or instructions for the care of If "Yes," explain what those carried out.	such child or chi	ildren?		<u></u>	Yes I	
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clare under penalty of perjury t ns, and it is true and correct to	the best of my kno erial fact in this info	owiedae. I understa	on this form, and on nd that anyone who someone else to do	knowingly gives	a talse or	
				DATE (Month, day, year)		
to prison, or may face other p	URE OF APPLICAN		DATE (Mo	nth, day, year)		
t to prison, or may face other p		т	DATE (Mo.	nth, day, year)		
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t to prison, or may face other p SIGNAT NATURE (First Name, Middle In	street, P.O. Box, or	T Write in ink) Rural Route) ZIP CODE has been signed in must sign below	TELEPHONE MAY BE CO (include area ENTER NAME Of LIVE by mark (X) above w, giving their full	NUMBER(S) AT WINTACTED DURING a code) F COUNTY (IF ANY) B. If signed by addresses.	IN WHICH YOU NO	

Privacy Act Statement

Collection and Use of Personal Information

Section 202 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to confirm past and continuing eligibility for benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on your eligibility for benefits, and could result in the loss of some benefits.

We rarely use the information you supply for any purpose other than the reason stated above. However, we may use it for the administration and integrity of our 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 us in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from our 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 and improvement of our programs (e.g., to the Bureau of the Census and private entities under contract with us).

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 Claims Folders Systems, 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 local Social Security office.