7161

SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
OMB NO. 0960-0049

REPORT TO THE UNITED STATES SOCIAL SECURITY ADMINISTRATION

BY PERSON RECEIVING BENEFITS FOR A CHILD OR FOR AN ADULT UNABLE TO HANDLE FUNDS

IMPORTANT: FAILURE TO COMPLETE AND RETURN THIS FORM WITHIN 60 DAYS WILL RESULT IN A SUSPENSION OF BENEFITS. **SIGN AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE. SEE INSTRUCTIONS ENCLOSED.**

1.	Print your address here only if it is different from the one shown below.	**2.**	Telephone number at which you may be contacted during the day.

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IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS 3 THROUGH 8 BELOW, PLEASE TURN THIS FORM OVER AND CONTINUE ON THE BACK. YOU MUST SIGN YOUR NAME IN ITEM 11 ON THE BACK OF THIS FORM.

		YES	NO
3.	Has anyone for whom you receive benefits changed his/her citizenship or country of residence in the past 15 months? →	☐	☐
4.	Has anyone for whom you receive benefits married, had a divorce (or annulment) or died in the past 15 months? →	☐	☐
5.	Has the parent (natural, adoptive or stepparent) of any child for whom you receive benefits died, married or had a divorce (or annulment) in the past 15 months? (It is not necessary that the parent have been receiving benefits.) →	☐	☐
6.	Did anyone for whom you receive benefits work for someone else or own a business or farm in the past 15 months? →	☐	☐
7.	Did any person for whom you receive benefits live apart from you during any of the past 15 months? →	☐	☐
8.	Did you give the Social Security checks or the full amount of the benefits to another person (for example, the beneficiary's custodian or the beneficiary himself/herself) during the past 15 months? →	☐	☐

		YES	NO
9.	Were all Social Security benefits received during the past 15 months used for the beneficiary and/or held for the beneficiary? → If "**No**" explain in "Remarks" on the back of this form what was done with the benefits.	☐	☐

10. A. Show the manner in which any amounts not used for the beneficiary are being held:

☐ Bank Account ☐ Other — If "Other", explain in "Remarks" on the back of this form.

B. Show the Title or Ownership of the Account:

OTHER REPORTABLE EVENTS

In addition to the events listed on this form, you are responsible for reporting any other event that may affect benefit payments.

(FOR SSA USE ONLY)

☐☐☐ — ☐☐ — ☐☐☐☐

SSN

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS 3 THROUGH 8 ON THE OTHER SIDE OF THIS FORM, YOU MUST COMPLETE THE CORRESPONDING BLOCK(S) BELOW. IF YOU ANSWERED "NO" TO ALL OF THE QUESTIONS 3 THROUGH 8 ON THE OTHER SIDE OF THE FORM,YOU SHOULD GO TO ITEM 11, SIGN,DATE,AND RETURN THE FORM.

3. If you answered "Yes" to question 3 on the other side, complete the information below.

(a) Name of person	(b) Country of new citizenship	(c) Date acquired	(d) Current country of residence	(e) Date residence began

4. If you answered "Yes" to question 4 on the other side, complete the information below.

(a) Name of person	(b) Check which event occurred ☐ Marriage ☐ Annulment ☐ Divorce ☐ Death	(c) Date event occurred

5. If you answered "Yes" to question 5 on the other side, complete the information below.

(a) Name of parent	(b) Check which event occurred ☐ Marriage ☐ Annulment ☐ Divorce ☐ Death	(c) Date event occurred

6. If you answered "Yes" to question 6 on the other side, complete the information below.

(a) Name of person	(b) Check one ☐ Employee ☐ Self-Employed	(c) Date work began

(d) If ended, enter date work stopped	(e) List each month that he/she worked 45 hours or less (Explain in Remarks)

(f) Was this work done in the United States or did he/she pay United States Social Security taxes on earnings from this work? ☐ Yes ☐ No	(g) If you answered "Yes" to (f), enter his/her total earnings for last year → $ _____ AND give your estimate of this year's earnings. → $ _____

7. If you answered "Yes" to question 7 on the other side, complete the information below.

(a) Name of beneficiary who did not live with you	(b) Date beneficiary left	(c) Reason for leaving	(d) Date beneficiary returned

(e) If you listed someone in (a) above who has not returned, enter the address where he/she can be reached. (Include ZIP code)

8. If you answered "Yes" to question 8 on the other side, show to whom the funds were given.

Remarks

IMPORTANT: I declare under penalty of perjury that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

11.	Signature or mark of payee (Note: If this form is signed with a mark, a witness must sign below.)		Date
12.	Signature of witness	Address (include ZIP code)	Date

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 205(a), 1631(d)(1), and 1631(e)(1) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine continued benefit eligibility.

Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may cause suspension or loss of additional benefits.

We rarely use the information for any purpose other than form making a decision regarding continuing entitlement to benefits. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including, but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to our benefits and 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 heath and income maintenance programs at the Federal, State, and local level; and,

4. To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to 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. We use the information from these programs to establish or verify a person's eligibility for federally funded and administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act Systems of Records Notices entitled, Claims Folders Systems, 60-0089, and Electronic Disability (eDib) Claim Folder, 60-0320. These notices, additional information regarding our Programs and systems are available on-line at www.socialsecurity.gov or at your 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 (OMB) control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to***: *SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.*

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SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
OMB NO. 0960-0049

REPORT TO THE UNITED STATES SOCIAL SECURITY ADMINISTRATION

IMPORTANT: Failure to complete and return this form within 60 days will result in suspension of benefits. **SIGN AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE. SEE INSTRUCTIONS ENCLOSED.**

1. Print your address here **only** if it is different from the one shown below.	**2.** Telephone number at which you may be contacted during the day.
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IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE TURN THIS FORM OVER AND CONTINUE ON THE BACK. YOU MUST SIGN YOUR NAME IN ITEM 7 ON THE BACK OF THIS FORM.

		YES	NO
3.	Has there been a change in your citizenship or your country of residence that you have not yet reported to SSA? →	☐	☐
4.	Have you married or had a divorce or annulment since you last reported your marital status to SSA? →	☐	☐
5.	Did you work for someone else or were you self-employed (i.e. did you own a business or farm) since your last report of work to SSA? →	☐	☐
	Answer Question 6 only if you are the parent of a child under age 16 or disabled and you receive Social Security benefits because you have this child in your care.		
6.	Did you and the child live apart since you last reported the child's living arrangements to SSA? →	☐	☐

OTHER REPORTABLE EVENTS

In addition to the events listed on this form, you are responsible for reporting any other event that may affect benefit payments.

(For SSA Use Only)

☐☐☐ — ☐☐ — ☐☐☐☐

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See Revised Privacy Act Statement

ACT AND PRIVACY ACT NOTICE

The information requested on this form is sought pursuant to the authority granted in 42 U.S.C. 403(c), 403(g), 405(a) and 405(j). Your response to the questions on this form is required for you to continue to receive benefits. Failure to report those events which can cause suspension of benefits may cause the loss of additional benefits.

The information provided will be used to confirm past and continuing entitlement to benefits and may be disclosed by SSA to another governmental agency for the following purposes: (1) to assist SSA in establishing the right of an individual to Social Security coverage and/or benefits; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs; (3) to comply with Federal laws requiring the exchange of information between SSA and another agency; and (4) to comply with Freedom of Information Act (5 U.S.C. 552).

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 PRA

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IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ON THE OTHER SIDE OF THIS FORM, YOU *MUST* COMPLETE THE CORRESPONDING BLOCK(S) BELOW. IF YOU ANSWERED "NO" TO ALL OF THE QUESTIONS ON THE OTHER SIDE OF THE FORM, YOU SHOULD GO TO ITEM 7, SIGN, DATE, AND RETURN THE FORM.

3. If you answered "Yes" to question 3 on the reverse, complete the information below.

(a) Country of new citizenship	Date acquired (Month-Day-Year)
(b) Current country of residence	Date of change (Month-Day-Year)

4. If you answered "Yes" to question 4 on the reverse, complete the information below.

(a) ☐ Marriage (b) ☐ Divorce (c) ☐ Annulment	(d) Enter date event occurred (Month-Day-Year)

5. If you answered "Yes" to question 5 on the reverse, complete the information below.

(a) Check one ☐ Employee ☐ Self-Employed	(b) Date work began (Month-Day-Year)	(c) If ended, enter date work stopped (Month-Day-Year)

(d) List each month that you worked 45 hours or less *(Explain in "Remarks")*

(e) Was this work done in the United States or did you pay United States Social Security taxes on earnings from this work? ☐ Yes ☐ No

(f) If you answered "Yes" to (e) above, enter your total earnings for:	
the year before last → and	$
last year → also give	$
your estimate of earnings for this year →	$

6. If you answered "Yes" to question 6 on the reverse, complete the information below.

(a) Date child left (Month-Day-Year)	(b) Date child returned (Month-Day-Year)	(c) Name of child

(d) Reason for absence

(e) If the child has not returned, print the address of the child here.

REMARKS

IMPORTANT: I declare under penalty of perjury that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

7. Signature or mark of payee *(Note: If this form is signed with a mark, a witness must sign below.)*	Date
8. Signature of witness	Date

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1. To enable a third party or an agency to assist us in establishing rights to our benefits and 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 heath and income maintenance programs at the Federal, State, and local level; and,

4. To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to 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. We use the information from these programs to establish or verify a person's eligibility for federally funded and administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act Systems of Records Notices entitled, Claims Folders Systems, 60-0089, and Electronic Disability (eDib) Claim Folder, 60-0320. These notices, additional information regarding our Programs and systems are available on-line at www.socialsecurity.gov or at your Social Security office.

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