Form Approved
OMB No. 0960-0474

CHILD-CARE DROPOUT QUESTIONNAIRE

See Paperwork/Privacy Act Notice on Reverse

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT (If other than above wage earner or self-employed person)	RELATIONSHIP TO WAGE EARNER OR SELF-EMPLOYED PERSON

1. Was a child, either your own or your spouse's, living with you while the child was under age 3 in any year after 1950? → ☐ YES ☐ NO

If "Yes," give the following information:

Name of Each Child	Child's Date of Birth	Relationship to You or Your Spouse	Years the Child Was Under 3 and Lived With You	No. of Days in Each Year the Child Lived With You

2. Did you work in any of the years listed in item 1? → ☐ YES ☐ NO

If "Yes," indicate each year in which you worked:

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGNATURE OF PERSON MAKING STATEMENT

SIGNATURE (First name, middle initial, last name) (Write in ink)	DATE (Month, day, year)
SIGN HERE ▶	*TELEPHONE NUMBER (Include Area Code)*

MAILING ADDRESS (Number and street, Apt. No., P.O. Box, Rural Route)

CITY AND STATE	ZIP CODE

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual 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)

See Revised PAS

Privacy Act Statement
Collection and Use of Personal Information

Sections 202(b), (c), and 205(a), and 1872 of the Social Security Act as amended, [42 U.S.C. 402(b), (c), and 405(a), and 1395ii] authorize us to collect this information. We will use the information you provide to help us determine if you and your dependents are eligible for insurance coverage or monthly benefits. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information may prevent us from making an accurate and timely decision on your claim or your dependent's 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 or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records to other agencies (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 agencies 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 Folder System, 60-0089. The notice, additional information regarding this form, and information regarding our system and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

See Revised PRA

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 5 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 21235-6401*.

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 202, 205(a), and 1872 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine you or your dependent's eligibility for insurance coverage or monthly benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent an accurate and timely decision on your claim or your dependent's claim.

We rarely use the information you supply for any purpose other than to determine you or your dependent's eligibility for insurance coverage or monthly benefits. However, we may use the information for the efficient administration of our programs. We may also disclose information to another person or 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 Social Security 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 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 or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Privacy Act System of Records Notice entitled, Claims Folders Systems, 60-0089. Additional information about this and other system of records notices and our programs are available from our Internet website at 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:

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