

Certification of Low Birth Weight for SSI Eligibility

For SSA Use Only

Requestor

Office Address

Phone #

Fax #

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.

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: _____

SEND THE COMPLETED FORM TO THE ADDRESS SHOWN AT THE TOP OF PAGE 1

See Revised Privacy Act Statement and PRA Statement

~~Privacy Act Notice: Sections 1614 and 1633 of the Social Security Act, as amended, and 20 C.F.R. §§ 416.931, 416.926a(m)(6) and 416.924 authorize us to collect this information to determine benefit eligibility of the named claimant. The information you furnish on this form is voluntary; however, failure to provide all or part of the information could prevent an accurate and timely decision on benefit eligibility of the named claimant.~~

~~We rarely use the information you supply for any purpose other than for establishing benefit eligibility. 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: (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 Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; (4) to State agencies or other agencies providing services to disabled children; and (5) 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 and for repayment of payments or delinquent debts under these programs.~~

~~A complete list of routine uses for this information is available in System of Records Notice 60-0103 (Supplemental Security Income Record and Special Veterans Benefits). The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.ssa.gov or at your local 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 10-15 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 21235-6401.**~~

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 1614 and 1633 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on the benefit eligibility of the named claimant.

We will use the information to determine benefit eligibility of the named claimant. We may also share your information for the following purposes, called routine uses:

1. To representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting the Social Security Administration in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
2. To State agencies to enable them to assist in the effective and efficient administration of the Supplemental Security Income program.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders Systems and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Additional information and a full listing of all our SORNs are available on our website at www.ssa.gov/privacy/sorn.html.

SSA will insert the following revised PRA Statement into the form as soon as possible:

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 21235-6401.***