

APPLICATION FOR DETERMINATION OF CHILD'S DISABILITY

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED			OFFICE NUMBER		
MONTH	DAY	YEAR			
APPROVED					
APPLICATION NUMBER			DATE CODED		
			MONTH	DAY	YEAR
CODED BY					

Section 1 General Instructions

Before you complete this application, be sure to read Part ~~X~~¹ of booklet RB-19a, Child's Disability Benefits, which explains information you will need to answer many of the questions in this application. **Please read "Important Notices" on page 14 of this application.**

~~Please read "Important Notices" on page 13 of this application.~~

Print ~~XXXXXX~~^{legibly} in ink ~~XXXXXX~~^{XXXXXX}. If you need more space than is provided to answer a question, use Section 9 of this purpose. If you do not know the answer to a question, print "unknown" in the space provided for the answer. , Remarks, ¹

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter ~~XXXXXX~~^{February 13, 2018} as:

December 13, 2018

Month		Day		Year			
1	2	1	3	2	0	1	8

Some items in this application will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application form quickly, filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.**

If you are completing this application on behalf of someone else, you must answer each question as it applies to **the applicant.**

Section 2 Identifying Information

Check the information entered by Railroad Retirement Board (RRB) for Items 1 through 9 for accuracy.

- ▶ If the information is correct, **go to Section 3.**
- ▶ If the information is not correct, ~~cross out the incorrect information and~~ enter the correct information. ~~XXXXXX~~
- ▶ If the information is missing, fill it in.

Employee Identification	1	EMPLOYEE'S NAME →		
	2	EMPLOYEE'S SOCIAL SECURITY NUMBER →		
	3	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →		
Applicant Identification	4	CHILD'S ^{APPLICANT'S} NAME →		
	5	a	STREET ADDRESS →	
		b	CITY AND STATE ^{/PROVINCE} →	
		c	ZIP CODE →	
		d	COUNTRY ^{COUNTRY} →	
	6	a	DAYTIME TELEPHONE NUMBER →	
		b	ALTERNATE TELEPHONE NUMBER →	
	7	CHILD'S ^{APPLICANT'S} SOCIAL SECURITY NUMBER →		
	8	CHILD'S ^{APPLICANT'S} DATE OF BIRTH →		
9	CHILD'S ^{APPLICANT'S} GENDER →	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

Section 3 Information About ~~The Child's~~ ^{Your} Medical Condition

Medical Condition	10	Describe the child's medical condition. Enter the exact diagnosis if known and any secondary condition. See Attachment Item 10			
When Condition Began	11	Enter the date this ^{the} condition began ^{your ability to work.} to affect the child ^{the child} →	Month	Day	Year
When Condition Became Severe	12	Enter the date this ^{the} condition began to severely ^{your} interfere with the child's ^{the child's} activities. →	Month	Day	Year
How Condition Affects Work	13	Enter an "X" in the appropriate box: Has this ^{the} condition kept the child ^{you} from working? →	<input type="checkbox"/> Yes → Go to Item 14 <input type="checkbox"/> No → Go to Item 15		
	14	Describe how this condition has kept the child ^{your condition(s) prevents you} from working. ^			
Current Work Status	15	Enter an "X" in the appropriate box: Does this condition prevent the child ^{the child you} from working now ? →	<input type="checkbox"/> Yes → Go to Item 17 <input type="checkbox"/> No → Go to Item 16		
	16	Enter the date this condition no longer prevented work. →	Month	Day	Year

Section 4 Information About ~~The Child's~~ ^{Your} Medical Care

Medical Care or Examination	17	Enter an "X" in the appropriate box: Have you has the child [^] received any medical care, or been examined for this ^{your} condition since the date in Item 12? →	<input type="checkbox"/> Yes → Go to Item 18 <input type="checkbox"/> No → Go to Section 5																
Medical Care Before 22	18	Enter information about each doctor or medical facility from whom the child ^{you} received treatment or care before age 22.		Address and ZIP Code															
		a NAME OF FACILITY	Address of Facility (Street Address, City, State/Province, and ZIP Code)																
		ATTENDING PHYSICIAN'S NAME																	
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>																	
		PATIENT NUMBER																	
DATES TREATED OR TESTED		<table border="1"> <tr> <th colspan="3">Area Code</th> <th colspan="4">Telephone Number</th> </tr> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> </tr> </table>				Area Code			Telephone Number										
Area Code			Telephone Number																
DESCRIBE TYPE OF TREATMENT OR TESTING																			

Medical Care Before 22 (Cont.)	18	b NAME OF FACILITY		Address and ZIP Code Address of Facility (Street Address, City, State/Province, and ZIP Code)			
		ATTENDING PHYSICIAN'S NAME					
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>					
		PATIENT NUMBER		Area Code		Telephone Number	
		DATES TREATED OR TESTED		DESCRIBE TYPE OF TREATMENT OR TESTING			
		c NAME OF FACILITY		Address and ZIP Code Address of Facility (Street Address, City, State/Province, and ZIP Code)			
		ATTENDING PHYSICIAN'S NAME					
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>					
		PATIENT NUMBER		Area Code		Telephone Number	
		DATES TREATED OR TESTED		DESCRIBE TYPE OF TREATMENT OR TESTING			
<p style="color: red; margin: 0;">you</p> <p style="margin: 0;">Note: If the child received more medical care before age 22, use Section 9 to discuss additional treatment or care. Include the dates for each period of care.</p>							
Other Medical Care	19	Enter information about any other doctor or medical facility from whom the child has ^{you have} received treatment or care since the date in Item 12.					
		a NAME OF FACILITY		Address and ZIP Code Address of Facility (Street Address, City, State/Province, and ZIP Code)			
		ATTENDING PHYSICIAN'S NAME					
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>					
		PATIENT NUMBER		Area Code		Telephone Number	
DATES TREATED OR TESTED		DESCRIBE TYPE OF TREATMENT OR TESTING					

Other Medical Care (Cont.)	19	b	NAME OF FACILITY	Address and ZIP Code Address of Facility (Street Address, City, State/Province, and ZIP Code)		
			ATTENDING PHYSICIAN'S NAME			
			Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>			
			PATIENT NUMBER	Area Code	Telephone Number	
			DATES TREATED OR TESTED	DESCRIBE TYPE OF TREATMENT OR TESTING		
			<p>c We are adding new Item 19c to provide room for a third Facility/Physician, if needed. Also, addition makes Item 19 consistent with Item 18, which provides for three Facilities/Physicians.</p> <p>Note: If the child ^{you} received more medical care, use Section 9 to discuss additional treatment or care. Include the dates for each period of care.</p>			
Activity Restriction	20	Enter an "X" in the appropriate box: Has a medical doctor ^{your} restricted the child's daily activities since the date in Item 12? →		<input type="checkbox"/> Yes → Go to Item 21 <input type="checkbox"/> No → Go to Item 25 24		
	21	Enter the name of the medical doctor who imposed the restriction. → Also enter the medical doctor's address if it has not been previously entered in Items 18 or 19.				
	22	Enter the date the restriction began.		Month	Year	
	23	Describe the restriction.				
		See Attachment 21-23				
	24	Enter the address of the medical doctor in Item 21, if it has not previously been printed in Items 18 or 19. →		Removed Current Item 24. Added the text to proposed Item 21 above.		
Medication	24 24	Enter an "X" in the appropriate box: Medication has been prescribed for the child? → Are you currently taking prescribed medication(s)?		<input type="checkbox"/> Yes → Go to Item 25 <input type="checkbox"/> No → Go to Section 5		
	25 25	Enter the name or type of medication and the dosage from the prescription label. Enter information for all medications prescribed for the child.				
		NAME/TYPE:		DOSAGE: (grams, number of pills, etc.)		FREQUENCY:
	See Attachment 25 for revised language and formatting					

Section 5

Information About ~~The Child's~~ ^{YOUR} Daily Activities

Daily Activities **26** Enter an "X" in the appropriate box:
 Does ~~the child~~ ^{YOU} attend a health or socialization center daily? \longrightarrow

Yes \longrightarrow **Go to Item 26 27**
 No \longrightarrow **Go to Item 29 28**

28 27 Enter the name, address, and daytime telephone number of the center. \longrightarrow

NAME OF FACILITY
 STREET ADDRESS
 CITY AND STATE /**PROVINCE**
 ZIP CODE

Area Code: _____ Telephone Number: _____

See the next page for Item 28 question with new captions. New captions were taken from AA-1d. Also see new Items 30-31.

29 28 After each activity listed below, check the one box that best describes the child's ability to do that activity.

- EASY — The child can easily do the activity.
- HARD — The child can do the activity with difficulty or with help.
- NOT AT ALL — The child cannot do the activity even with help.

ACTIVITY	EASY	HARD	NOT AT ALL	EXPLANATION — Explain each "HARD" answer.
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Dressing (Tying Shoes, Combing Hair, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Other Bodily Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Indoor Chores (Meal Preparation, Laundry, Cleaning, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Outdoor Chores (Shopping, Yardwork, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Driving a Motor Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Using Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Conducting Personal Business (Talking to and Dealing with Other People)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Reading English (For example, newspapers and magazines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow
Writing English (For example, notes and letters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\longrightarrow

~~30 Describe the child's participation in social activities, hobbies, and home or family activities, including chores.~~
 See new Item 31a, which was taken from the AA-1d. It partially contains this item.

Section 6 Information About Your Daily Activities

Activities

~~28~~ 28 Check the one box after each activity listed below that best describes your ability to do that activity.

- EASY - I can easily do the activity.
- DIFFICULT - I can do the activity with difficulty.
- HARD - I can only do the activity with assistance.
- NOT AT ALL - I cannot do the activity with assistance.
- N.A. - Not applicable

Activity	Easy	Difficult	Hard	Not At All	N.A.		Explain each "DIFFICULT," "HARD," and "NOT AT ALL" answer
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Dressing (Tying Shoes, Combing Hair, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Other Bodily Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Indoor Chores (Meal Preparation, Laundry, Cleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Outdoor Chores (Shopping, Yardwork, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Driving a Motor Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Using Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Conducting Personal Business (Talking to and Dealing with Other People)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Reading English (For example, newspapers and magazines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
Writing English (For example, notes and letters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	

~~25~~ Describe your daily activities during a normal day (i.e., a typical day from the time you get up until you go to bed).
~~29~~ Former Item 31 renumbered to Item 29.

**New Items
30-31
(taken
from
AA-1d))**

~~28a~~ Enter an "X" in the appropriate box:
30a Do you perform any volunteer work? (Volunteer work is any work performed without pay.) Yes ▶ Go to Item ~~28b~~ **30b**
 No ▶ Go to Item ~~27~~ **31**

b Describe the volunteer work that you perform and enter the number of average hours you participate per week.

Volunteer Work	Average Hours Per Week

c Enter an "X" in the appropriate box:
Does your condition(s) restrict your ability to perform volunteer work? Yes ▶ Go to Item ~~36d~~ **30d**
 No ▶ Go to Item ~~27~~ **31**

d Describe the changes.

~~28a~~ Enter an "X" in the appropriate box:
31a Do you participate in social or recreational activities? For example, clubs, traveling, exercise, indoor/outdoor sports, hobbies/crafts, etc. Yes ▶ Go to Item ~~37b~~ **31b**
 No ▶ Go to Section ~~7~~ **6**

b Describe the social or recreational activities that you participate in and enter the number of average hours you participate per week.

Activity	Average Hours Per Week

c Enter an "X" in the appropriate box:
Does your condition(s) restrict your participation in the activities listed above? Yes ▶ Go to Item ~~37d~~ **31d**
 No ▶ Go to Section ~~7~~ **6**

d Describe the changes.

~~31~~ What are the child's activities on a typical day, in terms of physical and mental exertion, and contact with others?
 Moved current Item 31 and renumbered to Item 29.

Section 6 Information About ~~The Child's~~ ^{Your} Education And Training

Schooling and Training **32** Enter an "X" in the appropriate box: **(including online)**
 Have you ~~has the child~~ ever attended any type of school or received some type of special training? \longrightarrow

Yes \longrightarrow **Go to Item 33**
 No \longrightarrow **Go to Section 7**

First School Attended **33** Enter the name and address of the first school ~~the child~~ ^{you} attended. \longrightarrow

NAME
 STREET ADDRESS
 CITY AND STATE/**PROVINCE**
 ZIP CODE

34 Describe the type of school or training.

35 Enter the dates ~~the child~~ ^{you} attended school or training. If ~~the child~~ ^{you are} still in attendance at this school, draw a line in the "To" boxes. \longrightarrow

From		To	
Month	Year	Month	Year

36 Enter the highest level ~~the child~~ ^{you} achieved. \longrightarrow

Second School Attended **37** Enter the name and address of the second school ~~the child~~ ^{you} attended. If none, enter "NONE" and **go to Item 45**. \longrightarrow

NAME
 STREET ADDRESS
 CITY AND STATE/**PROVINCE**
 ZIP CODE

38 Describe the type of school or training.

39 Enter the dates ~~the child~~ ^{you} attended school or training. If ~~the child~~ ^{you are} still in attendance at this school, draw a line in the "To" boxes. \longrightarrow

From		To	
Month	Year	Month	Year

40 Enter the highest level ~~the child~~ ^{you} achieved. \longrightarrow

Third School Attended	41	Enter the name and address of the third school the child attended. If none, enter "NONE" and go to Item 45. →	SCHOOL'S NAME STREET ADDRESS CITY AND STATE/ PROVINCE ZIP CODE												
	42	Describe the type of school or training.													
	43	Enter the dates the child attended school or training. If the child is still in attendance at this school, draw a line in the "To" boxes. →	<table border="1"> <tr> <th colspan="2">From</th> <th colspan="2">To</th> </tr> <tr> <td>Month</td> <td>Year</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	From		To		Month	Year	Month	Year				
	From		To												
Month	Year	Month	Year												
44	Enter the highest level the child achieved. →	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;"> Note: If the child attended more than three schools, complete Item 45 and use Section 9 to discuss the other schools. </div>													
Problems in School	45	Describe any special accommodations or assistance you received. problems or difficulties the child had in school.													

Section 7 **Information About ~~The Child's~~ Your Work Activities**

Any Work	46	Enter an "X" in the appropriate box: Have you has the child ever worked? →	<input type="checkbox"/> Yes → Go to Item 47 <input type="checkbox"/> No → Go to Section 8											
Most Recent Job	47	Enter the title of the child's your most recent job. →												
	48	a Enter the employer's name and address. →	EMPLOYER'S NAME											
		b Describe the type of business.	STREET ADDRESS CITY AND STATE/ PROVINCE ZIP CODE											
		c Is this a sheltered employment? <input type="checkbox"/> Yes <input type="checkbox"/> No												
	49	Enter the dates the child worked at this job. If the child is still working at this job, draw a line in the "To" boxes. →	<table border="1"> <tr> <th colspan="2">From</th> <th colspan="2">To</th> </tr> <tr> <td>Month</td> <td>Year</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	From		To		Month	Year	Month	Year			
From		To												
Month	Year	Month	Year											
50	Enter the number of hours worked each week. →													
	51	Describe the child's your basic duties and responsibilities for the job. Include any difficulties the child had or has has performing the full range of duties.												
	52	Enter an "X" in the appropriate box: Did the child's your duties differ from those of other workers with the same job title? →	<input type="checkbox"/> Yes → Go to Item 53 <input type="checkbox"/> No → Go to Item 54											

Most Recent Job (Cont.)	53	Describe how the child's ^{your} duties differed from those of other workers with the same job title.		
	54	Describe the amount of supervision and assistance the child ^{you} received.		
	55	Explain why the child ^{you} stopped working at this job. If the child is ^{you are} still working, go to Item 56.		
Second Most Recent Job	56	Enter the title of the child's ^{your} second most recent job. If none, enter "NONE" and go to Item 65. →		
	57	a	EMPLOYER'S NAME STREET ADDRESS CITY AND STATE/ PROVINCE ZIP CODE	
		b		
		c		
	Is this a sheltered employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	58	Enter the dates the child ^{you} worked at this job. →	From	To
		Month	Year	
		Month	Year	
59	Enter the number of hours worked each week. →			
60	Describe the child's ^{your} basic duties and responsibilities for the job. Include any difficulties the child ^{you} had or have was performing the full range of duties.			
61	Enter an "X" in the appropriate box: Did the child's ^{your} duties differ from those of other workers with the same job title? →	<input type="checkbox"/> Yes →	Go to Item 62	
		<input type="checkbox"/> No →	Go to Item 63	
62	Describe how the child's ^{your} duties differed from those of other workers with the same job title.			
63	Describe the amount of supervision and assistance the child ^{you} received.			

Second Most Recent Job (Cont.) 64 Explain why ~~the child~~ ^{you} stopped working at this job.

Note: If ~~the child~~ ^{you} had more than two jobs, use Section 9 to discuss the other jobs.

Work for an Employer last 12 Months 65 Enter an "X" in the appropriate box: **Have you ~~the child~~ ^{has the child} worked for pay for an employer in the last 12 months? (Do not include any self-employment.)** →

Yes → **Go to Item 66**
 No → **Go to Item 68**

This Calendar Year 66 Enter ~~the child's~~ ^{your} earnings, before any deduction, for each month ~~the child has~~ ^{you have} already worked **this year**. Then, starting with the current month, enter ~~the child's~~ ^{your} expected gross earnings for that month and each remaining month **this year**.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

New sidehead below

Last Calendar Year 67 Enter ~~the child's~~ ^{your} earnings, before any deduction, for each month **last year**.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

Self-employment last 12 Months 68 Enter an "X" in the appropriate box: **Has ~~the child~~ ^{you} been self-employed in the last 12 months?** →

Yes → **Go to Item 69** ^{Note and See Attached}
 No → **Go to Item 71** ^{Item 68 Note)}

This Calendar Year 69 Enter ~~the child's~~ ^{your} earnings, before any deduction, this month and for each month ~~the child~~ ^{you} worked **this year**. Then, starting with the current month, enter ~~the child's~~ ^{your} expected earnings for that month and each remaining month **this year**.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

Last Calendar Year 70 Enter ~~the child's~~ ^{your} earnings, before any deduction, for each month **last year**.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

See Attached for new Item 71 taken from AA-1d

Work Next 12 Months ~~XX~~ ⁷² Enter an "X" in the appropriate box: **Do ~~the child~~ ^{you} expect to work during the next 12 months? (Include self-employment, if any.)** →

Yes → **Go to Item ~~XX~~ ⁷³**
 No → **Go to Section 8**

Work Next 12 Months (Cont.)	73 73	Enter the name and address of the person or company for whom the child ^{you} expects to work. (If self-employed, enter "Self.") _____ →	
	74 74	Enter the dates the child ^{you} expects to work. (For example, "June and July," "Indefinitely Starting 12-98 " etc.) _____ →	
	75 75	Enter the gross amount the child ^{you} expects to earn. (If self-employed, enter the net amount.) _____ →	

Section 8 General Information

Filing AA-3, AA-18, or AA-19	76 76	Enter an "X" in the appropriate box: Are you filing Form AA-3 , Form AA-18 , or Form AA-19 , at this time? _____ →	<input type="checkbox"/> Yes → Go to Item 89 87
			<input type="checkbox"/> No → Go to Item 76 77

Guardianship	77 77	Enter an "X" in the appropriate box: Has the court appointed a legal guardian for the child ^{you} ? _____ →	<input type="checkbox"/> Yes → Go to Item 77 78
			<input type="checkbox"/> No → Go to Item 78 80

Deleted Items 77, 79 and 80 as form is filled out by child or rep.	77 77	Enter an "X" in the appropriate box: Are you the court appointed guardian for the child? _____ →	<input type="checkbox"/> Yes → Go to Item 79 78
			<input type="checkbox"/> No → Go to Item 78 80

Deleted Items 77, 79 and 80 as form is filled out by child or rep.	78 78	Enter the name, address, and daytime telephone number of the guardian. _____ →	NAME			
		[^] court-appointed	STREET ADDRESS			
			CITY AND STATE /PROVINCE	Area Code	Telephone Number	
			ZIP CODE			

Deleted Items 77, 79 and 80 as form is filled out by child or rep.	79 79	Enter an "X" in the appropriate box: Is the child currently in your care? _____ →	<input type="checkbox"/> Yes → Go to Item 82 81
			<input type="checkbox"/> No → Go to Item 80 85

Deleted Items 77, 79 and 80 as form is filled out by child or rep.	80 80	Enter the name, address, and daytime telephone number of the guardian. _____ →	NAME			
			STREET ADDRESS			
			CITY AND STATE	Area Code	Telephone Number	
			ZIP CODE			

Deleted Items 77, 79 and 80 as form is filled out by child or rep.	79 79	Enter the guardian's relationship to the child ^{you} . _____ →	

Child's Marital Status	80 80	Enter an "X" in the appropriate box: Are you now ^{you were} or were you previously ^{previously} married? _____ →	<input type="checkbox"/> Yes → Go to Item 83 81
			<input type="checkbox"/> No → Go to Item 87 85

Child's Marital Status	81 81	Enter the date the child ^{you were} married. _____ →	Month	Day	Year

Child's Marital Status	82 82	Enter an "X" in the appropriate box: Are you still ^{you were} married? _____ →	<input type="checkbox"/> Yes → Go to Item 87 85
			<input type="checkbox"/> No → Go to Item 85 83

Child's Marital Status	83 83	Enter the date the child's ^{your} marriage ended. _____ →	Month	Day	Year

Child's Marital Status	84 84	Enter an "X" in the appropriate box: Was the child's ^{your} marriage annulled? _____ →	<input type="checkbox"/> Yes
			<input type="checkbox"/> No

Social Security Benefits	85 85	Enter an "X" in the appropriate box: Have you filed, or do you expect to file, for monthly social security disability benefits or SSI for the child ? _____ →	<input type="checkbox"/> Yes → Go to Item 88 86
			<input type="checkbox"/> No → Go to Item 89 87

Social Security Benefits	86 86	Enter the social security claim number and suffix under which you have filed or will file. _____ →					Suffix

Criminal Offense	87 87	Enter an "X" in the appropriate box: Within the last 12 months, has the child ^{have you} been imprisoned or given a sentence of confinement due to a conviction for a criminal offense? _____ →	<input type="checkbox"/> Yes → Go to Item 90 88
			<input type="checkbox"/> No → Go to Item 88 96

Criminal Offense	88 88	Enter the date of the conviction. _____ →	Month	Day	Year

Criminal Offense (Cont.)	XX 89	Enter an "X" in the appropriate box: Is the child's ^{your} disability related to the commission of the criminal offense? →	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	XX 90	Enter the date of the sentence of confinement. _____ →	Month	Day	Year	
	XX 91	Enter the date that confinement began. _____ →	Month	Day	Year	
	XX 92	Enter an "X" in the appropriate box: Is the child's ^{your} disability related to the confinement? _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	XX 93	Enter an "X" in the appropriate box: During the confinement, is the child ^{are you} participating in a rehabilitation program which is expected to result in the ability to engage in gainful work within a reasonable time after release? _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	XX 94	Enter an "X" in the appropriate box: Has the confinement ended? _____ →	<input type="checkbox"/> Yes → Go to Item XX 95 <input type="checkbox"/> No → Go to Section 9			
	XX 95	Enter the date confinement ended. _____ →	Month	Day	Year	

Section 9	Remarks
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Remarks	XX 96 This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this space to enter any additional information that you feel may be important to include.
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Section 10 Certification

Certification

~~98
97~~

Enter an "X" in the appropriate box:
A guardian or other representative will sign this application on behalf of the child applicant. →

- Yes → **Go to Note and Item 100**
 No → **Go to Item 99**

Note: *If answered "Yes," the guardian or other representative of the applicant must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.***

100

I know that if I make a false or fraudulent statement in order to receive benefits from the RRB, or if I fail to disclose earnings or report employment of any kind to the RRB, I am committing a crime which is punishable under Federal law. I have received the booklet, **RB-19a, Child's Disability Benefits**. I understand that I am responsible for reporting any events that would affect my annuity, as explained in that booklet.

I certify that the information I gave to the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- If the child performs work for any employer, railroad or nonrailroad, or performs any self-employment work.
- If the child reported estimated earnings and the amount changes;
- If the child's condition improves and a doctor advises the child is able to work;
- If the child dies;
- If the child marries;
- If an application is filed for social security benefits for the child based on **any** person's earnings records;
- If the child's address changes;
- If I am receiving payments on behalf of the child and the child leaves my care;
- If the child is confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.

I know that if I am receiving a disability annuity and fail to report work and earnings promptly, I am committing a crime punishable by Federal law and may result in criminal prosecution and/or penalty deductions in my annuity payments.

Signature →
(First Name, Middle Initial, Last Name)

--

Date →

Month	Day	Year

101

If this certification is signed by mark ("X") in Item 100, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a Signature of Witness

Address (Number and Street)

City, State and ZIP Code

Daytime Telephone Number (include area code)

Area Code

Telephone Number

b Signature of Witness

Address (Number and Street)

City, State and ZIP Code

Daytime Telephone Number (include area code)

Area Code

Telephone Number

Section 10 Certification

Certification

97a Did you complete this application with the assistance of an attorney or non-family member (RRB staff excluded)? Yes ▶ Go to Item 97b
 No ▶ Go to Item 98

b Enter the name and address of the attorney or non-family member who assisted with completing this application. ▶

c Did you pay a fee to the attorney or non-family member who assisted with completing this application? Yes
 No

98 Enter an "X" in the appropriate box:
 Will you have a guardian or other representative sign this application on your behalf? Yes ▶ Go to Note and Item 99
 No ▶ Go to Item 99

Note: If answered "Yes," the guardian or other representative of the applicant must sign this application. That person must also complete and return **Form AA-5, Application for Substitution Of Payee.**

99 I certify that the information I gave the Railroad Retirement Board (RRB) on this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement or withhold information in order to receive benefits from the RRB, I am committing a crime under Federal law, which may be punishable by fines, imprisonment, or both. I have received and reviewed the booklet, **RB-19a, Child's Disability Benefits.** I understand that I am responsible for reporting events that would affect my annuity as explained in that booklet.

I agree to immediately notify the RRB:

- If I work for any employer, railroad or nonrailroad, or perform any self-employment work;
- If my condition improves;
- If I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense;
- If my address changes~~x~~;
- If I marry~~x~~;
- If an application is filed for social security benefits for me based on any person's earnings records;
- If my reported estimated earnings amount changes;

I know that if I am receiving a disability annuity and fail to report work and earnings promptly, I am committing a crime punishable by Federal law that may result in criminal prosecution and/or penalty deductions in my annuity payments.

Signature

(First Name, Middle Initial, Last Name) ▶

Date ▶

Month		Day		Year			

~~99~~ **100** If this certification is signed by mark ("X") in Item ~~99~~ **100**, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness	b. Signature of Witness
Address (Number and Street)	Address (Number and Street)
City, State/Province, and ZIP Code	City, State/Province, and ZIP Code
Daytime Telephone Number (include area code) ()	Daytime Telephone Number (include area code) ()

Section 11 How To Return Your Application

Before you return your application, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered "unknown" in **any** answer space for which you were unable to answer a question.
- You have signed and dated the application.
- You have included **all** the needed proofs listed in the letter you received with this application.

When you received your application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown on page ~~14~~¹⁵ of this application. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- NEEDED PROOFS
- THE APPLICATION FORM ITSELF
- ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

Note: Make no entries on page ~~14~~¹⁵, which is the receipt for your claim. After the RRB receives your application, they will complete the blanks on the receipt and send it back to you. When it is returned to you, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the receipt within two weeks after you filed this application, please contact us so we can find out what is causing the delay.

Important Notices

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The information asked for in this form is needed to determine your entitlement to benefits under the Railroad Retirement Act. The RRB's authority for requesting this information is Section 7(b)(6) of the Railroad Retirement Act.

We estimate this form takes an average of 45 to 65 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing the completion time, to ^{Associate} Chief of Information ^{Officer for Policy and Compliance} Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-~~2092~~¹²⁷⁵.

COMPUTER MATCHING AND PRIVACY PROTECTION ACT NOTICE

The Computer Matching and Privacy Protection Act of 1988 requires the RRB to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state, or local governmental 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.

Receipt For Your Claim

Employee's Name

Applicant's Name

Railroad Retirement Board Claim Number

Date Claim Received

Your application for a railroad retirement child's disability annuity has been received and will be processed as quickly as possible. If you change your address, or if there is some other change that may affect your claim, you or your representative should report the change. The changes to be reported are listed below. Always give us your claim number when writing or calling about your claim. If you have any questions about your claim, we will be glad to help you. If you need to personally visit one of our field offices, please call for an appointment. You will not be refused service if you do not have an appointment, but our staff can serve you better when an appointment is made. Most offices are open to the public from 9:00 AM to 3:30 PM, Monday, ~~through Friday~~

**Tuesdays, Thursday and Friday, and
from 9:00 AM to 12:00 PM on
Wednesday.**

Always Report These Changes To The RRB

- **Work**—If ~~the child performs~~ ^{you} work for any employer, railroad or nonrailroad, or performs any self-employment work.
- **Earnings**—If ~~the child~~ ^{you} reported estimated earnings and the amount changes.
- **Improvement in the Child's Condition**—If ~~the child's~~ ^{your} condition improves and a doctor advises ~~the child is~~ ^{you are} able to work.
- **Death**—If ~~the child dies~~.
- **Marriage**—If ~~the child marries~~ ^{you marry}.
- **Social Security**—If an application is filed for social security benefits for ~~the child~~ ^{you} based on any person's earnings record.
- **Address**—If ~~the child's~~ ^{your} address changes.
- **Child in Your Care**—If you receive payment on behalf of ~~the child~~ ^{the child}, and ~~the child leaves your care~~.
- **Criminal Offense**—If ~~the child is~~ ^{you are} confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.

How To Report Changes

When a change occurs after ~~the child~~ ^{you} becomes entitled to a disability annuity, it should be reported at once. You or your representative can make the reports by telephone, mail, or in person, whichever you prefer.

To report any of the above changes, contact:



Telephone Number:

If for some reason you cannot contact that office, you should contact:



U S RAILROAD RETIREMENT BOARD
844 N RUSH ST
CHICAGO IL 60611-~~2892~~ **1275**

Attachment Item 10

10 Describe the medical condition(s) causing you to file. Enter the exact primary diagnosis if known and any additional condition(s). Also enter if no medical records are being forwarded for each condition described.	
Primary Condition	Medical Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Condition(s)	Medical Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment 21-23

21	Enter the name of the medical doctor who imposed the restriction. Also enter the medical doctor's address if it has not been previously entered in Items 18 or 19.		
	Name of Medical Doctor	Address of Medical Doctor (Street Address, City, State/Province and ZIP Code)	
22	Enter the date the restriction began. _____ →	MONTH	YEAR

23	List and describe the condition(s) and how your daily activities were restricted by the condition(s).
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Attachment Item 25

25 Enter from the prescription labels the following information for all medications prescribed for you: Name or type of medication, dosage, and frequency. (For example, Penicillin, 1.5 gram tablet, 3 times a day.)		
Name/Type	Dosage (Grams, Number of Pills, Etc.)	Frequency

Attachment to Item 68

Note: If answered "Yes," also complete and return to the RRB Form AA-4, Self Employment Questionnaire.

Attachment New Item 71

71 Enter an "X" in the appropriate box:

Are you a corporate officer or owner/operator of a corporation?



Yes



Go to Note and Item 72

No



Go to Item 72

Note: *If answered "Yes," also complete and return to the RRB **Form G-252, Self-Employment/Corporate Officer Work and Earnings Monitoring.***