

**Supporting Statement for Function Reports - Child  
Forms SSA-3375, SSA-3376, SSA-3377, SSA-3378, and SSA-3379  
20 CFR 416.912 and 416.924a(a)(2)  
OMB No. 0960-0542**

**A. Justification**

**1. Introduction/Authoring Laws and Regulations**

Section 1614(a)(3)(A) of the *Social Security Act (Act)*, mandates the Social Security Administration (SSA) consider children disabled under *Title XVI* of the *Act* if they have “a medically determinable physical or mental impairment, which results in marked and severe functional limitations....” Sections 1614(a)(3)(H)(i) and 1631(e)(1)(A) of the *Act* and 20 *CFR* 416.912 of the *Code of Federal Regulations (Code)* grant SSA the authority to establish requirements for the collection of information to help determine a child’s eligibility under *Title XVI*. We collect information from people who know the child’s daily functioning, including the child’s parent(s) or other primary caregiver(s) (hereinafter, referred to as “parent”), to assess the child’s functional limitations, as discussed in 20 *CFR* 416.924a(a)(2) of the *Code*.

**2. Description of Collection**

As part of SSA’s Supplemental Security Income (SSI) disability determination process, we use Forms SSA-3375-BK through SSA-3379-BK to request information from a child’s parent or guardian for children applying for SSI. The five different versions of the form contain questions about the child’s day-to-day functioning appropriate to a particular age group; thus, respondents use only one version of the form for each child. The adjudicative team (disability examiners and medical or psychological consultants) of State disability determination services (DDS) offices collect the information on the appropriate version of this form (in conjunction with medical and other evidence) to form a complete picture of the child’s ability to function and any impairment-related limitations. The adjudicative team uses the completed profile to determine: (1) if each child’s impairment(s) results in marked and severe functional limitations; and (2) whether each child is disabled. The respondents are parents and guardians of child applicants for SSI.

**3. Use of Information Technology To Collect the Information**

In accordance with the agency’s Government Paperwork Elimination Act plan, SSA created an electronic modality through our Electronic Disability Collect System (EDCS). When respondents complete these forms in an interview setting in a field office or via telephone, DDS personnel enter the information provided by the respondents through EDCS. Based on our data, we estimate approximately 90 percent of respondents under this OMB number use the electronic EDCS version. In some instances, however, parents fill out the fillable forms at home, and bring them into the field office.

- 4. Why We Cannot Use Duplicate Information**  
We coordinated the development and revision of other forms used in childhood disability cases, such as SSA-3820 (OMB No. 0960-0577) and SSA-3881 (OMB No. 0960-0499), to avoid duplication. SSA does not collect any similar information about a child's daily functioning that we can use in place of information from the child's parent. We also collect information about a child's functioning from teachers, using forms SSA-5665 and SSA-5666 (OMB No. 0960-0646). However, the regulations require us to form a complete picture of a child's ability to function, and this would be impossible without consideration of the child's functioning in the home setting.
- 5. Minimizing Burden on Small Respondents**  
This collection does not affect small businesses or other small entities.
- 6. Consequence of Not Collecting Information or Collecting It Less Frequently**  
The DDSs collect the information once as part of the initial SSI claims process. However, we may collect updated information if we conduct a continuing disability review (CDR) regarding a child who already receives SSI payments. If the DDSs did not collect this information on our behalf, it would significantly compromise SSA's ability to make accurate and supportable disability determinations in childhood disability cases. Because we only collect the information on an as needed basis, we cannot collect it less frequently. There are no technical or legal obstacles to burden reduction.
- 7. Special Circumstances**  
There are no special circumstances that would cause SSA to conduct this information collection in a manner inconsistent with *5 CFR 1320.5*.
- 8. Solicitation of Public Comment and Other Consultations with the Public**  
The 60-day advance Federal Register Notice published on June 4, 2019, at 84 FR 25891, and we received no public comments. The 30-day FRN published on August 13, 2019 at 84 FR 40121. If we receive any comments in response to this Notice, we will forward them to OMB.
- 9. Payment or Gifts to Respondents**  
SSA does not provide payments or gifts to the respondents.
- 10. Assurances of Confidentiality**  
SSA protects and holds confidential the information it collects in accordance with *42 U.S.C. 1306*, *20 CFR 401* and *402*, *5 U.S.C. 552* (Freedom of Information Act), *5 U.S.C. 552a* (Privacy Act of 1974), and OMB Circular No. A-130.
- 11. Justification for Sensitive Questions**  
The information collection does not contain any questions of a sensitive nature.

**12. Estimates of Public Reporting Burden**

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-3375; SSA-3376; SSA-3377; SSA-3378; SSA-3379	579,000	1	20	193,000

The total burden for this ICR is **193,000** hours. We based this figure on current management information data. This figure represents burden hours, and we did not calculate a separate cost burden.

**13. Annual Cost to the Respondents (Other)**

This collection does not impose a known cost burden on the respondents.

**14. Annual Cost to Federal Government**

The annual cost to the Federal Government is approximately \$4,980,975. This estimate accounts for costs from the following areas: (1) designing, printing, and distributing the form; (2) SSA employee (e.g., field office, 800 number, DDS staff) information collection and processing time; and (3) systems development, updating, and maintenance costs.

**15. Program Changes or Adjustments to the Information Collection Budget**

When we last cleared this IC in 2016, the burden was 177,333 hours. However, we are currently reporting a burden of 193,000 hours. This change stems from an increase in the number of responses from 532,000 to 579,000. There is no change to the burden time per response. Although the number of responses changed, SSA did not take any actions to cause this change.

**16. Plans for Publication Information Collection Results**

SSA will not publish the results of the information collection.

**17. Displaying the OMB Approval Expiration Date**

OMB granted SSA an exemption from the requirement to print the OMB expiration date on its program forms. SSA produces millions of public-use forms with life cycles exceeding those of an OMB approval. Since SSA does not periodically revise and reprint its public-use forms (for example, on an annual basis), OMB granted this exemption so SSA would not have to destroy stocks of otherwise useable forms with expired OMB approval dates, avoiding Government waste.

**18. Exemptions to Certification Statement**

SSA is not requesting an exception to the certification requirements at 5 *CFR* 1320.9 and related provisions at 5 *CFR* 1320.8(b)(3).

**B. Collections of Information Employing Statistical Methods**

SSA will not use statistical methods for this information collection.