

3. State how often you do any of the things shown below for any child named in item 1.

FIRST NAME OF CHILD	VISIT	SEND CLOTHING	MAKE OTHER GIFTS	WRITE LETTERS	OTHER (DESCRIBE)

4. Do you give the person or persons with whom the child or children have been placed instructions for the care of such child or children? Yes No

If "Yes," explain what those instructions are, how often you give them, and what you do to be sure they are carried out.

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. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

SIGNATURE OF APPLICANT <i>SIGNATURE (First Name, Middle Initial, Last Name) (Write in ink)</i>	DATE (<i>Month, day, year</i>)
	Telephone Number(s) At Which You May Be Contacted During The Day (<i>include area code</i>)

MAILING ADDRESS (*Number and street, P.O. Box, or Rural Route*)

CITY AND STATE	ZIP CODE	Enter Name of County (if any) In Which You Now Live
----------------	----------	-----------------------------------------------------

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
Address (<i>Number and street, City, State and ZIP Code</i>)	Address (<i>Number and street, City, State and ZIP Code</i>)

**~~PRIVACY ACT STATEMENT:
Collection and Use of Personal Information~~**

**See Revised Privacy Act &
PRA Statements attached**

~~Section 202 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 your claim for Social Security Administration (SSA) provided benefits.~~

~~We will use the information to determine your eligibility for benefits. We may also share your information for the following purposes, called routine uses:~~

- ~~• Information may be disclosed to contractors and other Federal agencies, as necessary, for the purpose of assisting the SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records; and~~
- ~~• To a congressional office in response to an inquiry from that office made at the request of the subject of a record.~~

~~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 Notice (SORN) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.~~

~~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 minutes to read the instructions, gather the facts, and answer the questions. **~~SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.~~**