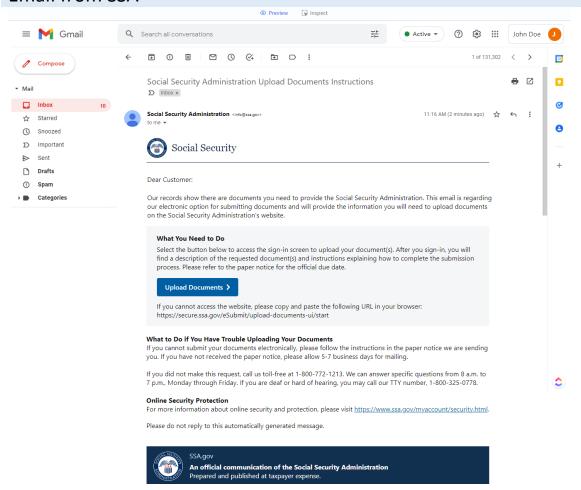
# **Upload Documents (eSubmit)**

Form SSA 4162 – Childcare Dropout Questionnaire

**Screen Package** 

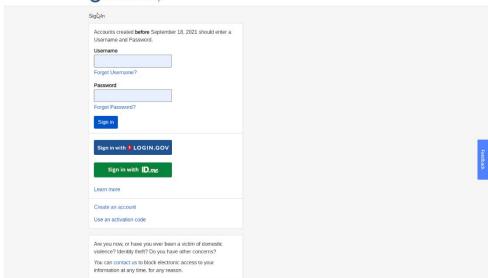
March 13, 2025

#### **Email from SSA**

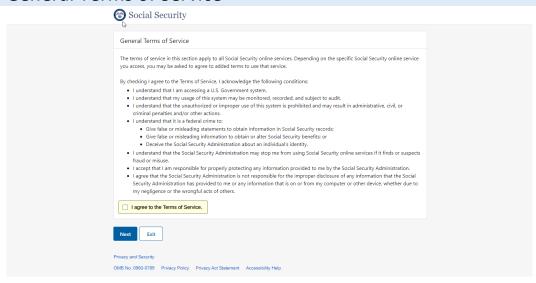


#### Sign In to SSA

Social Security



#### General Terms of Service



#### **Privacy Act Statement**



#### **Privacy Act Statement**

Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, and Executive Order 14058, allow us to collect your information, which we will use to process the forms and/or evidence submitted. Providing your information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit including with other Federal agencies, our contractors, and others, as necessary, as outlined in the routine uses within System of Records Notices (SORN) 60-0089, Claims Folders System; 60-0320, Electronic Disability (eDIB) Claim File; and 60-0373, Repository of Electronic Authentication Data Master File; available at <a href="https://www.ssa.gov/privacy">www.ssa.gov/privacy</a>. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

Next



#### **Identity Proofing**

## Identity-Proofing and Authentication

The information shown below cannot be changed here. If changes are needed, you must contact us.

#### First Name

JOHN

#### Middle Name

ALEN

#### **Last Name**

DOE

#### Suffix

JR.

#### Date of Birth

05/22/1965

#### Social Security Number (SSN)

\*\*\*-\*\*-9999

#### **Mailing Address**

626 HICKORY DRIVE BALTIMORE, MD 21211

#### **Email Address**

jdoe1965@email.com

#### **Phone Number**

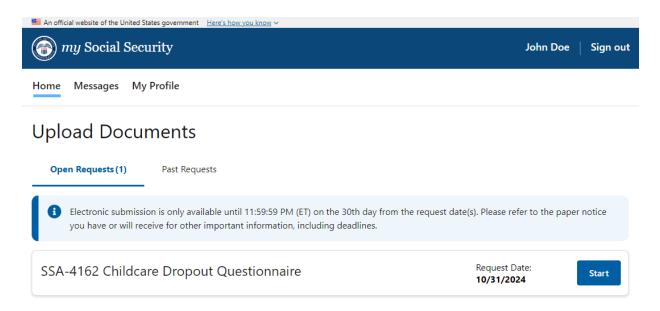
410-332-0041

Next

Previous



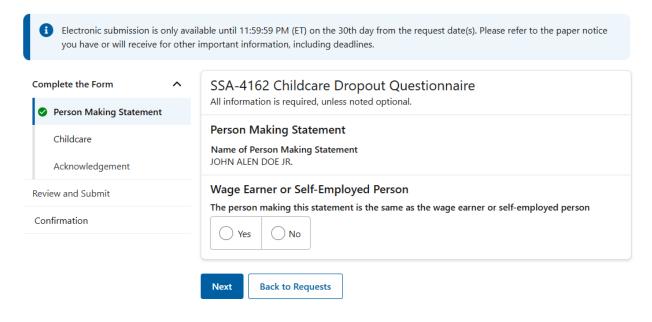
### Open Requests - Home





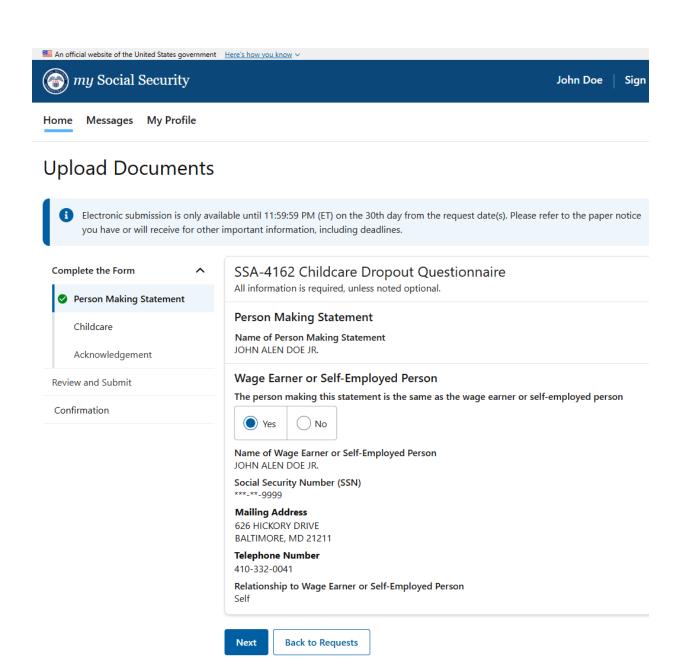
### Person Making Statement – Default View





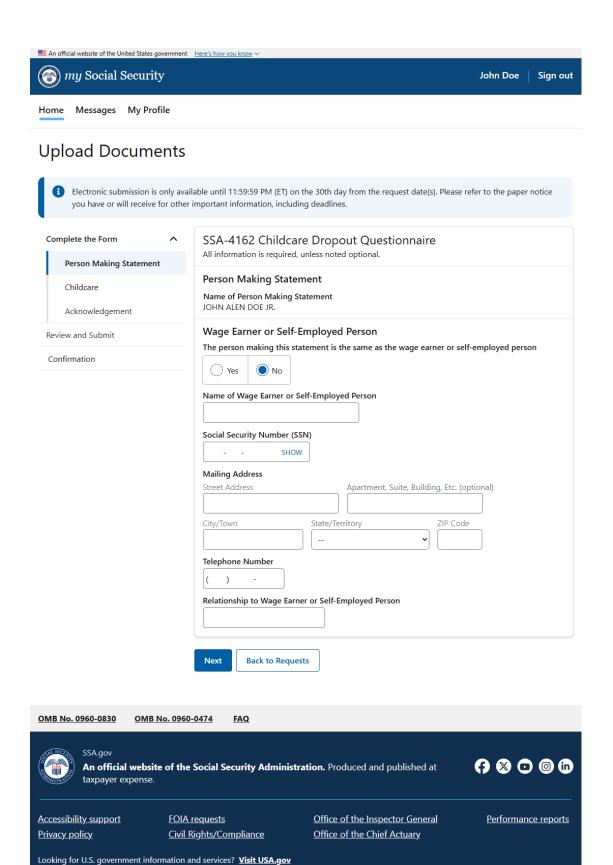


### Person Making Statement Same as Wage Earner

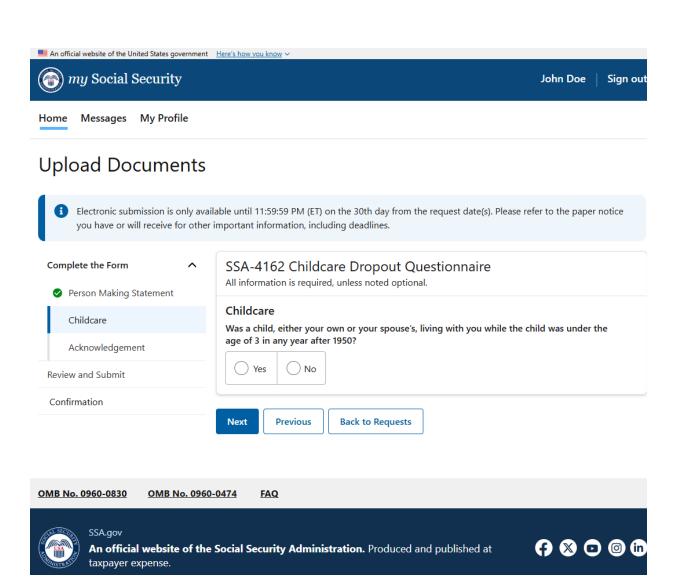




### Person Making Statement Not Same as Wage Earner

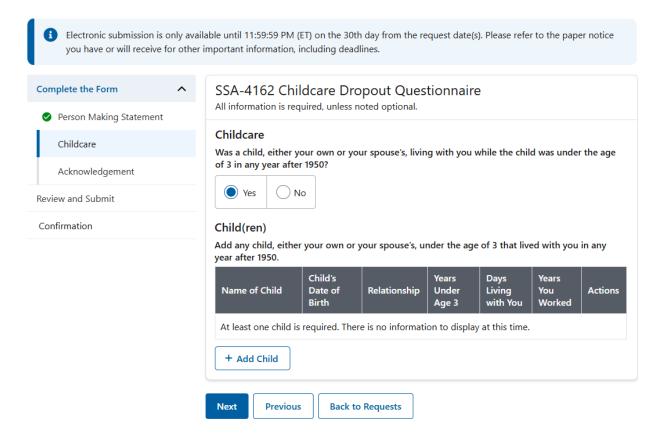


#### Childcare - Default View



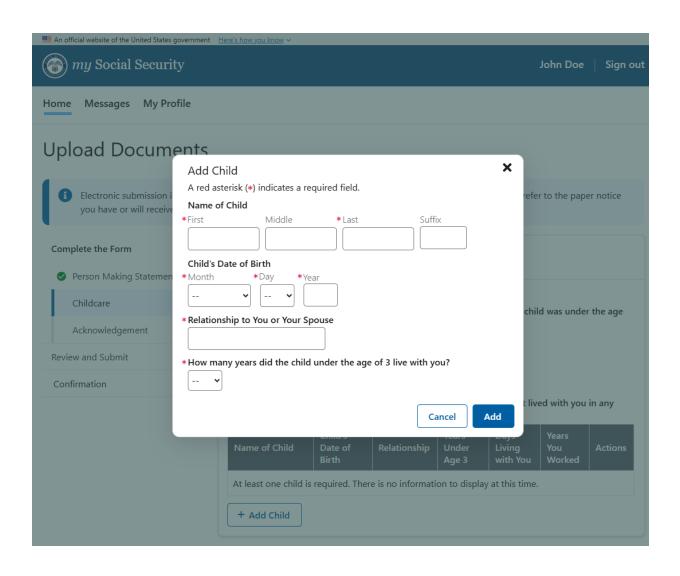
#### Childcare - No children added

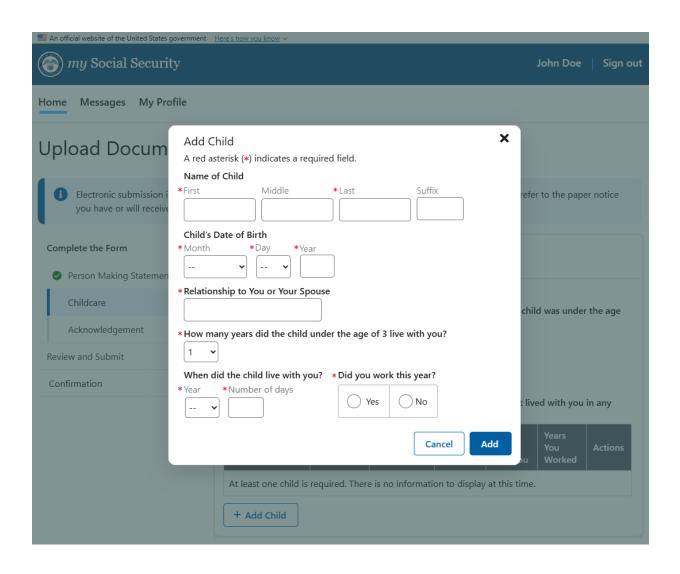




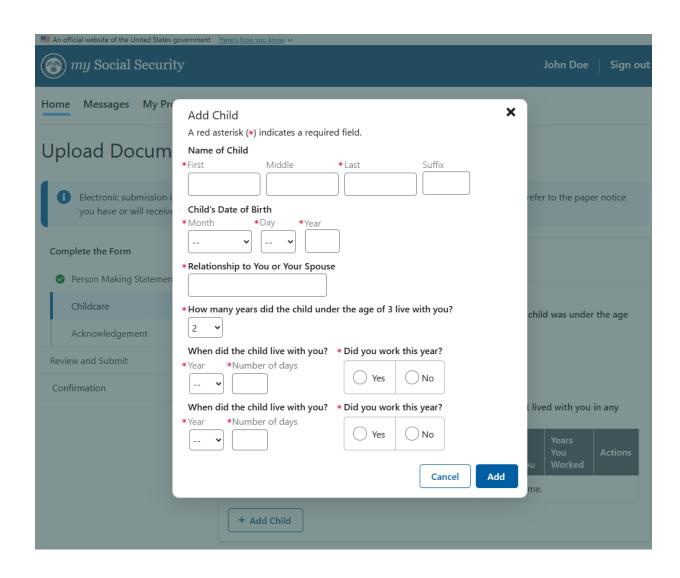


#### Childcare - Add Child - Default View

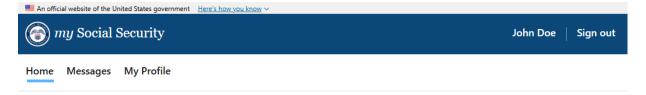


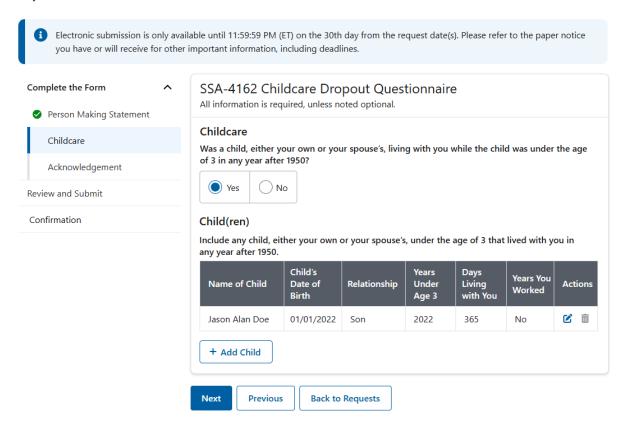


#### Childcare - Add Child - 2 Years



### Childcare - List with 1 Child (1 Year)

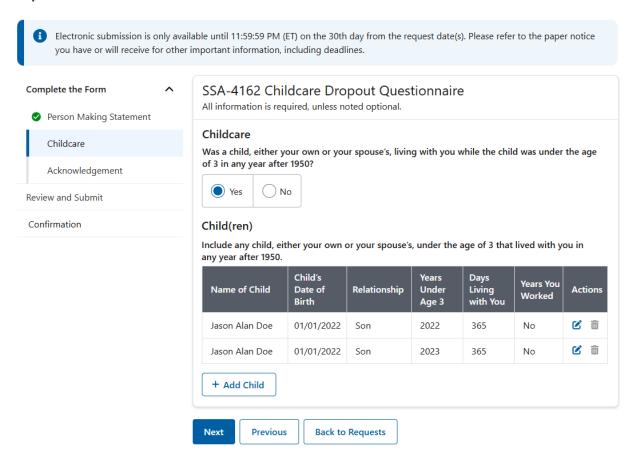






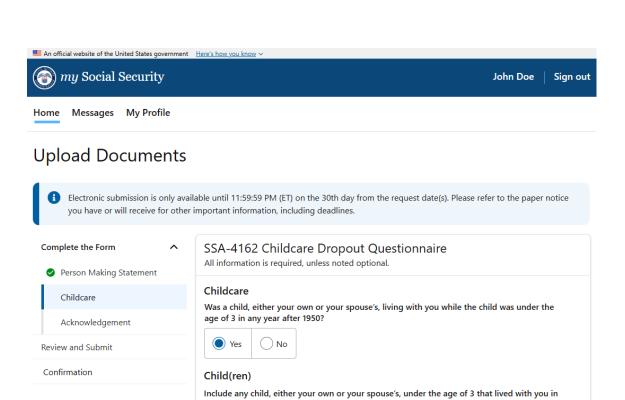
#### Childcare - List with 1 Child (2 Years)



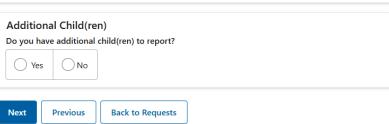




#### Childcare - List With 4 Children









### Acknowledgement

John Doe | Sign out

Messages My Profile

#### **Upload Documents**



Electronic submission is only available until 11:59:59 PM (ET) on the 30th day from the request date(s). Please refer to the paper notice you have or will receive for other important information, including deadlines.

Complete the Form Person Making Statement Childcare Acknowledgement Review and Submit

Confirmation

### SSA-4162 Childcare Dropout Questionnaire

#### Acknowledgement

Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submits or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

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

Section 215 of the Social Security Act, as amended, allows 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 determination if you and your dependents are eligible for Social Security Administration (SSA) provided disability benefits. We will use the information to determine disability benefit computations. 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.

Next

Previous

**Back to Requests** 

OMB No. 0960-0830

OMB No. 0960-0474

FAQ



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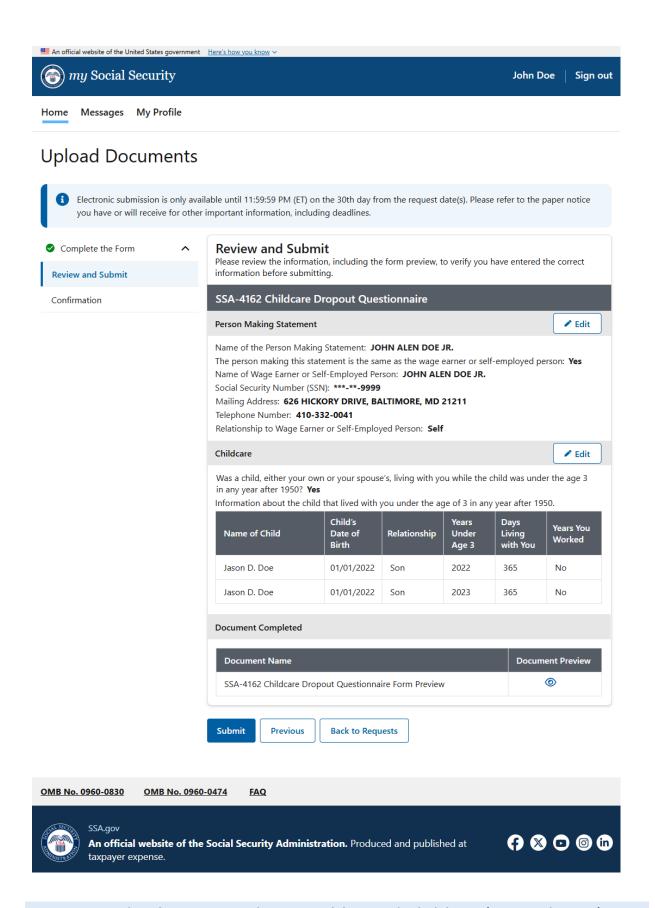




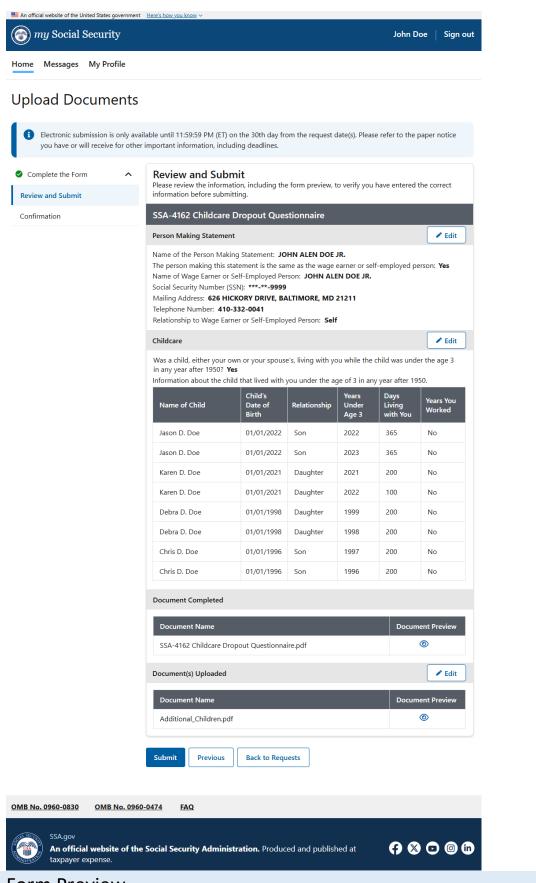




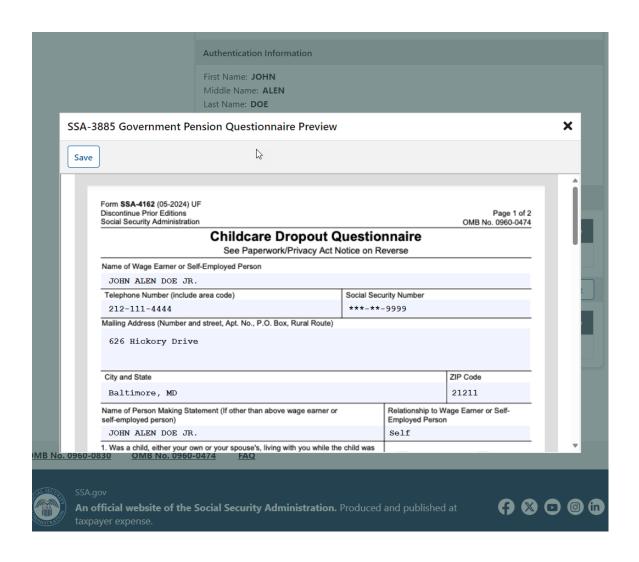
Review and Submit - Default



Review and Submit – Displaying Additional Children (more than 4)



#### Form Preview



# Form Preview (Full PDF)

Social Security Administration	hildcare Dro					OMB No. 0960-047
	See Paperwork/P	rivacy Act N	otice on	Re	verse	
Name of Wage Earner or Self-Emplo	oyed Person					
JOHN ALEN DOE JR. Telephone Number (include area or	ada)		Panial P		ity Number	
212-111-4444	ode)		***-*			
Mailing Address (Number and street	t, Apt. No., P.O. Box, F	Rural Route)				
626 Hickory Drive						
City and State				_		ZIP Code
Baltimore, MD						21211
Name of Person Making Statement	(If other than above w	age earner or		Т	Relationship to Wa	ge Earner or Self-
elf-employed person)		•			Employed Person	•
JOHN ALEN DOE JR.  Was a child, either your own or you	ur encuen's living with	a viou udallo the	child was	-	self	
under age 3 in any year after 195 If "Yes," give the following information	0?	i you write the	crilid was	`	X Yes	No No
If "Yes," give the following informa		Relations	ola ta		ars the Child Was	No. of Days in Each
Name of Each Child	Child's Date of Birth	You or Your	Spouse	U	nder 3 and Lived With You	Year the Child Lived With You
Jason D. Doe	01/01/2022	Son		20	22, 2023	365, 365
	72.52					
. Did you work in any of the years li	sted in item 1?			Т	□ v	Tel M
If "Yes," indicate each year in whi	ich you worked:				Yes	X No
Inyone who knowingly makes or	causes to be made	a falsa etata	ment or re	anra	centation of mate	rial fact for use in
Form <b>SSA-4162</b> (05-2024) UF		cy Act State				Page 2 of
	Collection and U	se of Perso	onal Info			
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# Confirmation (No Additional Documents)





A document has been successfully submitted on 10/31/2024 at 01:30:05 PM (ET).

Document(s) submitted for the SSA-4162 Childcare Dropout Questionnaire.

SSA-4162 Childcare Dropout Questionnaire.pdf

Save the information on this page for your records. The document(s) will not be available after you navigate away from this page. All submitted documents are converted to a PDF file format.

We will contact you if additional information is needed. You will receive a confirmation notice based on  $y_{\underline{v}}$ ur communication preferences.

A Print this page

Back to Requests

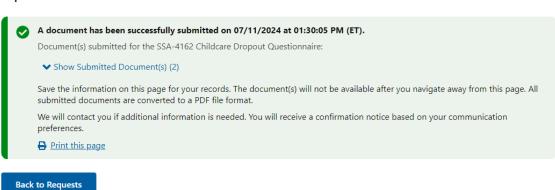
OMB No. 0960-0830 OMB No. 0960-0474 FAQ

SSA.gov

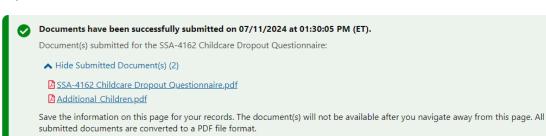
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### Confirmation (Additional Documents)









We will contact you if additional information is needed. You will receive a confirmation notice based on your communication

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OMB No. 0960-0830 OMB No. 0960-0474 <u>FAQ</u>



SSA.gov

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Social Security Admir	Ch		care Dr						OMB No. 0960-04	
Name of the	VV031VV03		Paperwork/F	rivacy	Act N	otice on	Re	verse		
JOHN ALEN DO		yed P	erson							
Telephone Number		de)				Social S	ecu	rity Number		
212-111-4444 Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)						***-**-9999				
		Apt.	No., P.O. Box,	Rural R	oute)					
626 Hickory	Drive									
City and State Baltimore, M	m								ZIP Code 21211	
Name of Person Mak		f othe	er than above w	age ear	mer or		_	Relationship to Wa		
self-employed persor	n)			ago ca				Employed Person	ago Editto of oon	
JOHN ALEN DO  1. Was a child, either		r spo	use's. living wit	h vou w	hile the	child was		Self		
under age 3 in any If "Yes," give the fe	y year after 1950	?		,				X Yes	☐ No	
Name of Ea		$\overline{}$	Child's Date		ationsh			ears the Child Was Inder 3 and Lived	No. of Days in Each Year the Child Lived	
Name or Ea	ich Chiid	L	of Birth	You	or Your	Spouse	_	With You	With You	
Jason D. Doe	)	01	/01/2022	Son			20	022, 2023	365, 365	
							_			
2. Did you work in an	y of the years list	ted in	item 1?				-		group control	
If "Yes," indicate e	each year in which	h you	worked:					Yes	X No	
Form <b>SSA-4162</b> (05-)	2024) UF								Page 2 of	
orm <b>SSA-4162</b> (05-5		Colle		cy Act			orm	ation	Page 2 of	
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