

Upload Documents (eSubmit)

Form SSA 4162 – Childcare Dropout Questionnaire

Screen Package

March 13, 2025

Email from SSA

The screenshot shows a Gmail inbox with the following elements:


- Header:** Gmail logo, search bar, status (Active), and user profile (John Doe).
- Left Sidebar:** Compose button, Mail folder, and a list of folders: Inbox (10), Starred, Snoozed, Important, Sent, Drafts, Spam, and Categories.
- Email Content:**
 - From:** Social Security Administration <info@ssa.gov>
 - To:** me
 - Subject:** Social Security Administration Upload Documents Instructions
 - Body:**
 - Greeting: Dear Customer:
 - Text: Our records show there are documents you need to provide the Social Security Administration. This email is regarding our electronic option for submitting documents and will provide the information you will need to upload documents on the Social Security Administration's website.
 - What You Need to Do:** Select the button below to access the sign-in screen to upload your document(s). After you sign-in, you will find a description of the requested document(s) and instructions explaining how to complete the submission process. Please refer to the paper notice for the official due date.
 - Upload Documents >** (button)
 - Text: If you cannot access the website, please copy and paste the following URL in your browser: <https://secure.ssa.gov/eSubmit/upload-documents-ui/start>
 - What to Do if You Have Trouble Uploading Your Documents:** If you cannot submit your documents electronically, please follow the instructions in the paper notice we are sending you. If you have not received the paper notice, please allow 5-7 business days for mailing.
 - Text: If you did not make this request, call us toll-free at 1-800-772-1213. We can answer specific questions from 8 a.m. to 7 p.m., Monday through Friday. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.
 - Online Security Protection:** For more information about online security and protection, please visit <https://www.ssa.gov/myaccount/security.html>.
 - Text: Please do not reply to this automatically generated message.
 - Footer:** SSA.gov logo, "An official communication of the Social Security Administration", and "Prepared and published at taxpayer expense."

Sign In to SSA

The screenshot shows the SSA sign-in page with the following elements:

- Header:** Social Security logo.
- Sign In Section:**
 - Text: Accounts created **before** September 18, 2021 should enter a Username and Password.
 - Username:** Input field with "Forgot Username?" link.
 - Password:** Input field with "Forgot Password?" link.
 - Sign in** button.
 - Sign in with LOGIN.GOV** button.
 - Sign in with ID.me** button.
 - [Learn more](#) link.
 - [Create an account](#) link.
 - [Use an activation code](#) link.
- Footer:** Text: "Are you now, or have you ever been a victim of domestic violence? Identity theft? Do you have other concerns? You can [contact us](#) to block electronic access to your information at any time, for any reason."
- Feedback:** Blue button on the right side.

General Terms of Service

 Social Security

General Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that the unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.



☐ I agree to the Terms of Service.


NextExit

Privacy and Security

[OMB No. 0960-0789](#) [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)

Privacy Act Statement


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 my Social Security John Doe | [Sign out](#)

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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 www.ssa.gov/privacy. 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

[OMB No. 0960-0830](#) [FAQ](#)

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Identity Proofing

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John Doe | Sign out

Home | Messages | My Profile

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

OMB No. 0960-0830

FAQ



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Sign out

Home

Messages

My Profile

Upload Documents

Open Requests (1)

Past Requests

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.

SSA-4162 Childcare Dropout Questionnaire

Request Date:
10/31/2024

Start

OMB No. 0960-0830

FAQ

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FOIA requests

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Person Making Statement – Default View

4



Upload Documents

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Complete the Form



✓ Person Making Statement

Childcare

Acknowledgement

[Review and Submit](#)

[Confirmation](#)

SSA-4162 Childcare Dropout Questionnaire

All information is required, unless noted optional.

Person Making Statement

Name of Person Making Statement

JOHN ALEN DOE JR.

Wage Earner or Self-Employed Person

The person making this statement is the same as the wage earner or self-employed person

☐ Yes

☐ No

[Next](#)

[Back to Requests](#)

[OMB No. 0960-0830](#)

[OMB No. 0960-0474](#)

[FAQ](#)



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Person Making Statement Same as Wage Earner

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Upload Documents

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Complete the Form ^

✓ Person Making Statement

Childcare

Acknowledgement

Review and Submit

Confirmation

SSA-4162 Childcare Dropout Questionnaire

All information is required, unless noted optional.

Person Making Statement

Name of Person Making Statement

JOHN ALEN DOE JR.

Wage Earner or Self-Employed Person

The person making this statement is the same as the wage earner or self-employed person

☒ Yes

☐ No

Name of Wage Earner or Self-Employed Person

JOHN ALEN DOE JR.

Social Security Number (SSN)

***-**-9999

Mailing Address

626 HICKORY DRIVE

BALTIMORE, MD 21211

Telephone Number

410-332-0041

Relationship to Wage Earner or Self-Employed Person

Self

Next

Back to Requests

Person Making Statement Not Same as Wage Earner

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Complete the Form

Person Making Statement

Childcare

Acknowledgement

[Review and Submit](#)

[Confirmation](#)

SSA-4162 Childcare Dropout Questionnaire

All information is required, unless noted optional.

Person Making Statement

Name of Person Making Statement
JOHN ALEN DOE JR.

Wage Earner or Self-Employed Person

The person making this statement is the same as the wage earner or self-employed person

☐ Yes ☒ No

Name of Wage Earner or Self-Employed Person

Social Security Number (SSN)

- - [SHOW](#)

Mailing Address

Street Address Apartment, Suite, Building, Etc. (optional)

City/Town State/Territory ZIP Code

--

Telephone Number

() -

Relationship to Wage Earner or Self-Employed Person

[Next](#)

[Back to Requests](#)

[OMB No. 0960-0830](#) [OMB No. 0960-0474](#) [FAQ](#)



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[FOIA requests](#)

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Childcare – Default View

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Home

Messages

My Profile

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Complete the Form

Person Making Statement

Childcare

Acknowledgement

Review and Submit

Confirmation

SSA-4162 Childcare Dropout Questionnaire

All information is required, unless noted optional.

Childcare

Was a child, either your own or your spouse's, living with you while the child was under the age of 3 in any year after 1950?

☐ Yes

☐ No

Next


Previous

Back to Requests


OMB No. 0960-0830


OMB No. 0960-0474


FAQ


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Childcare – No children added

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Home

Messages

My Profile

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Complete the Form

Person Making Statement

Childcare

Acknowledgement

Review and Submit

Confirmation

SSA-4162 Childcare Dropout Questionnaire

All information is required, unless noted optional.

Childcare

Was a child, either your own or your spouse's, living with you while the child was under the age of 3 in any year after 1950?

☒ Yes

☐ No

Child(ren)

Add any child, either your own or your spouse's, under the age of 3 that lived with you in any year after 1950.

Name of Child	Child's Date of Birth	Relationship	Years Under Age 3	Days Living with You	Years You Worked	Actions
At least one child is required. There is no information to display at this time.						

+ Add Child

Next

Previous

Back to Requests

OMB No. 0960-0830

OMB No. 0960-0474

FAQ

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Home

Messages

My Profile

Upload Documents

Electronic submission information you have or will receive

Complete the Form

Person Making Statement

Childcare

Acknowledgement

Review and Submit

Confirmation

Add Child

A red asterisk (*) indicates a required field.

Name of Child

*First

Middle

*Last

Suffix

Child's Date of Birth

*Month

*Day

*Year

--

--

*Relationship to You or Your Spouse

*How many years did the child under the age of 3 live with you?

--

Cancel

Add


Name of Child	Date of Birth	Relationship	Years Under Age 3	Days Living with You	Years You Worked	Actions
At least one child is required. There is no information to display at this time.						

+ Add Child

Childcare – Add Child – 1 Year


10

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Upload Document

 Electronic submission information you have or will receive

Complete the Form

-  Person Making Statement
- Childcare
- Acknowledgement
- Review and Submit
- Confirmation

Add Child

A red asterisk (*) indicates a required field.

Name of Child

*First Middle *Last Suffix

Child's Date of Birth

*Month *Day *Year

*Relationship to You or Your Spouse

*How many years did the child under the age of 3 live with you?

When did the child live with you? *Did you work this year?

*Year *Number of days ☐ Yes ☐ No


[Cancel](#) [Add](#)

At least one child is required. There is no information to display at this time.

[+ Add Child](#)


Childcare – Add Child – 2 Years

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Home Messages My Profile

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 Electronic submission information you have or will receive

Complete the Form

-  Person Making Statement
- Childcare
- Acknowledgement

Review and Submit

Confirmation

Add Child

A red asterisk (*) indicates a required field.

Name of Child

*First Middle *Last Suffix

Child's Date of Birth

*Month *Day *Year

*Relationship to You or Your Spouse

*How many years did the child under the age of 3 live with you?

When did the child live with you? *Did you work this year?

*Year *Number of days

When did the child live with you? *Did you work this year?

*Year *Number of days

Cancel Add

+ Add Child

Childcare – List with 1 Child (1 Year)

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Home

Messages

My Profile

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Complete the Form

Person Making Statement

Childcare

Acknowledgement

Review and Submit

Confirmation

SSA-4162 Childcare Dropout Questionnaire

All information is required, unless noted optional.

Childcare

Was a child, either your own or your spouse's, living with you while the child was under the age of 3 in any year after 1950?

Yes

No

Child(ren)

Include any child, either your own or your spouse's, under the age of 3 that lived with you in any year after 1950.

Name of Child	Child's Date of Birth	Relationship	Years Under Age 3	Days Living with You	Years You Worked	Actions
Jason Alan Doe	01/01/2022	Son	2022	365	No	<div></div> <div></div>

+ Add Child

Next

Previous

Back to Requests

OMB No. 0960-0830

OMB No. 0960-0474

FAQ

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Privacy policy

FOIA requests

Civil Rights/Compliance

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Childcare – List with 1 Child (2 Years)

13

Upload Documents

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Complete the Form

 Person Making Statement

Childcare

Acknowledgement

Review and Submit

Confirmation

SSA-4162 Childcare Dropout Questionnaire

All information is required, unless noted optional.

















Childcare

Was a child, either your own or your spouse's, living with you while the child was under the age of 3 in any year after 1950?

☒ Yes ☐ No

Child(ren)

Include any child, either your own or your spouse's, under the age of 3 that lived with you in any year after 1950.

Name of Child	Child's Date of Birth	Relationship	Years Under Age 3	Days Living with You	Years You Worked	Actions
Jason Alan Doe	01/01/2022	Son	2023	365	No	 
Jason Alan Doe	01/01/2022	Son	2022	365	No	 
Karen Alan Doe	01/01/2021	Daughter	2021	200	No	 
Karen Alan Doe	01/01/2021	Daughter	2022	100	No	 
Debra Alan Doe	01/01/1998	Daughter	1999	200	No	 
Debra Alan Doe	01/01/1998	Daughter	1998	200	No	 
Chris Alan Doe	01/01/1996	Son	1997	200	No	 
Chris Alan Doe	01/01/1996	Son	1996	200	No	 

Additional Child(ren)

Do you have additional child(ren) to report?

☐ Yes ☐ No

[Next](#)

[Previous](#)

[Back to Requests](#)

OMB No. 0960-0830

OMB No. 0960-0474

[FAQ](#)



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Acknowledgement



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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

Upload Documents

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- Complete the Form
- Review and Submit
- Confirmation

Review and Submit

Please review the information, including the form preview, to verify you have entered the correct information before submitting.

SSA-4162 Childcare Dropout Questionnaire

Person Making Statement

[Edit](#)

Name of the Person Making Statement: **JOHN ALEN DOE JR.**

The person making this statement is the same as the wage earner or self-employed person: **Yes**

Name of Wage Earner or Self-Employed Person: **JOHN ALEN DOE JR.**

Social Security Number (SSN): *****-**-9999**

Mailing Address: **626 HICKORY DRIVE, BALTIMORE, MD 21211**

Telephone Number: **410-332-0041**

Relationship to Wage Earner or Self-Employed Person: **Self**

Childcare

[Edit](#)

Was a child, either your own or your spouse's, living with you while the child was under the age 3 in any year after 1950? **Yes**

Information about the child that lived with you under the age of 3 in any year after 1950.

Name of Child	Child's Date of Birth	Relationship	Years Under Age 3	Days Living with You	Years You Worked
Jason D. Doe	01/01/2022	Son	2022	365	No
Jason D. Doe	01/01/2022	Son	2023	365	No
Karen D. Doe	01/01/2021	Daughter	2021	200	No
Karen D. Doe	01/01/2021	Daughter	2022	100	No
Debra D. Doe	01/01/1998	Daughter	1999	200	No
Debra D. Doe	01/01/1998	Daughter	1998	200	No
Chris D. Doe	01/01/1996	Son	1997	200	No
Chris D. Doe	01/01/1996	Son	1996	200	No

Document Completed

Document Name	Document Preview
SSA-4162 Childcare Dropout Questionnaire.pdf	

Document(s) Uploaded

[Edit](#)

Document Name	Document Preview
Additional_Children.pdf	

[Submit](#)[Previous](#)[Back to Requests](#)

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Form Preview

Authentication Information

First Name: JOHN
Middle Name: ALEN
Last Name: DOE

SSA-3885 Government Pension Questionnaire Preview

Save

Form SSA-4162 (05-2024) UF
Discontinue Prior Editions
Social Security Administration

Page 1 of 2
OMB No. 0960-0474

Childcare Dropout Questionnaire
See Paperwork/Privacy Act Notice on Reverse

Name of Wage Earner or Self-Employed Person

JOHN ALEN DOE JR.

Telephone Number (include area code)

212-111-4444

Social Security Number

***-**-9999

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

626 Hickory Drive

City and State

Baltimore, MD

ZIP Code

21211

Name of Person Making Statement (If other than above wage earner or self-employed person)


JOHN ALEN DOE JR.






Relationship to Wage Earner or Self-Employed Person

Self

1. Was a child, either your own or your spouse's, living with you while the child was

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

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Form Preview (Full PDF)

Childcare Dropout Questionnaire
See Paperwork/Privacy Act Notice on Reverse

Name of Wage Earner or Self-Employed Person

JOHN ALEN DOE JR.

Telephone Number (include area code)

212-111-4444

Social Security Number

***-**-9999

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

626 Hickory Drive

City and State

Baltimore, MD

ZIP Code

21211

Name of Person Making Statement (If other than above wage earner or self-employed person)

JOHN ALEN DOE JR.

Relationship to Wage Earner or Self-Employed Person

Self

1. Was a child, either your own or your spouse's, living with you while the child was under age 3 in any year after 1950?
If "Yes," give the following information:

☒ Yes ☐ No

Name of Each Child	Child's Date of Birth	Relationship to You or Your Spouse	Years the Child Was Under 3 and Lived With You	No. of Days in Each Year the Child Lived With You
Jason D. Doe	01/01/2022	Son	2022, 2023	365, 365

2. Did you work in any of the years listed in item 1?

If "Yes," indicate each year in which you worked:

☐ Yes ☒ No

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.


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 20 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.**

Confirmation (No Additional Documents)

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Home

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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](#)

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OMB No. 0960-0830


OMB No. 0960-0474


FAQ





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OMB No. 0960-0830

OMB No. 0960-0474

FAQ

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Childcare Dropout Questionnaire

See Paperwork/Privacy Act Notice on Reverse

Name of Wage Earner or Self-Employed Person

JOHN ALLEN DOE JR.

Telephone Number (include area code)

212-111-4444

Social Security Number

***-**-9999

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

626 Hickory Drive

City and State

Baltimore, MD

ZIP Code

21211

Name of Person Making Statement (If other than above wage earner or self-employed person)

JOHN ALLEN DOE JR.

Relationship to Wage Earner or Self-Employed Person

Self

1. Was a child, either your own or your spouse's, living with you while the child was under age 3 in any year after 1950?
If "Yes," give the following information:

☒ Yes

☐ No

Name of Each Child	Child's Date of Birth	Relationship to You or Your Spouse	Years the Child Was Under 3 and Lived With You	No. of Days in Each Year the Child Lived With You
Jason D. Doe	01/01/2022	Son	2022, 2023	365, 365

2. Did you work in any of the years listed in item 1?

☐ Yes

☒ No

If "Yes," indicate each year in which you worked:

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.

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 20 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.**