

**Application for Supplemental Security Income (SSI)
For Children (under age 18)**

How to apply for SSI payments for a child based on disability or blindness

You can file for SSI by:

- Scheduling an appointment by going to <http://www.ssa.gov>, or calling 1-800-772-1213 or TTY 1-800-352-0778, or
- Completing this form and submitting it to your local office. If the child lives with his or her parent(s), a Social Security representative will contact you to obtain information about the parent(s)'s income and resources.

Important: Please contact us right away if the child has a terminal illness as you may qualify for expedited processing.

Completing this form:

You should only complete this form if you are listed in one of the categories under "who can sign this form". When completing this form, you must:

- Use a pen with blue or black ink, and
- Use the same month when answering questions.

This form collects information about the child's eligibility for the month in which you are expected to complete and submit the application. For example, if you answer the questions based on the month of March, you must submit the form to us in March. If we receive the child's application after that month, we will need to contact you to update the information which may delay the processing of your application.

Who can sign this form:

- The child him/herself – If he or she is age 16 – 17, is mentally competent, has no court-appointed representative, and is not in the care of any other person or institution; or
- A person who is responsible for the care of the child, such as a parent, relative, or court-appointed representative, or
- The manager or principal officer of the institution the child is in the care of.

Don't delay submitting your application.

The earlier we receive the child's application, the sooner we can determine his or her eligibility. Filing with a Social Security representative during an appointment is the fastest way to file. In general, filing with this paper form (even if submitted electronically) may take longer to process as we may need to contact you.

What's next

Submit your signed application to your local Social Security office. To find an office near you, visit <https://www.ssa.gov/locator>. A SSA representative will review your application and contact you if additional information is needed.

Reporting Responsibilities

While your claim is pending, you must notify Social Security if:

- The child's immigration status changes,
- The child returns to work, or
- The child leaves the United States.

If the child's claim is approved and you receive the payments for the child, you must notify Social Security of any changes that may affect his or her eligibility or payment amount. Failure to make a timely report could result in a penalty.

**Application for Supplemental Security Income (SSI)
For Children (under age 18)**

I am applying for Supplemental Security Income and any federally administered state supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

CHILD INFORMATION

1.	(a) Name	(b) Date of birth	(c) Social Security Number
(d) Is the child a United States Citizen? <input type="checkbox"/> Yes – Go to #2 <input type="checkbox"/> No - Go to (e)			
(e) Select the child's Native American or immigration status:			
<input type="checkbox"/> Canadian-born with 50% Native American blood		<input type="checkbox"/> Cuban or Haitian entrant	
<input type="checkbox"/> Non-U.S. citizen member of a federally recognized tribe		<input type="checkbox"/> Iraqi or Afghan special immigrant	
<input type="checkbox"/> Other Native American		<input type="checkbox"/> Lawful permanent resident	
<input type="checkbox"/> Alien with deportation withheld		<input type="checkbox"/> Parolee (one year or more)	
<input type="checkbox"/> Amerasian immigrant		<input type="checkbox"/> Refugee	
<input type="checkbox"/> Asylee		<input type="checkbox"/> Victim of severe forms of trafficking (VSFT)	
<input type="checkbox"/> Battered alien or alien with a battered parent or child		<input type="checkbox"/> Other	
<input type="checkbox"/> Resident under Compact of Free Association (CFA)			
<input type="checkbox"/> Conditional entrant			

LIVING ARRANGEMENT

2.	(a) Is the address where the child lives the same as your mailing address?	<input type="checkbox"/> Yes – Go to (c) <input type="checkbox"/> No – Go to (b)
(b) Give the address of where the child lives: Number & Street, Apt. No, P.O. Box, Rural Route		
City and State (U.S.) or State/Province/Region (Foreign)		ZIP or Postal Code
County or Country		
(c) When did the child start living at that address? (MM/DD/YYYY)		
3.	Check the box which best describes the child's living situation at that address:	
<input type="checkbox"/> House, Apartment, Mobile Home, Houseboat		
<input type="checkbox"/> Room in a commercial establishment (Example: hotel or motel)		
<input type="checkbox"/> Room in private residence		
<input type="checkbox"/> Institution (Examples: nursing home, rehabilitation center, hospital, school, or jail)		Institution's Name _____
<input type="checkbox"/> Non-Institution (Examples: placed by an agency in foster care, adult foster care, a retirement home or family care.		
<input type="checkbox"/> Transient or Homeless		

DISABILITY / BLINDNESS

4.	Is the child blind or does he or she have low vision (even with glasses or contacts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5.	(a) Does the child have a physical or mental condition (including an emotional or learning problem) that results in severe functional limitations and has lasted or is expected to last at least 12 months or result in death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) When did the child become disabled?	(MM/DD/YYYY)

PARENTS

	Parent's Name (includes stepparents and parents who are deceased)	Does the child live with the parent?	Social Security Number
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased	

REFERENCE DATE FOR RESOURCE AND INCOME QUESTIONS

7.	Enter the month and year in which you are completing this form: (MM /YYYY)
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RESOURCES

8.	As of the first day of the month entered above, did the child own or did the child's name appear, either alone or with other people, on any of the following:	
	(a) Trusts Includes, but is not limited to, special needs trusts, pooled trusts, or any other trusts where funds are being held for your benefit.	<input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____
	(b) Achieving a Better Life Experience (ABLE) account ABLE accounts are tax-exempt accounts eligible individuals may use to pay for qualified disability expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____
	(c) Financial Institution accounts Includes checking and savings accounts or other accounts with a financial institution (such as certificates of deposit and Direct Express).	<input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____
	(d) Vehicles Includes automobiles, campers, boats, trucks, motorcycles, etc., regardless of condition.	<input type="checkbox"/> Yes, One <input type="checkbox"/> Yes, Two or more <input type="checkbox"/> No
	(e) Real estate, other than the home where the child lives. Includes land, houses, buildings, and property in foreign countries.	<input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____
	(f) Retirement or pension funds Includes IRA, 401(k), and Union or Employer Pension Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____
	(g) Cash (On hand, such as money in your wallet or safe).	<input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____
	(h) Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____

	<p>(i) Bonds Includes U.S. savings bonds, municipal, corporate and government bonds.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____</p>
	<p>(j) Mutual Funds</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____</p>
	<p>(k) Life Insurance Policies Own or buying</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____</p>
	<p>(l) Other Items that can be turned Into Cash Includes mineral rights or other items or property, but not household goods (like furniture) or personal items (like clothes).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Value: \$ _____</p>
<p>9.</p>	<p>Did the child sell, transfer title to, or give away any money or property, owned either alone or with other people, within the 36 months prior to the date above? This includes money or property in foreign countries.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

INCOME

<p>10.</p>	<p>For the month given above, has the child received or does the child expect to receive income from any of these sources?</p>	
	<p>(a) Wages Includes earned royalties and honoraria. If yes, enter the gross amount the child received or expects to receive in the month above before anything is taken out (for example: taxes, health insurance).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p>
	<p>(b) Self-employment (since January of this year) Examples include working as an independent contractor, running a home daycare service, selling art through an online storefront, and driving for most ride share companies. Self-employment may also include services or work performed for cash. If yes, enter the total amount the child expects to receive this year after allowable business deductions.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p>
	<p>(c) Sick pay If yes, enter the amount received or expected to be received in the month above.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p>
	<p>(d) Pension, Annuity, Retirement or Disability Includes payments from the Office of Personnel Management (OPM), disability insurance, state annuities for certain veterans, and state disability insurance. If yes, enter the amount received or expected to be received in the month above.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p>

<p>(e) Unemployment compensation</p> <p>If yes, enter the amount received or expected to be received in the month above.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>\$ _____</p>
<p>(f) Workers' compensation</p> <p>If yes, enter the amount received or expected to be received in the month above.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>\$ _____</p>
<p>(g) Other income</p> <p>If yes, enter the source(s) and amount the child received or expects to receive in the month above.</p> <p>Note: If there are multiple sources, give the total combined amount.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>\$ _____</p>

Medicaid

The child may be eligible for Medicaid. However, you must help your State identify other sources that pay for medical care. You must give information to help the State get medical support for any child who is your legal responsibility. This includes information to help the State determine who a child's parent is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.

11.	<p>(a) Does the child have any unpaid medical expenses for the 3 months before the date in item #7?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Skip to (d) if the child resides in one of the following States, since they have automatic assignment-of-rights laws: Arkansas, Louisiana, Michigan, North Carolina, Ohio, Tennessee, Texas, and Wisconsin.</p>		
<p>(b) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency?</p>		<p><input type="checkbox"/> Yes - Go to (d) <input type="checkbox"/> No - Go to (c)</p>
<p>(c) Explain:</p>		
<p>(d) Do you agree to provide information regarding the third party responsible for your health expenses?</p>		<p><input type="checkbox"/> Yes - Go to (f) <input type="checkbox"/> No - Go to (e)</p>
<p>(e) Explain:</p>		
<p>(f) Is the cost of the child's medical care covered by health insurance or a third party other than Medicare or Medicaid?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

REMARKS

You may use this space for additional explanations. Please provide the item number before each explanation.

Complete these questions only if you are signing this form on behalf of the child.

12.	(a) Name	(b) Select your relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other	
	(c) Telephone number(s) at which you may be contacted during the day		
	(d) Mailing Address: Number & Street, Apt. No, P.O. Box, Rural Route		
	City and State (U.S.) or State/Province/Region (Foreign)		ZIP or Postal Code

I declare under penalty of perjury that I have examined all the information that I have provided on this form that the information 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

Your signature	Date (MM/DD/YYYY)
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SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

If the child meets certain conditions, SNAP benefits may be available to help you buy food. For more information about SNAP benefits, go to <https://www.ssa.gov/pubs/EN-05-10101.pdf>.

Please complete the following questions:

1	Select the child's current SNAP status:	<input type="checkbox"/> Currently receiving SNAP benefits (Go to #2) <input type="checkbox"/> Filed within the past 60 days (Go to #3) <input type="checkbox"/> Never filed or filed more than 60 days in the past. (Go to #4)
2	Has the child received a recertification notice within the past 30 days?	<input type="checkbox"/> Yes (Go to #4) <input type="checkbox"/> No (Stop)
3	Has the child received an unfavorable decision?	<input type="checkbox"/> Yes (Go to #4) <input type="checkbox"/> No (Stop)
4	Is everyone in the child's household applying for or receiving SSI?	<input type="checkbox"/> Yes (Go to #5) <input type="checkbox"/> No (Stop)
5.	Would you like us to take the child's SNAP application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 1631(e)(1) of the Social Security Act, as amended, allows us to collect this information, which we will use to determine eligibility for Supplemental Security Income (SSI) payments. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089 and 60-0103, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

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 15 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.