CERTIFICATE OF RESPONSIBILITY FOR WELFARE AND CARE OF CHILD NOT IN APPLICANT'S CUSTODY

All items on this form requiring an answer must be answered or marked "Unknown."

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER

I make this statement in support of my application for insurance benefits payable under Title II of the Social Security Act, as amended.

1. Give the following information about **all** unmarried children of the above wage earner or self-employed person who are not living with you and are: (a) under age 16, or (b) age 16 or over, with a disability that began before age 22. Include natural children, adopted children, stepchildren, and dependent grandchildren or step-grandchildren.

FULL NAME OF CHILD	DATE CHILD LEFT YOUR HOME	How long from today will the child be away from you?	REASON CHILD LEFT YOUR HOME	NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP (TO CHILD) OF PERSON WITH WHOM CHILD IS NOW LIVING

2. (a) If you contribute to the support of any child named in item 1 above, give the following information:

FIRST NAME OF CHILD	AMOUNTS CONTRIBUTED	HOW OFTEN YOU CONTRIBUTE
	$	
	$	
	$	
	$	

(b) If you are not contributing to the support of any child named in 1 above, give name of child and state why you are not doing so.

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

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 *(Number and street, City, State and ZIP Code)*	Address (*Number and street, City, State and ZIP Code)*

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 202 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 decision on your claim.

We will use the information to determine whether you meet the statutory "child-in-care" requirement for benefits. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal Agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records; and

- To claimants, prospective claimants (other than the data subject), and their authorized representatives or representative payees, to the extent necessary to pursue Social Security claims; to representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting us in administering representative payment responsibilities under the Social Security Act; and to representative payees, for the purpose of assisting them in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

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 System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all 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 5 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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate or other aspects of this collection to this address, not the completed form.***