

Certification of Low Birth Weight for SSI Eligibility

For SSA Use Only

Requestor	Office Address
Phone Number	Fax Number

1. Child's SSN (if available)

2. Child's Name:	<input type="checkbox"/> Female	
	<input type="checkbox"/> Male	
First	Middle	Surname

3. Medical Record Number:

4. Parents: Mother's Name:	First	Maiden	Surname
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Father's Name:

First	Surname
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Phone Number:

Address:

5. Hospital of Birth:	6. Date of Birth:
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7. Weight at Birth:	Grams	8. Gestational Age (GA) at Birth:	Weeks
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9. Medical Conditions (Check all that apply):

- Cerebral white matter insult (periventricular leukomalacia, intraventricular hemorrhage (IVH) grade 3-4, or ventriculomegaly)
- Bronchopulmonary Dysplasia (BPD), also known as Chronic Lung Disease (CLD) of prematurity
- Retinopathy of Prematurity (ROP), grade 3 or greater
- Necrotizing Enterocolitis (NEC), requiring bowel resection surgery
- Other (please specify): _____

10. Date of Discharge (if applicable):	Released to (person/facility):
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11. Name and phone number of hospital social worker who can provide information about this child:

Name:	Phone:
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OPTIONAL: Attach copy of admission, discharge summary, or other medical evidence.

I certify that the foregoing information is accurate according to the child's medical records.

Physician Signature:

Title:

Date:

Print or Type Name:

Hospital:

Address:

SEND THE COMPLETED FORM TO THE ADDRESS SHOWN AT THE TOP OF PAGE 1

Privacy Act Statement Collection and Use of Personal Information

Sections 1614 and 1633 of the Social Security Act, as amended, and Social Security regulations at 20 C.F.R. §§ 416.931, 416.926a(m)(7) and (8), and 416.924 allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may delay a determination on the named individual's eligibility for Supplemental Security Income (SSI) benefits.

We will use the information to determine the named individual's eligibility for SSI benefits. We may also share your information for the following purposes, called routine uses:

- To the appropriate State agencies (or other agencies providing services to disabled children) to identify Title XVI eligibles under the age of 16 for the consideration of rehabilitation services in accordance with section 1615 of the Act, 42 U.S.C. 1382d; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs.

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) 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1830. 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 (OMB) control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **Send only 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.**
