

## Childcare Dropout Questionnaire

See Paperwork/Privacy Act Notice on Reverse

Name of Wage Earner or Self-Employed Person	Social Security Number
Name of Person Making Statement (If other than above wage earner or self-employed person)	Relationship to Wage Earner or Self-Employed Person

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

2. Did you work in any of the years listed in item 1?  
 If "Yes," indicate each year in which you worked:

Yes                       No


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.

### Signature of Person Making Statement

Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year)
	Telephone Number (include area code)

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

City and State	ZIP Code
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Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature (First name, middle initial, last name) (Write in ink)	2. Signature (First name, middle initial, last name) (Write in ink)
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**

Section 215(b)(2)(A) of the Social Security Act, as amended, allows us to collect this information. We will use the information you provide to determine if you and your dependents are eligible for insurance coverage or monthly benefits.

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 the claim.

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs, including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice, 60-0089, entitled Claims Folder System. Additional information about this and other system of records notices and our programs is available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent 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 5 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.