

Write child's name,  
Social Security  
Number, and date  
form completed.

Write the name of  
person completing  
this form, indicate  
relationship to child,  
include best daytime  
phone number for  
person completing  
form.

Form SSA-3881-BK (06-2018) UF  
Discontinue Prior Editions  
Social Security Administration

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OMB No. 0900-0499

### QUESTIONNAIRE FOR CHILDREN CLAIMING SSI BENEFITS

Please print, type, or write clearly and answer all items to the best of your ability. If you need help completing any part of this form, we will help you. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions. If you do not know the answer, enter "unknown." If the question does not apply, enter "N/A." If you need more space to answer any of the questions, please use "REMARKS" and enter the number of the question next to your answer.

Child's Full Name		Social Security Number	Date (mm/dd/yyyy)
Informant's Name		Relationship to Child	Daytime Telephone Number (including Area Code)

1. Is (was) the child cared for by a baby sitter? Does (did) the child attend any type of preschool, daycare and/or after school program? If so, please specify. If more than one of the above, use the "REMARKS" section.

Name	Address (Number, Street, City, State, ZIP Code)
Telephone Number (including Area Code)	Dates Attended

2. a. Is (was) the child in school? ☐ Yes ☐ No

If "yes," and the school was not listed in Item 12A of the SSA-3820-F6, please show it here.  
(If more than one, use the "REMARKS" section.)

Name	Address (Number, Street, City, State, ZIP Code)
Telephone Number (including Area Code)	Dates Attended
Grade Level Completed	Last Teacher's Name

Please clearly print  
or type. Answer all  
questions. If you  
need more space,  
use "Remarks" and  
enter the number of  
your question next  
to your answer.

2(a). Is (was) the  
child in school?  
Check "yes" or "no"

If "yes" and the  
school was not  
listed in item 12A of  
the SSA-3820-F6,  
write name,  
address, telephone  
number, dates  
attended, grade  
level completed and  
teacher's name.

1. Is (was) child  
cared for by a baby  
sitter? Does (did) the  
child attend any type  
of preschool, daycare  
and/or after school  
program? If so, write  
down the name,  
address, telephone  
number and dates  
attended.

## Questions 2b-4: SSA-3881

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2(b). Is the child in a special education program?

2(c). Does the school make any special accommodations for the child?

If "yes" or "don't know" for 2(b) or 2(c) indicate type of program/and or accommodations and specify number of hours per week the child is in special education program.

4. Does the child or family have child welfare, social services or early intervention caseworker? Check "yes" or "no".

2.b. Is the child in a special education program?

☐ Yes ☐ No ☐ Don't Know

c. Does the school make any special accommodations for the child; e.g., adaptive furniture, wheelchair ramps, extra assistance or attention?

☐ Yes ☐ No ☐ Don't Know

If "yes" in 2.b. or 2.c., indicate type of program and/or accommodations:

Specify number of hours per week the child is in special education program:

d. Do you have a copy of the child's individual education plan (IEP), the report in which the teacher outlines the child's problems and lists the plans for correcting them?

☐ Yes ☐ No

If "yes," please provide a copy.

3. Does the child receive any special counseling or tutoring?

a. In school

☐ Yes ☐ No

b. Outside school

☐ Yes ☐ No

If "yes," in 3.a. or 3.b., please indicate: (If more than one, use the "REMARKS" section.)

Type of Counseling, Tutoring

Date Began and Ended (If completed)

Frequency of Visits

Counselor's or Tutor's Name

Telephone Number (including Area Code)

Address (Number, Street, City, State, ZIP Code)

4. Does the child or family have a child welfare, social services or early intervention caseworker?

☐ Yes ☐ No

If "yes," please provide the following information: (If more than one, use the "REMARKS" section.)

Caseworker's Name

Organization

Address (Number, Street, City, State, ZIP Code)

Telephone Number (including Area Code)

File or Record Number

Date First Saw/Last Saw Caseworker

2(d). Do you have a copy of the child's individual education plan (IEP)? Check "yes" or "no." If yes please provide a copy of the IEP.

3. Does the child receive any special counseling or tutoring: 3(a): in school or 3(b) outside school Check "yes" or "no".

If "yes" for questions 3 and/or 4, please complete additional information in spaces provided.



## Question 6: SSA-3881

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6. Does (did) the child receive any special therapy (physical, speech and language, occupational), exercises, or any other services for his/her impairments?

☐ Yes ☐ No

Include information about any therapy or exercises the parent, guardian or caregiver provides the child.

If "yes," indicate below the therapist's name, the name of the person who PRESCRIBED AND/OR DESIGNED the therapy program, the type(s) and frequency of treatment, when treatment began and ended (if completed), and where treatment was received (e.g., home, hospital, therapist's office, clinic.)

Therapist's Name

Telephone No. (including Area Code)

Address (Number, Street, City, State, ZIP Code)

Person Who Prescribed/Designed Therapy

Information about Therapy:

Therapist's Name

Telephone No. (including Area Code)

Address (Number, Street, City, State, ZIP Code)

Person Who Prescribed/Designed Therapy

Information about Therapy:

6. Does (did) the child receive any special therapy (physical, speech and language, occupational), exercises, or any other services for his/her impairments? Include information about any therapy or exercises the parent, guardian or caregiver provides the child

Check "yes," or "no".

If yes, indicate the therapists name, the name of the person who prescribed and or designed the therapy program, the type(s) and frequency of treatment, when treatment began and ended (if completed), and where treatment was received (e.g., home, hospital, therapist's office, clinic).

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7. Does (did) the child receive vocational rehabilitation services?  
Check "yes," or "no".

7. Does (did) the child receive vocational rehabilitation services?

☐ Yes ☐ No

If "yes," describe services received below the rehabilitation counselor's information. Include dates and record number.

Rehabilitation Counselor's Name

Telephone No. (including Area Code)

Address (Number, Street, City, State, ZIP Code)

Services received:

(If additional space is needed, use "REMARKS" section.)

## NOTE: PROVIDING INFORMATION ABOUT THE CHILD'S INVOLVEMENT WITH THE COURT SYSTEM IS OPTIONAL

8. Has the child ever been involved with the court system other than in custody proceedings?

☐ Yes ☐ No

If "yes," please explain involvement, including testing and evaluation.

Youth Development Center's Name

Address (Number, Street, City, State, ZIP Code)

Probation or Parole Officer's Name

Telephone No. (including Area Code)

Address (Number, Street, City, State, ZIP Code)

Involvement including any testing and evaluation:

**Note:** Providing information about the child's involvement with the court system is optional

8. Has the child ever been involved with the court system other than in custody proceedings?  
Check "yes," or "no".

If yes, describe services received, rehabilitation counselor's information. Include dates and record number.

If additional space is needed, use "Remarks" section.

If yes, explain involvement, including testing and evaluation.

Include Youth development center's name, address, Probation or Parole officer's name, telephone, address

If additional space is needed, use "Remarks" section.



## Question 11: SSA-3881

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11 a. If you are unable to give us information we need about the child, is there someone else who helps care for the child and, knows of the child's impairment who can help us get the information we need, and, if necessary, bring the child to a consultative examination?

☐ Yes ☐ No

b. If "yes," please provide the following information about this person

Name

Address (Number, Street, City, State, ZIP Code)

Daytime telephone number (including Area Code)

Relationship (e.g., relative, neighbor, family friend) to the child?

REMARKS:

11 (a). If you are unable to give us information we need about the child, is there someone else who helps care for the child and, knows of the child's impairment who can help us get the information we need, and, if necessary, bring the child to a consultative examination? Check "yes," or "no."

11 (b). If yes, please provide this person's name, address, best daytime telephone number and relationship to the child.

Use this section, to elaborate on any of the prior questions and/or add anything else about the child that we should know.



REMARKS (continued):

## Privacy Act Statement

### Collection and Use of Personal Information

Sections 223(b), 1614, and 1631(e)(1) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may delay the determination or continued eligibility for benefits.

We will use the information to make a decision on your claim. We may also share your information for the following purposes, called routine uses:

1. To specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits under section 1631(e) of the Act;
2. 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
3. To third party contacts where necessary to establish or verify information provided by representative payees or payee applicants.

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; 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits; and 60-0320, entitled Electronic Disability (eDIB) Claim File. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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 30 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](http://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.

The Privacy Act authorizes us to collect this information to determine the child's eligibility for SSI based on disability. Furnishing the information is voluntary. However, failing to provide all or part of the requested information may prevent our making an accurate and timely decision on the claim.

For more information  
on the Privacy Act visit  
[www.socialsecurity.gov](http://www.socialsecurity.gov).