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.

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.

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

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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 N	umber	Date (mm/dd/yyyy)
Informant's Name	Relationship to Ch	hild Daytime Telephone Number		elephone Number
	Troid a direction production			Area Code)

 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
	m 12A of the SSA-3820-F6, please show it here. 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.

Questions 2b-4: SSA-3881

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".

Form SSA-3881-BK (06-2018) UF				Page 2 o	f 8
2.b. Is the child in a special education program?		☐ Yes	■ No	■ Don't Know	
Does the school make any special accommodations for child; e.g., adaptive furniture, wheelchair ramps, extra assistance or attention?	r the	☐ Yes	□ No	☐ Don't Know	2(d). Do you have a copy of the
If "yes" in 2.b. or 2.c., indicate type of program and/or accommodations:			ber of hours lucation prog	per week the child is gram:	child's individual education plan
					(IEP)? Check "yes" or "no." If yes
d. Do you have a copy of the child's individual education (IEP), the report in which the teacher outlines the child' problems and lists the plans for correcting them?		☐ Yes	□ No	←	please provide a copy of the IEP.
If "yes," please provide a copy.					_
Does the child receive any special counseling or tutoring	?				
a. In school		Yes	■ No	←	3. Does the child
b. Outside school		Yes	■ No		receive any special
If "yes," in 3.a. or 3.b., please indicate: (If m	ore than or	ne, use the "F	REMARKS" s	ection.)	counseling or
Type of Counseling, Tutoring					tutoring: 3(a): in
					school or 3(b)
Date Began and Ended (If completed)	Frequency	of Visits			outside school
					Check "yes" or
Counselor's or Tutor's Name	Telephone	Number (inc	luding Area	Code)	"no".
Address (Number, Street, City, State, ZIP Code)					
		Ι			
4. Does the child or family have a child welfare, social servi early intervention caseworker?	ces or	☐ Yes	☐ No	`	\
If "yes," please provide the following information:	(If more th	an one, use t	he "REMAR	KS" section.)	If "yes" for questions
Caseworker's Name	Organization		3 and/or 4, please		
Address (Number, Street, City, State, ZIP Code)	Telephone	Felephone Number (including Area Code)		complete additional	
					information in spaces provided.
File or Record Number	Date First	Saw/Last Sav	w Caseworke	er	

Question 5: SSA-3881

5. Has the child ever been tested or evaluated by any of the following agencies or organizations? Check "yes," or "no".

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 Has the child ever been tested or evaluated by any of the following a the space provided below the agency name, address, telephone nun test or evaluation performed (e.g., vision, hearing, speech, physical). 	mber, record number, and the type and date of
a. Public/Community Health Department	☐ Yes ☐ No
b. Child Welfare/Social Services Agency	Yes □ No
c. Developmental Evaluation Center	Yes No
d. Mental Health/Intellectual Disability	Yes No
e. Special Needs/Crippled Children Agency	Yes No
f. Speech and Hearing Center	Yes No
g. Women, Infants, and Children (WIC) Program	Yes No
Use the letter designation (5a, 5b, etc.) to i	identify the agency.
	+
If additional space is needed, use "REM	MARKS" section.

If you checked yes for 5(a-g), indicate in the space provided the agency name, address, telephone number, record number, and the type and date of test or evaluation performed (e.g. vision, hearing, speech, physical)

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

Question 6: SSA-3881

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".

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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 witherapy program, the type(s) and frequency of treatment, when treatment where treatment was received (e.g., home, hospital, therapist's office, co	nt began and ended (if completed), and	
Therapist's Name	Telephone No. (including Area Code)	
	←	If yes, indicate the
Address (Number, Street, City, State, ZIP Code)		therapists name,
		the name of the
Danca Who Dancaibad/Danianad Tharan		person who
Person Who Prescribed/Designed Therapy	4	prescribed and or
		designed the
Information about Therapy:		therapy program,
		the type(s) and
		3. ()
		frequency of
		treatment, when
		treatment began
		and ended (if
	1-11	completed), and
Therapist's Name	Telephone No. (including Area Code)	
		where treatment
Address (Number, Street, City, State, ZIP Code)		was received (e.g.,
		home, hospital,
		therapist's office,
Person Who Prescribed/Designed Therapy		•
		clinic).
Information about Therapy:		
mornidadi dibut merapy.		

Questions 7-8: SSA-3881

Form SSA-3881-BK (06-2018) UF Page 5 of 8 7. Does (did) the child receive vocational rehabilitation services? Yes No If "yes," describe services received below the rehabilitation counselor's 7. Does (did) the If yes, describe information. Include dates and record number. Telephone No. (including Area Code) child receive Rehabilitation Counselor's Name services received. vocational rehabilitation Address (Number, Street, City, State, ZIP Code) Check "yes," or counselor's information. "no". Services received: Include dates and record number. If additional space is needed, use "Remarks" section. (If additional space is needed, use "REMARKS" section.) Note: Providing NOTE: PROVIDING INFORMATION ABOUT THE CHILD'S information about INVOLVEMENT WITH THE COURT SYSTEM IS OPTIONAL the child's 8. Has the child ever been involved with the court system other than in custody proceedings? Yes No involvement with If yes, explain the court system is If "yes," please explain involvement, including testing and evaluation. involvement, optional Youth Development Center's Name including testing and evaluation. Address (Number, Street, City, State, ZIP Code) 8. Has the child Include Youth ever been involved Probation or Parole Officer's Name Telephone No. (including Area Code) development with the court center's name, system other than Address (Number, Street, City, State, ZIP Code) address, Probation in custody or Parole officer's proceedings? Involvement including any testing and evaluation: name, telephone, Check "yes," or address "no". If additional space is needed, use "Remarks" section.

Questions 9-10: SSA-3881

Form SSA-3881-BK (06-2018) UF

Does (did) the child participate in any community or school activities, such as choir, Special Olympics, Boy's/Girl's Club, Scouts, or sports?

9. Does (did) the child participate in any community or school activities such as choir, Special Olympics, Boy's/Girl's Club, Scouts, or sports? Check "yes," or "no".

10. If the child takes any medication on an ongoing basis, please indicate the following:
Medication dosage/frequency, Prescribed by (name), Reason for Medication, and describe any side effects.

If the child takes any r	medication on an one	oing basis, please indicate the foll	owing:
MEDICATION DOSAGE/ FREQUENCY	PRESCRIBED BY (NAME)	REASON FOR MEDICATION	DESCRIBE ANY SIDE EFFECTS
w well does the medica	ation(s) work? Please	explain:	

If yes, describe involvement. amount of time spent in activity, and level of participation. Provide name, address and telephone number of individual who supervises the activity. Include dates of involvement. If involvement ended, explain why.

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If the child takes medications on an ongoing basis: How well does the medication(s) work? Please explain:

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."

Question 11: SSA-3881

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	about the child, is there someone else who helps care for the n help us get the information we need, and, if necessary, bring	
b. If "yes," please provide the following information a	about this person	
Name	·	
		11 (b). If yes, please
Address (Number, Street, City, State, ZIP Code)	4	provide this person's name, address, best
Daytime telephone number (including Area Code)		daytime telephone number and relationship
Relationship (e.g., relative, neighbor, family friend	/) to the child?	to the child.
REMARKS:		
	_	
		Use this section, to
		elaborate on any of
		the prior questions
		and/or add anything
		else about the child
		that we should know.
		that we should know.

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Form SSA-3881-BK (06-2018) UF

for benefits under section 1631(e) of the Act;

42 U.S.C. 1382d; and

REMARKS (continued):

Remarks Section

Privacy Act Statement must be read to the parent(s) or guardian of the child.

Continued:

We rarely use the information you supply for any purpose other than to make a decision regarding child's eligibility for benefits, but there may be exceptions.

This completed form should be submitted to your local Social Security office, located on our website, www.socialsecurity.gov, telephone directory, or 1-800-772-1213.

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

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.

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.

3. To third party contacts where necessary to establish or verify information provided by representative payees or payee

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.

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. 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.

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For more information on the Privacy Act visit www.socialsecurity.gov.