

**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."

PRIVACY ACT/PAPERWORK ACT NOTICE: The information requested on this form is sought pursuant to the authority granted in 42 U.S.C. 402(b) and 402(g). The information provided will be used to confirm past and continuing entitlement to benefits and the determine whether such benefits are subject to suspension or termination. While completion of this form is voluntary, failure to provide all or any part of the requested information is cause for suspension of benefit payments. The information you furnish on this form may be disclosed by Social Security to another person or to another governmental agency for the following purposes: (1) to assist Social Security in establishing the right of an individual to Social Security coverage and/or benefits; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs; and (3) to comply with Federal laws requiring the exchange of information between Social Security and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. May agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or give out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; height: 20px;"></td> <td style="width:15%; height: 20px;"></td> <td style="width:15%; height: 20px;"></td> <td style="width:15%; height: 20px;"></td> <td style="width:15%; height: 20px;"></td> <td style="width:15%; height: 20px;"></td> </tr> </table>						

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 to-day 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.

