

## 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

2.b. Is the child in a special education program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
c. Does the school make any special accommodations for the child; e.g., adaptive furniture, wheelchair ramps, extra assistance or attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If <b>"yes"</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>"yes,"</b> please provide a copy.	
3. Does the child receive any special counseling or tutoring?	
a. In school	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Outside school	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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

5. Has the child ever been tested or evaluated by any of the following agencies or organizations? If "**yes**," indicate in the space provided below the agency name, address, telephone number, record number, and the type and date of test or evaluation performed (*e.g., vision, hearing, speech, physical*).

- a. Public/Community Health Department
- b. Child Welfare/Social Services Agency
- c. Developmental Evaluation Center
- d. Mental Health/Intellectual Disability
- e. Special Needs/Crippled Children Agency
- f. Speech and Hearing Center
- g. Women, Infants, and Children (WIC) Program

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use the letter designation (*5a, 5b, etc.*) to identify the agency.

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

<div>6. Does (did) the child receive any special therapy (physical, speech and language, occupational), exercises, or any other services for his/her impairments?</div> <div>Include information about any therapy or exercises the parent, guardian or caregiver provides the child.</div>	<div><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>
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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)
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Address (Number, Street, City, State, ZIP Code)
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Person Who Prescribed/Designed Therapy
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Information about Therapy:

Therapist's Name	Telephone No. (including Area Code)
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Address (Number, Street, City, State, ZIP Code)
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Person Who Prescribed/Designed Therapy
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Information about Therapy:

7. Does (did) the child receive vocational rehabilitation services?  If "yes," describe services received below the rehabilitation counselor's information. Include dates and record number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Rehabilitation Counselor's Name	Telephone No. (including Area Code)
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Address (Number, Street, City, State, ZIP Code)

Services received:

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(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?  If "yes," please explain involvement, including testing and evaluation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Youth Development Center's Name

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

Probation or Parole Officer's Name	Telephone No. (including Area Code)
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Address (Number, Street, City, State, ZIP Code)

Involvement including any testing and evaluation:

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☐ Yes      ☐ No

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☐ Yes      ☐ No

Name

Daytime telephone number (including Area Code)

REMARKS:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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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.

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.

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.*