Form Approved OMB No. 0960-0499

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.

Chi	Child's Full Name		Social Security Number Date (month, da		
			_	-	
Info	ormant's Name	Relationship to Child		Daytime Te (including A	elephone Number Area Code)
1.	Is (was) the child cared for by and/or after school program? section.				
	Name		Address (Numl	ber, Street, C	ity, State, Zip Code)
	Telephone Number (including A	rea Code)	Dates Attended	i	
2.	a. Is (was) the child in school?	?	U	Yes 🔲 I	No
	If " yes ," and the school was (If more than one, use the '		of the SSA-38	20-F6, pleas	e show it here.
	Name		Address (Numl	ber, Street, C	ity, State, Zip Code)
	Telephone Number (including A	rea Code)	Dates Attended	i	
	Grade Level Completed		Last Teacher's	Name	

2.	b. Is the child in a special education program? -	U	Yes	No	☐ Don't Know
	c. Does the school make any special accommodati child; e.g., adaptive furniture, wheelchair ramps, assistance or attention?	extra 	Yes	□ No	☐ Don't Know
	If "yes" in 2.b. or 2.c., indicate type of program and accommodations:	d/or			ours per week the ucation program:
	 d. Do you have a copy of the child's individual educe (IEP), the report in which the teacher outlines the problems and lists the plans for correcting them? If "yes," please provide a copy. 	e child's	Yes	□ No	
3.	Does the child receive any special counseling or tut	oring?			
	a. In school	U	☐ Yes	☐ No	
	b. Outside school		☐ Yes	☐ No	
	If "yes," in 3.a. or 3.b., please indicate: (If more than one	, use the "REMA	ARKS" sectio	on.)	
	Type of Counseling, Tutoring				
	Date Began and Ended (If completed)	Frequency of \	√isits		
	Counselor's or Tutor's Name	Telephone Nu	mber (inclu	ding Area	Code)
	Address (Number and Street, City, State and Zip Cod	le)	,		
4.	Does the child or family have a child welfare, social early intervention caseworker?	services or	Yes	□ No	
If "yes," please provide the following information: (If more than one, use the "REMARKS" section.)					n.)
	Caseworker's Name	Organization			
	Address (Number and Street, City, State and Zip Code)	Telephone Nu	mber (inclu	ding Area	Code)
	File or Record Number	Date First Sav	w/Last Saw	/ Casewo	rker

a. Public/Community Health Department ————	U ☐ Yes ☐ No	
o. Child Welfare/Social Services Agency ————	U ☐ Yes ☐ No	
. Developmental Evaluation Center	U ☐ Yes ☐ No	
. Mental Health/Mental Retardation Center	U ☐ Yes ☐ No	
. Special Needs/Crippled Children Agency	U ☐ Yes ☐ No	
Speech and Hearing Center	U ☐ Yes ☐ No	
. Women, Infants and Children (WIC) Program —	U Yes No	
Use the letter designation (5a, 5b, etc.) t	o identify the agency.	

Does (did) the child receive any special therapy (physical, speech and language, occupational), exercises, or any other services for his/her impairments?		s [□ 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 DESIGNED the therapy program, the type(s) and frequency of treatmended (if completed), and where treatment was received (e.g., home, here).	ent, when	treati	ment began and
Therapist's Name	Telephone	∍ No.	(including Area Code)
Address (Number and Street, City, State and Zip Code)	· · · ·		
Person Who Prescribed/Designed Therapy			
Information about Therapy:			
Therapist's Name	Telephone ()	∍ No.	(including Area Code) -
Address (Number and Street, City, State and Zip Code)			
Person Who Prescribed/Designed Therapy			
Information about Therapy:			

7.	Does (did) the child receive vocational rehabilitation services? ——U		Yes	☐ No			
	If "yes," describe services received below the rehabilitation counselor's information. Include dates and record number.						
	Rehabilitation Counselor's Name	Teleph	none N	No. (including Area Code)			
	Address (Alivertary and Chrost City, Chata and Zin Code)	()	-			
	Address (Number and Street, City, State and Zip Code)						
	Services received:						
	(If additional space is needed, use "REMARKS	S" sect	ion.)				
8.	NOTE: PROVIDING INFORMATION ABOUT THE CHILD'S INVOLVEMENT WITH THE COURT SYSTEM IS OPTIONAL						
	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	<u> </u>					
	Address (Number and Street, City, State and Zip Code)						
	Probation or Parole Officer's Name	Teleph	none N	No. (including Area Code)			
		()	-			
	Address (Number and Street, City, State and Zip Code)						
	Involvement including any testing and evaluation:						

	-		/Girl's Club, Scouts, or sports?	Yes No			
	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 involvement ended, explain why.						
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	_						
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L		1	ongoing basis, please indicate t				
	MEDICATION DOSAGE/FREQUENCY	PRESCRIBED BY (NAME)	REASON FOR MEDICATION	DESCRIBE ANY SIDE EFFECTS			
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_							
F	How well does the me	adication(s) work?) Please evolain:				
ı	Trow won does the fix	Saloation(b) Work	т точно охрант.				
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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 and Street, City, State and ZIP Code)
	Daytime telephone number (including Area Code)
	() –
	Relationship (e.g., relative, neighbor, family friend) to the child?
RE	I :MARKS:

REMARKS (continued):
PRIVACY ACT: The information requested on this form is authorized by Section 223 and Section 1632 of the Social Security Act. The information provided will be used in making a decision on your claim. While completion of this form is voluntary, failure to

PRIVACY ACT: The information requested on this form is authorized by Section 223 and Section 1632 of the Social Security Act The information provided will be used in making a decision on your claim. While completion of this form is voluntary, failure to provide all or part of the requested information could prevent an accurate and timely decision on your claim and could result in the loss of benefits. Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal law 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. Many 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 given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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 THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213.** You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.