

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 (month, day, year)
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Informant's Name	Relationship to Child	Daytime Telephone Number (including Area Code) () -
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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 (<i>Number, Street, City, State, Zip Code</i>)
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 (<i>Number, Street, City, State, Zip Code</i>)
Telephone Number (including Area Code) () -	Dates Attended
Grade Level Completed	Last Teacher's Name