## TOE 120

## CHILD RELATIONSHIP STATEMENT

Form Approved OMB No. 0960-0116

Privacy Act/Paperwork Act Notice: The information requested by this form is authorized by Section 216(h) of the Social Security Act (42 U.S.C. 416(h)). Your response to the following questions will be used to help establish the child's relationship to the worker on whose record a claim has been filed. Completion of this form is voluntary. Failure to provide all or any part of the requested information will hinder the development of the child's claim and may result in denial of the claim. The information you furnish 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 benefits: (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., the Bureau of the Census): and (3) to comply with Federal laws requiring the exchange of information between Social Security and another agency (e.g., the General Accounting Office).

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 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 15 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. Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD

List below all children of the wage earner (hereafter referred to as the worker) for whom you are requesting benefits.    A child of the worker may be entitled to benefits if: (1) the worker was decreed by a court to be the child's parent; or (2) the worker was ordered by a court to contribute to the child's support because the child is his or her son or daughter; or (3) the worker acknowledged in writing that the child is his his or her son or daughter; or (3) the worker acknowledged in writing that the child is his prince on change the child is the child is one may that the child is into prince on change the child is a prince of the form for any comments you wish to make.  1. Was the worker ever decreed by a court to be the child's parent?  If "YES," please submit a copy of that decree or give us the name of the court and the date of the decree. (If "YES," omit items 2, 3, and 4.)  2. Was the worker ever ordered by a court to contribute to the child's support because the child was his or her son or daughter?  If "YES," please submit a copy of that decree or give us the name of the court and the date of the decree. (If "YES," omit items 3 and 4.)  If you answer "YES" to any of the questions under Item 3, submit the document if available or complete Item 4 on the reverse side of this form. If you are unsure of an answer explain in Item 4.  IN ALL CASES COMPLETE NAME AND ADDRESS BLOCK ON THE OTHER SIDE OF THIS FORM.  3. (a) Did the worker ever life an application with or make a statement to the Veterans Administration or welfare office or to any government agency in which he/she may have referred to the child was his/hers  (b) Has the worker written any letters to anyone that you know of in which he/she may have referred to the child as a son or daughter or referred to himselffherself as the child's parent   YES   NO (b) Did the worker ver list the child as a dependent on a tax return?   YES   NO (c) Did the worker ver leake a will listing the child while he/she was in military service?   YES   NO (f) Did the wo	21235-6	401.	•		_	
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is the son or daughter of the worker? (The information need not have been supplied by the worker.)	(b) (c) (d) (e) (f) (g) (h) (i)	Administration or welfare office or to stated the child was his/hers	to any government agency in which he to anyone that you know of in which he to anyone that you know of in which he to anyone that you know of in which he to anyone that you know of in which he to a family tree or other family record? . a dependent on a tax return?	e/she ne/she may have the child's parent the child a nilitary service? ha a report hospital and es at birth or	YES	NO NO NO NO NO NO NO NO
	(m)	is the son or daughter of the worker the worker.)	r? (The information need not have bee	n supplied by parent of the upport or	YES	□ NO

be w in fo	you answered "YES," to any of the questions in Item 3 identify the question (elow. For example: You should provide the names and addresses of governme where appropriate. The approximate date of the event and the surrounding circular formation should be in sufficient detail to enable us to locate the document or supplying this evidence is yours. Where more than one child is filing for beneviolence pertains.	nt agencies, doc Imstances should evidence remen	tors, hospitals, schools, etc. d be indicated. The nbering the final responsibility		
NAME	E OF PERSON COMPLETING FORM	DATE	DATE		
ADDRESS (NUMBER AND STREET OR P.O. BOX, OR RURAL ROUTE)		TELEP	TELEPHONE NO. & AREA CODE		
CITY	AND STATE	ZIP CC	DDE		
	"Other Evidence" of parentage where the child was living with or receiving appropriate times, or to uncover other sources of an acknowledgement in w				
B.	Outline all other pertinent relationship development made on this claim. (This suffices for the required RC.) When considering the status of an out-of-wedlock child, you may not disallow the child until you consider applicable State intestacy law.				
	State of Domicile:				