

PRIVACY ACT NOTICE

Section 1631(e)(1) of the Social Security Act authorizes us to collect the information requested on this form to decide if the individual(s) named can receive Supplemental Security Income (SSI) payments from us and, if so, how much. The individual or the individual's representative has given permission to us to obtain this information. You do not have to give us this information but if you do not, it may adversely affect the individual's eligibility for or amount of SSI.

The information collected on this form may be disclosed without your consent (1) to comply with a Federal law requiring the release of information from our records, or (2) to an agency needing this information to decide if the individual(s) named is (are) eligible for a health or income-maintenance program such as SSI State supplementary payments, food stamps, Medicaid, energy assistance, or unemployment insurance. Information about other disclosures of this information is published in the Federal Register and is available in local Social Security offices.

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 OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is 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.*