

**Certification of Low Birth Weight for SSI Eligibility***For SSA Use Only**Requestor**Office Address**Phone #**Fax #*

1) Child's SSN (if available) \_\_\_\_\_

2) Child's name: \_\_\_\_\_ Female ☐ Male ☐  
First Middle Surname

3) Medical record #: \_\_\_\_\_

4) Parents: Mother's name: \_\_\_\_\_  
First Maiden SurnameFather's name: \_\_\_\_\_  
First Surname

Phone # \_\_\_\_\_ Address \_\_\_\_\_

5) Hospital of birth: \_\_\_\_\_

6) Date of birth: \_\_\_\_\_

7) Weight at birth: \_\_\_\_\_ grams

8) Gestational age (GA) at birth: \_\_\_\_\_ weeks

9) Medical conditions (check all that apply):

- ☐ Cerebral white matter insult (periventricular leukomalacia, intraventricular hemorrhage (IVH) grade 3-4, or ventriculomegaly)
- ☐ Bronchopulmonary Dysplasia (BPD), also known as Chronic Lung Disease (CLD) of prematurity
- ☐ Retinopathy of Prematurity (ROP), grade 3 or greater
- ☐ Necrotizing Enterocolitis (NEC), requiring bowel resection surgery
- ☐ Other (please specify): \_\_\_\_\_

10) Date of discharge (if applicable): \_\_\_\_\_ Released to (person/facility): \_\_\_\_\_

11) Name and phone number of hospital social worker who can provide information about this child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OPTIONAL: Attach copy of admission, discharge summary, or other medical evidence.**

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*I certify that the foregoing information is accurate according to the child's medical records.*

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Physician Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Print or type name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

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**SEND THE COMPLETED FORM TO THE ADDRESS SHOWN AT THE TOP OF PAGE 1**

**Privacy Act Notice:** Sections 1614 and 1633 of the Social Security Act, as amended, and Social Security regulations at 20 C.F.R. §§ 416.931, 416.926a(m)(6) and 416.924 authorize us to collect this information. The information is needed to determine benefit eligibility of the named claimant. The information you furnish on this form is voluntary. However, failure to provide all or part of the information could prevent an accurate and timely decision on benefit eligibility of the named claimant.

We rarely use the information you supply for any purpose other than for establishing benefit eligibility. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to: (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; (4) to State agencies or other agencies providing services to disabled children; and (5) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in System of Records Notice 60-0103 (Supplemental Security Income Record and Special Veterans Benefits). The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.ssa.gov](http://www.ssa.gov) or at your local 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 10-15 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**