

Representative Payee Report

FORM APPROVED
OMB NO. 0960-0691

PAYEE'S NAME AND ADDRESS	REPORT PERIOD							SOCIAL SECURITY NUMBER	
	FROM:			TO:					
	BENEFICIARY							FP	
	ID	BIC	D	TP	CC	GS	PC	DOC	
	CF	TAA	PF	BSSN	FFS	DAA	MFA		

Please review the above address and correct if necessary.

This report is about the benefits you received for the beneficiary during the report period shown above. Please read the enclosed instructions before completing this form to help you answer each question.

1. Did the beneficiary continue to live alone, or with the same person, or in the same institution during the report period shown above? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.

YES NO

2. Benefits paid to you during the report period = \$ _____
 Benefits you reported as **saved** on last year's report = \$ _____
 Total Accountable Amount = \$ _____

A. Did you (the payee) decide how the total accountable amount was spent or saved? _____
 If NO, please explain in REMARKS on the back of this form.

YES NO

B. Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided during the report period? _____

YES NO

If YES, how much of the total accountable amount did you collect from the beneficiary for these services during the report period? _____

DOLLAR AMOUNT (NO CENTS)
 ,

C. How much of the total accountable amount did you spend for the beneficiary's food and housing during the report period? _____

,

D. How much of the total accountable amount did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items during the report period? _____

,

E. How much, if any, of the total accountable amount did you **save** for the beneficiary as of the last month in the report period? If none show zeros. _____

,

HOW TO FILL OUT THE FORM

QUESTION 1 - Beneficiary Custody Changes

Place an "X" in the "YES" box if the beneficiary continued to live alone, or with the same person, or in the same institution during the entire report period. Place an "X" in the "NO" box if different people or different institutions took care of the beneficiary during any part of the report period. Explain the change and provide the beneficiary's current address under REMARKS.

QUESTION 2 - Accounting For Benefits

The total accountable amount includes the benefits you received during the report period **plus** any benefits you reported as saved on last year's report.

A. Who Decided How Benefits Were Used?

Place an "X" in the "YES" box if **you** (the payee) decided how the benefits were spent or saved. Place an "X" in the "NO" box if the beneficiary or someone else decided how to use the money, and explain under REMARKS.

B. Did You Charge A Fee? And How Much Did You Collect?

Place an "X" in the "YES" box if you charged the beneficiary a fee for payee or guardianship services you provided during the report period and show the total amount of benefits you collected from the beneficiary. If you did not charge the beneficiary a fee, place an "X" in the "NO" box and go to 2.C. below.

C. Food and Housing

Show the total amount of benefits spent for food and housing for the beneficiary during the report period.

D. Personal Items

Show the total amount of benefits spent on clothing, medical/dental care, education, and recreational items like toys, movies, cameras, radios, candy, stationary, grooming aids, etc. during the report period. **Note:** If the beneficiary lives in an institution or other care facility, you should spend at least \$360 a year for the beneficiary's personal needs. If you spent less than \$360, explain under REMARKS.

E. Unused Benefits

Show the total amount of benefits you have saved for the beneficiary at the end of the report period, including any interest earned. Show zeroes if you did not save any of the benefits.

**QUESTION 3 -
Savings Information**

Answer this question if you showed an amount in 2E.

**A. Type Of
Account**

Place an "X" in the box which shows how you are saving the benefits. Place an "X" in the "Other" box if your method of saving the benefits is not listed.

**B. Account
Title**

Place an "X" in the box which most accurately describes the wording of the account title you have on the beneficiary's savings. Place an "X" in the "Other" box if the account title is different **or** if you have not placed the savings in any type of account.

**QUESTION 4 -
Other Savings/
Account Titles**

Answer this question only if you checked "OTHER" in 3A. or 3.B.

**A. Type Of
Account**

Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment such as mutual funds. For mutual funds, be sure to show the name of the fund in your response (e.g., "XYZ Growth" mutual fund).

**B. Title Of
Account**

Show the title of the account if the savings are in an account or other investment. Show "none" if the savings are not in an account or investment.

**5. Payee's
Signature**

Sign your name in this block. If the payee is an organization, an authorized person must sign the form. This includes the signature of those employees designated to complete the report on behalf of the payee.

**6. Relationship
To The
Beneficiary**

Show your relationship to the beneficiary. If you are the beneficiary's court-appointed legal guardian, show "legal guardian." If you represent an organization, show your job title (e.g., administrator, bookkeeper, etc.).

Your Responsibilities As Representative Payee

We appreciate your services as representative payee. As payee, you must use the Social Security and/or SSI benefits you receive for the care and well being of the beneficiary. You need to know the beneficiary's needs so that you can use the money properly.

In addition to reporting on the use of benefits, you must report any changes which may affect the beneficiary's eligibility for benefits, or the payment amount. You should report the changes as soon as possible by calling SSA at 1-800-772-1213, or by calling or writing your local SSA office. For example, you must tell us if the beneficiary:

- dies,
- moves (especially if he/she enters or leaves a hospital or other institution),
- marries,
- starts or stops working,
- is imprisoned,
- is adopted,
- no longer needs a payee, or
- you are no longer responsible for the beneficiary.

If you are payee for a child receiving SSI benefits, we may ask you for proof that the child is receiving medical treatment for his/her disabling condition. We may ask for this information at the time we review the child's case. If we do ask for this information, you must give it to us.

The Privacy Act And Paperwork Reduction Act Statements

We are required by sections 205(j) and 631(a) of the Social Security Act to ask you to complete this report. The information you provide enables SSA to account for the beneficiary's payments, and ensures that beneficiary needs are being met. If you do not complete and return this report, we may not be able to continue sending the beneficiary's payments to you.

The law sometimes requires us to give out the facts on this form without your consent. The information must be released to another person or government agency if Federal law requires the information for research and audits in order to administer or improve our representative payee program.

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.

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 necessary facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235. Send only comments relating to our time estimate to this address, not the completed form.*

If You Have Any Questions

If you have any questions, please call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please use the 800 number and we will give you the address and telephone number of the office nearest you. Please take this report with you if you visit an office.