

# Social Security Administration Representative Payee Report

## Why You Received This Form

We must regularly review how representative payees used the benefits they received on behalf of the Social Security and/or Supplemental Security Income (SSI) beneficiaries. We do this to ensure the benefits are used properly.

When you or your organization was appointed representative payee, you were informed of the duties and responsibilities of a representative payee, including keeping records and reporting on the use of benefits. You should use these records to answer the questions on the enclosed reporting form. You must complete this form if you received any Social Security and/or SSI payments during the 12-month report period shown on the form. You must also complete the form if you wish to continue to receive payments for another person. It is called Representative Payee Report, SSA-6234-OCR-SM.

You should keep these records (e.g., bank statements and canceled checks, receipts for rent, etc.) for two years from the time you complete the form. Do not submit any records with the completed form. If we have any questions or require proof, we will contact you.

## What You Need To Do

Please read the instructions below before completing the form. **Then complete the form and send it to us in the enclosed envelope within 30 days.**

## General Instructions

To help us process your report, please follow these instructions:

1. Use black ink or a #2 pencil.
2. Keep your numbers and "X's" inside the boxes.
3. Do not use dollar signs.
4. Show money amounts in dollars only. Do not show cents.  
For example, show \$1,540.70 like this:

DOLLAR AMOUNT

		1	,	5	4	0
--	--	---	---	---	---	---

5. Use the REMARKS section on the back of the form to provide additional information as requested.
6. Review the payee mailing address and correct if necessary.
7. Print relationship or job title in the boxes provided using capital letters. For example, print "Administrator" like this:

A	D	M	I	N	I	S	T	R	A	T	O	R		
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

*IF YOU CHANGE THE PAYEE,  
MAILING ADDRESS TO A PO BOX,  
SHOW THE PAYEE'S  
ACTUAL PHYSICAL  
ADDRESS IN  
REMARKS*

8. Be sure you, the representative payee, sign the form.

## Some Definitions To Help You

**Benefits** - The Social Security and/or SSI money that you receive.

**Payee** - You. The person or organization (e.g., institution, agency) that receives Social Security and/or SSI benefits for someone else.

**Beneficiary** - The person for whom you receive Social Security and/or SSI benefits.

**Legal Guardian** - The person or organization appointed by a State court to manage the affairs of a beneficiary.

**Fees** - Money collected from a beneficiary for payee or guardianship services.

**Report Period** - The 12-month period shown on the report for which you must account for the benefits you received.

**Total Accountable Amount** - The amount of benefits paid to you during the report period plus any amount you reported as saved on last year's report.

---

## 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 2.E.

**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 3.A. 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.).

JOB TITLE

## 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 1631(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.

IF YOU ARE NO LONGER PAYEE FOR THE BENEFICIARY, YOU MUST RETURN ANY SOCIAL SECURITY FUNDS YOU HAVE SAVED TO SSA.

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. *YOU MAY ALSO VISIT OUR WEBSITE AT WWW.SOCIALSECURITY.GOV*

6234



# Representative Payee Report

Social Security Administration, P.O. Box 6234, Wilkes-Barre, PA 18767-6234

FORM APPROVED  
OMB NO. 0960-0691

PAYEE'S NAME AND ADDRESS

REPORT PERIOD

SOCIAL SECURITY NUMBER

FROM:

TO:

BENEFICIARY

FP

ID

BIC

D

TP

OC

GS

PC

DOC

CF

TAA

FP

BSSN

FFS

DAA

MFA



If change of address [correct and] check box  ADD ENTER NEW ADDRESS ON BACK OF REPORT

This report is about the benefits you received between \_\_\_\_\_ and \_\_\_\_\_ for the beneficiary, \_\_\_\_\_ . Please read the enclosed instructions before completing this form to help you answer each question.

<p><b>1.</b> Did the beneficiary continue to live alone, or with the same person, or in the same institution from _____ to _____ ? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.</p>	<p><b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
<p><b>2.</b> Benefits paid to you between _____ and _____ = \$ _____ Benefits you reported as saved on last year's report. = \$ _____ 0</p>	
<p>Total Accountable Amount = \$ _____</p>	<p><b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
<p><b>A.</b> Did you (the payee) decide how the \$ _____ was spent or saved? → If NO, please explain in REMARKS on the back of this form.</p>	<p><b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
<p><b>B.</b> Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided between _____ and _____ ? →</p>	<p><b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
<p>If YES, how much of the \$ _____ did you collect from the beneficiary for these services between _____ and _____ ? →</p>	<p><b>DOLLAR AMOUNT (NO CENTS)</b> [ ][ ] , [ ][ ][ ]</p>
<p><b>C.</b> How much of the \$ _____ did you spend for the beneficiary's food and housing between _____ and _____ ? →</p>	<p>[ ][ ][ ] , [ ][ ][ ][ ]</p>
<p><b>D.</b> How much of the \$ _____ did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between _____ and _____ ? →</p>	<p>[ ][ ][ ] , [ ][ ][ ][ ]</p>
<p><b>E.</b> How much, if any, of the \$ _____ did you save for the beneficiary as of _____ ? If none, show zeros. →</p>	<p>[ ][ ][ ] , [ ][ ][ ][ ]</p>

6234B



BOXES WILL BE SPACED EVENLY FOR SSA USE ONLY  
ATT[PC]  MARK  [WBDOC]   
UNDI  [FO ASSISTANCE]  OTH   
*518*  
*10/6/82*

**3.** If you showed an amount in 2.E. (front page), place an "X" in the boxes below to show how you are saving the benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT					B. TITLE OF ACCOUNT		
Savings/Checking Account	U.S. Savings Bonds	Certificates of Deposit	Collective Savings/Checking Account	Other	Beneficiary's Name by Your Name	Your Name for Beneficiary's Name	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*TRAVELER BILLS*

*← BOXES WILL BE SPACED EVENLY →*

*ANSWER THIS QUESTION ONLY IF YOU ANSWERED "OTHER" IN 3.A. OR 3.B. ABOVE.*

**4.** If you answered "Other" in 3.A. or 3.B. above, show the type of account or investment, or the title of the account in which the benefits are saved.

A. TYPE OF ACCOUNT	B. TITLE OF ACCOUNT

REMARKS

NEW ADDRESS

*3 LINES SET ASIDE FOR NEW ADDRESS*

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

<b>5.</b> PAYEE'S SIGNATURE	<b>7.</b> DATE
<b>6.</b> PRINT RELATIONSHIP TO BENEFICIARY OR JOB TITLE	<b>8.</b> DAYTIME TELEPHONE NUMBER(S) <i>(Include area code and extension)</i>
<input type="text"/>	Area Code <input type="text"/> Extension <input type="text"/>