

**Expanded Monitoring Program
Site Review - Beneficiary Interview Form**

Beneficiary Name and Telephone Number: _____

Beneficiary SSN/Claim Number: _____

Beneficiary Residence Address: _____

Payee Name and Address: _____

The following questions should be asked of the beneficiary or custodian:

1. Has the payee been paying your bills on time? []Yes []No If NO, please explain _____

2. Is the payee responsive to your needs? []Yes []No If NO, please explain _____

3. Have you ever asked the payee for money for a specific purchase and been denied? []Yes []No If YES, what was it that you needed? _____

4. Have you ever asked the payee if you had any money saved and how much? []Yes []No If YES, did the payee give you an answer? _____

5. If you need to get in touch with the payee, do you know how to do this? []Yes []No If YES, did you have to wait a long time for the payee to contact you? _____

6. Are you having any problems with the payee? []Yes []No If YES, please explain _____

• **Note to Interviewer** – Were any large or unusual expenses detected in the accounting review? If so, record and confirm here _____

REMARKS: _____

Interviewer’s Name and Telephone Number	Date of Interview:

Privacy Act Statement

Sections 205(j) and 1631(a) of the Social Security Act allow us to collect the information requested on this form. The information you provide will allow the Social Security Administration to monitor the performance of your representative payee. You do not have to give us this information. However, without the information, we will not be able to determine the performance of your payee and payment of your benefits may be affected.

Sometimes the law requires us to give out the facts you provide during this interview without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audit needed to administer or improve our representative payment program.

We may also use this information 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 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 clearance requirements of 44 U.S.C. section 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0633. We estimate that it will take you about 10 minutes to answer a few questions about the services provided to you by your representative payee.