

**Expanded Monitoring Program
Site Review Questionnaire for Volume Payees
(Do not use for fee-for-service payees)**

Date of Review: _____ Field Office: _____

Payee/Organization Name and Address: _____

Name, title and phone number of organization's primary contact: _____

1. What type of payee/organization is this? _____

2. Number of people on your staff? _____

3. Number of SSA beneficiaries you serve? _____

4. Has the organization been independently audited within the last 2 years? Yes No

If "YES", can the organization provide the review team with a copy of the financial portion and recommendations of the audit report? Yes No

If "NO", please explain. _____

5. Do you carry any type of employee dishonesty bond/insurance? Yes No

If "YES", in what amount? _____

6. How often and under what circumstances do you see/speak to the beneficiaries? _____

7. Do you ever disburse money directly to the beneficiary? Yes No
If "YES", under what circumstances (frequency, amounts, etc.)? _____

8. Do you take an active interest in assisting the beneficiary (i.e., seeking medical help, finding suitable housing)? Yes No
If "YES", please describe. _____

9. Do you attempt to negotiate the best deals from landlords, grocers, banks, etc.? Yes No
If "YES", please describe. _____

10. Are benefits received via direct deposit? Yes No

11. Does the payee/organization hold the beneficiaries' funds in:
 individual savings/checking accounts
 collective savings/checking accounts

12. Does the account earn interest and is the beneficiary credited with the interest earned? Yes No
If "YES", please explain how the interest is credited. _____

13. Are you holding conserved funds in another account or by another method? Yes No

If "YES", please explain whether the conserved funds are in a burial account, mutual funds, property, etc. _____

14. Were you required by SSA to establish a "dedicated" account for a minor child receiving SSI benefits? Yes No

A. Do you continue to maintain funds in a dedicated account? Yes No

Note to Review Team: If payee maintains a dedicated account and the SSN was not included in the review sample, ask the payee to provide a list of SSI beneficiaries with dedicated accounts and review at least 1 case.

B. Were expenditures for medical treatment, or education or job skills training? Yes No

If "NO", please explain. _____

15. Did you receive any past-due (retroactive) benefits which were used to pay a past debt owed to you? Yes No

If "YES", please explain if SSA approval was obtained. _____

16. Describe the accounting system used to monitor individual beneficiaries' funds (paper ledgers, computer program). _____

17. Are the accounting records retrievable, orderly and clear? Yes No

If "NO", please describe. _____

18. Are the records accurate and up-to-date? Yes No

If "NO", please describe. _____

19. What process is used to report when someone is no longer in your care? _____

20. Any assistance/problems you need resolved by SSA? _____

REMARKS/OBSERVATIONS: _____

Reviewer's Name and Telephone Number	Date of Review

Total number of FO hours to perform review: _____

Privacy Act Statement

Sections 205(j) and 1631(a) of the Social Security Act allow us to collect the information requested on this questionnaire. The information you provide will allow the Social Security Administration to monitor your performance as a representative payee. You do not have to give us this information. However, without the information, we will not be able to determine if you are carrying out your representative payee duties and responsibilities and you may no longer serve as a representative payee.

Sometimes the law requires us to give out the facts you provide during the site review 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 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 (OMB) control number. The OMB control number for this collection is 0960-0633. We estimate that it will take about 1 hour to provide us with the information relative to the organization and the functions it performs as representative payee for Social Security and Supplemental Security Income beneficiaries. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address.***