SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0069

# REPRESENTATIVE PAYEE EVALUATION REPORT

| TP | CC | GS | NAM |
|---|---|---|---|

| TYA | MBA | CF |
|---|---|---|

| BENEFICIARY'S NAME | SOCIAL SECURITY NUMBER |
|---|---|

____ ____ ____ / ____ ____ / ____ ____ ____ ____

| PAYEE'S NAME | REPORT PERIOD |
|---|---|
| | From: |
| PAYEE'S ADDRESS | To: |

| CITY AND STATE | ZIP CODE | PHONE NUMBER (Include area code) |
|---|---|---|

## PART I    INFORMATION FROM PAYEE

**1.  GUARDIANSHIP STATUS**

Is legal guardianship now in effect? _____ ➤    ☐ YES    ☐ NO

If yes, show guardian's name and address below (if other than payee).

| GUARDIAN'S NAME | GUARDIAN'S ADDRESS |
|---|---|

**2.  CUSTODY**

(a) Did the beneficiary live alone or with someone other than the payee? _____ ➤    ☐ YES    ☐ NO

If yes, answer 2(b). If no, skip to item 4.

(b) Show below where the beneficiary lived. Show the relationship of the custodian to the beneficiary, the dates of residence and the reason for any change in custody.

| NAME | ADDRESS | RELATION-SHIP | DATES OF RESIDENCE | REASON FOR CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |

**3.  DEMONSTRATION OF CONCERN**

(a) How did the payee learn of the beneficiary's needs?

(b) Did the payee maintain contact with the beneficiary? If yes, show type of contact (visits, phone, letters) and frequency. If no, explain. _____ ➤    ☐ YES    ☐ NO

(c) Did the payee provide the beneficiary with funds for personal spending? If yes, show to whom the funds were given (e.g., directly to the beneficiary, the custodian). If no, show why not. _____ ➤    ☐ YES    ☐ NO

3/5/2007

PART I (continued)

**4. (cont.)**

| | |
|---|---|
| (c) Amount used for beneficiary's clothing. → | AMOUNT $ |
| (d) Amount used for beneficiary's personal expenditures. If less than $360, explain in remarks. → | AMOUNT $ |
| (e) Amount used for other than items (b) through (d) above. (Exclude savings.) Explain in remarks. → | AMOUNT $ |
| (f) Total amount of benefits used. → | TOTAL AMOUNT $ |
| (g) Did the payee record expenditures (receipts, cancelled checks, etc.)? → | ☐ YES    ☐ NO |

**5. CONSERVED FUNDS**

| | |
|---|---|
| (a) Total amount of conserved funds. Subtract item 4(f) from TYA and add conserved funds from prior years. → | AMOUNT $ |

(b) How are conserved funds held?

☐ CASH          ☐ U.S. SAVING BONDS          ☐ OTHER (explain)

☐ CHECKING ACCOUNT          ☐ SAVINGS ACCOUNT          _____

(c) HOW ARE CONSERVED FUNDS TITLED?

| TYPE OF HOLDING | TITLE OR OWNERSHIP | NAME AND ADDRESS OF BANK | ACCOUNT NUMBER |
|---|---|---|---|
| | | | |
| | | | |

(d) Are the funds mingled with funds of another person(s)?

☐ YES     ☐ NO

If yes, answer (e).

(e) Are funds clearly recorded as belonging to the beneficiary?

☐ YES          ☐ NO

**6. OTHER INCOME**

(a) Did the beneficiary have other income which affects the entitlement to or use of Social Security benefits? →

☐ YES     ☐ NO

If yes, answer (b) and (c).

(b) Type Of Other Income

☐ WORKMEN'S COMPENSATION          ☐ VA BENEFITS

☐ OTHER (Explain)          ☐ PUBLIC ASSISTANCE (Explain)

(c) Is there a payee for other income? →

☐ YES          ☐ NO

If yes, show name and address of payee below.

| NAME OF PAYEE | ADDRESS OF PAYEE |
|---|---|
| | |

**7. OTHER INFORMATION**

Has the payee ever been convicted of a crime considered to be a felony? →

☐ YES          ☐ NO

If yes, explain in remarks.

**8. REMARKS**

## PART II   INFORMATION FROM BENEFICIARY

**1.  ALL CUSTODY SITUATIONS**

(a) Is the beneficiary aware of entitlement to Social Security benefits?

☐ YES          ☐ NO

(b) Did the beneficiary participate in decisions on expenditures?

☐ YES          ☐ NO

(c) Did the beneficiary receive funds for personal spending?

☐ YES          ☐ NO

(d) Were any large purchases made for the beneficiary?

☐ YES          ☐ NO

(e) Does the beneficiary have any unmet needs?

☐ YES          ☐ NO

If yes, explain. ⟶

EXPLANATION

(f)  Did the beneficiary live with someone other than the payee?

☐ YES          ☐ NO

If yes, answer 2. below.

(g) Did the beneficiary live alone?

☐ YES          ☐ NO

If yes, answer 2. and 3. below.

**2.  BENEFICIARY NOT IN PAYEE'S CUSTODY**

(a) Did the payee maintain contact with the beneficiary?

☐ YES          ☐ NO

If yes, show type of contact (visit, phone, letters) and frequency. If no, explain.

(b) Did anyone other than the payee demonstrate concern for the beneficiary?

☐ YES          ☐ NO

If yes, show who and type and frequency of contacts.

**3.  BENEFICIARY LIVED ALONE**

(a) Was the beneficiary responsible for his/her maintenance expenses? (Rent, utilities)

☐ YES          ☐ NO

(b) Did the beneficiary purchase his/her food and clothing?

☐ YES          ☐ NO

**4.  OTHER INFORMATION**

Have any suspension or termination events occurred (e.g., marriage of child beneficiary)? ⟶

☐ YES          ☐ NO

(If yes, explain in remarks)

**5.  REMARKS**

# PART III   INFORMATION FROM CUSTODIAN

| CUSTODIAN'S NAME | ADDRESS | PHONE (Include area code) |
|---|---|---|
| | | |

## 1. PAYEE AND CUSTODIAN ARE NOT THE SAME PERSON OR ORGANIZATION

(a) Did the beneficiary live with the custodian during the entire report period? 
☐ YES   ☐ NO
If no, show other custodians if known.

(b) Who would the custodian notify in cases of emergency?

(c) Was a charge made for care and maintenance of the beneficiary? If yes, show the amount paid by the payee. 
☐ YES   ☐ NO
Amount $ _____

(d) Did the payee demonstrate personal concern for the beneficiary? 
☐ YES   ☐ NO
If yes, explain below.

| FREQUENCY OF VISITS | PROVIDES CLOTHING | GIFTS | OTHER (Specify) |
|---|---|---|---|
| | ☐ YES ☐ NO | ☐ YES ☐ NO | |

(e) Did the payee contribute money for the beneficiary's personal use? If yes, show the amount contributed by the payee. 
☐ YES   ☐ NO
Amount $ _____

(f) Does the custodian hold and control the beneficiary's personal use funds? 
☐ YES   ☐ NO
If yes, answer (g).

(g) Are the beneficiary's funds mingled with funds of other persons? 
☐ YES   ☐ NO
If yes, are the funds clearly designated as the beneficiary's?
☐ YES   ☐ NO

## 2. ALL CUSTODIANS

Were any group purchases made?
☐ YES   ☐ NO
If yes, were the purchases approved by SSA?
☐ YES   ☐ NO

## 3. REMARKS

# PART IV   EVALUATION AND ACTION TAKEN