

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	
PAYEE'S ADDRESS		From:	
CITY AND STATE		ZIP CODE	PHONE NUMBER (Include area code)
		To:	

PART I INFORMATION FROM PAYEE

1. GUARDIANSHIP STATUS

Is legal guardianship now in effect? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> 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? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> 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	RELATIONSHIP	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. _____ →	<input type="checkbox"/> YES <input type="checkbox"/> 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. _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO

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.)? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> 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?	
<input type="checkbox"/> CASH	<input type="checkbox"/> U.S. SAVING BONDS
<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT
<input type="checkbox"/> OTHER (explain) _____	

(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)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, answer (e).	(e) Are funds clearly recorded as belonging to the beneficiary? <input type="checkbox"/> YES <input type="checkbox"/> NO
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6. OTHER INCOME

(a) Did the beneficiary have other income which affects the entitlement to or use of Social Security benefits? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, answer (b) and (c).
(b) Type Of Other Income	
<input type="checkbox"/> WORKMEN'S COMPENSATION	<input type="checkbox"/> VABENEFITS
<input type="checkbox"/> OTHER (Explain)	<input type="checkbox"/> PUBLIC ASSISTANCE (Explain)

(c) Is there a payee for other income? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> 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? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in remarks.
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8. REMARKS

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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

EXPLANATION

If yes, explain. →

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

(a) Did the beneficiary live with the custodian during the entire report period? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, show other custodians if known.
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(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. _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____
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(d) Did the payee demonstrate personal concern for the beneficiary? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain below.
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FREQUENCY OF VISITS	PROVIDES CLOTHING <input type="checkbox"/> YES <input type="checkbox"/> NO	GIFTS <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER (Specify)
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(e) Did the payee contribute money for the beneficiary's personal use? If yes, show the amount contributed by the payee. _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____
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(f) Does the custodian hold and control the beneficiary's personal use funds? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, answer (g).
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(g) Are the beneficiary's funds mingled with funds of other persons? <input type="checkbox"/> YES <input type="checkbox"/> NO →	If yes, are the funds clearly designated as the beneficiary's? <input type="checkbox"/> YES <input type="checkbox"/> NO
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2. ALL CUSTODIANS

Were any group purchases made? <input type="checkbox"/> YES <input type="checkbox"/> NO →	If yes, were the purchases approved by SSA? <input type="checkbox"/> YES <input type="checkbox"/> NO
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3. REMARKS

PART IV EVALUATION AND ACTION TAKEN
