

REPRESENTATIVE PAYEE EVALUATION REPORT

REPORT PERIOD FROM: _____ TO: _____		RR EMPLOYEE'S NAME _____		
CURRENT RATE _____	TOTAL YEARLY AMOUNT _____	RRB CLAIM NUMBER _____	SYMBOL _____	PREFIX _____
PAYEE'S NAME _____		EE'S CLAIM NUMBER _____		
PAYEE'S PHONE NUMBER (_____) _____		ANNUITANT'S NAME _____		

We estimate this form takes between 24 and 31 minutes per response to complete, including the time for reviewing the instructions, getting the needed data and reviewing the completed form. If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form including suggestions for reducing completion time to: Chief of Information Resources Management, Railroad Retirement Board, 844 N Rush St, Chicago IL 60611-2092.

PART I – INFORMATION FROM PAYEE

DATE CONTACTED _____	PAYEE'S ADDRESS _____
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1. GUARDIANSHIP STATUS

(a) Does the annuitant now have a legal guardian? Yes **Complete 1 (b)** No **Go to 2**

(b) Guardian's Name _____	Guardian's Address _____	Guardian's Phone Number (_____) _____ - _____
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2. CUSTODY

(a) Did the annuitant live alone or with someone other than the payee throughout the report period? Yes **Complete 2 (b) and 3** No **Go to 4**

(b) Name of Custodian	Address of Custodian	Relationship to Annuitant	Dates of Residence	Reason for Change

3. DEMONSTRATION OF CONCERN

(a) How did the payee learn of the annuitants needs?

(b) Did the payee maintain contact with the annuitant? Yes **Show type of contact and frequency:** No Explain

<input type="checkbox"/> Visits	_____	_____
<input type="checkbox"/> Phone	_____	_____
<input type="checkbox"/> Letters	_____	_____

(c) Did the payee provide the annuitant with funds for personal spending? Yes **Show to whom funds were given:** No Explain

<input type="checkbox"/> Directly to annuitant	_____	_____
<input type="checkbox"/> To custodian	_____	_____
<input type="checkbox"/> _____	_____	_____

4. USE OF BENEFITS

(a) Has the payee turned over checks or the full amount of the payments to another party? Yes **Show to whom funds were given:** No

<input type="checkbox"/> Directly to annuitant	_____	_____
<input type="checkbox"/> To custodian	_____	_____

(b) Has the payee used any of the railroad retirement benefits for his/her own use? Yes Amount used: _____ No Explanation of use: _____

(c) What dollar amount was used for the annuitant's care and maintenance? \$ _____

(d) Was this dollar amount paid to another party? Yes **Show to whom:** _____ No

PART II - INFORMATION ABOUT ANNUITANT

DATE CONTACTED

1. ALL CUSTODY SITUATIONS

- (a) Is the annuitant aware of entitlement to railroad retirement benefit? Yes No
- (b) Did the annuitant participate in decisions on expenditures? Yes No
- (c) Did the annuitant receive funds for the annuitant? Yes No
- (d) Were any large purchases made for the annuitant? Yes No
- (e) Does the annuitant have any unmet needs? Yes Explain in REMARKS No
- (f) Does the annuitant live with someone other than the payee? Yes **Go to 2** No
- (g) Does the annuitant live alone? Yes **Go to 2 and 3** No Conclude Interview

2. ANNUITANT NOT IN PAYEE'S CUSTODY

- (a) Did the payee maintain contact with the annuitant? Yes **Show type of contact and frequency.**

 No Explain in REMARKS
- (b) Did anyone other than the payee show concern for the annuitant? Yes **Identify individual, type of contact and frequency in REMARKS.**
 No

3. ANNUITANT LIVED ALONE

- (a) Who was responsible for maintenance expenses such as rent and utilities? Annuitant
 Payee
 Other _____
- (b) Who purchased the annuitants food and clothing? Annuitant
 Payee
 Other _____

4. REMARKS (Continue on a separate sheet of paper if necessary)

PART III - INFORMATION FROM CUSTODIAN

DATE CONTACTED	CUSTODIAN'S NAME	ADDRESS	PHONE NUMBER (_____) _____
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1. CUSTODIAN NOT THE PAYEE

- (a) Did the annuitant live with the custodian during the entire report period? Yes **Complete 1 (e)**
 No **Complete 1 (b), (c), and (d)**
- (b) Identify the other known custodians.
- | | | |
|------|---------|--------------|
| Name | Address | Phone Number |
|------|---------|--------------|
- (c) When did the annuitant begin living with the custodian? _____

PART III (Continued)

1. CUSTODIAN NOT THE PAYEE (continued)

(d) Why was the annuitant's custody changed?

(e) Whom would the custodian notify in cases of emergency? Payee Other _____ Explain in REMARKS

(f) Did the custodian change for the care and maintenance of the annuitant? Yes \$ _____ No

(g) Did the payee show personal concern for the annuitant? Yes Visits. How frequently? _____ Providing clothing Other _____ No

(h) Did the payee provide money for the annuitant's personal use? Yes \$ _____ No

(i) Does the custodian hold and control the annuitant's personal use funds? Yes Go to 1 (j) No

(j) Are the annuitant's funds mingled with the funds of other persons? Yes Go to 1 (k) No

(k) Are the funds clearly designated as the annuitant's? Yes No

2. REMARKS (continue on a separate sheet of paper if necessary)

Paperwork Reduction/privacy Act Notice

Federal agencies may not collect or sponsor and respondents are not required to respond to a collection of information unless it displays a valid OMB number. This notice is given under the Paperwork Reduction Act of 1980 and the Privacy Act of 1974. The information requested on this form is used by the Railroad Retirement Board (RRB) to conduct an accounting of your performance as a representative payee for the report period shown on the front of this form. The RRB's authority for requesting this information is Section 7 (b) (6) of the Railroad Retirement Act of 1974.

Please complete and return this form in the enclosed envelope within 15 days. Your obligation to provide the requested information is voluntary. However, your failure to respond may result in a suspension of benefit payments or, ultimately, your removal as a representative payee.

The information you provide on this form may be disclosed without your approval to the individual or institution you identified in question number one. Such information may also be disclosed without your approval to the General Accounting Office for audits, to the Justice Department for collecting overpayments owed to the RRB or the Social Security Administration, to law enforcement agencies and in court proceedings.

A complete listing of the persons, organizations and agencies to which the information you have may be released is available at any office of the RRB, if you wish to see it.

PART IV – CERTIFICATION

I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or withholding information to cause payment of benefits by the RRB, I affirm that to the best of my knowledge, the information I have given is true, complete and correct.

PAYEE SIGNATURE _____ DATE _____

RELATIONSHIP TO ANNUITANT _____

CUSTODIAN SIGNATURE _____ DATE _____

PART V – EVALUATION AND ACTION TAKEN

(continue on a separate sheet of paper if necessary)

SIGNATURE AND TITLE

FIELD OFFICE

DATE