REPRESENTATIVE PAYEE EVALUATION REPORT										
REPORT PERIOD				RR EMPLOY	RR EMPLOYEE'S NAME					
FROM: TO:										
CURRE	ENT RATE	TOTAL	YEARLY AMOUNT	RRB CLAIM NUMBER	SYMBOL F	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.										
		F	PART I – INFO	DRMATION FRO	M PAYEE					
DATE C	CONTACTED	PAYEE'S ADD	RESS							
1. GL	JARDIANSHIP STATI	US						·		
(a)	Does the annuitant	now have a le	gal guardian?	☐ Yes C	omplete 1 (b))	No Go to 2	2		
(b) Guardian's Name			Guardian's Addre		Guardian's Phone Number					
2. CU	STODY					\				
(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										
			Address of Custo	Relationship to Annuitant		Dates of Residence	Reason for Change			
3. DE	MONSTRATION OF	CONCERN					<u>-</u>			
(a) How did the payee learn of the annuitants needs?										
(b) Did the payee maintain contact with the annuitant?		☐ Yes Show type of contact☐ Visits		and frequency:		☐ No Explain				
			☐ Phone☐ Letters	☐ Phone						
(c) Did the payee provide the annuitant with funds for personal spending?			_	-			□ No E	xplain		
			☐ Directly to annuitant ☐ To custodian ☐							
4. USE OF BENEFITS										
(a) Has the payee turned over				annuitant	o whom funds were given:					
(b)	has the payee used any of the railroad retirement benefits									
(c)	(c) What dollar amount was used for the annuitant's care and maintenance?									
(d)	Was this dollar amou	unt paid to	☐ Yes Sho	w to whom:				_ No		

4. USE OF BENEFITS (contin	ued)								
(e) What amount was used If less than \$20, or more			\$						
(f) What amount was used personal spending? If le		-	\$	-					
(g) Excluding savings, what expenditures other than personal spending?			\$	Explain:					
porocrial operating:			Total amount [add (c) through (g						
(h) Total amount of benefits	used		\$						
(i) Did the payee record exp checks, etc.)?	penditures (recei	pts, cancelled	Yes Verify any unusual or e	Yes Verify any unusual or expensive purchases.					
5. CONSERVED FUNDS									
(a) Show the total amount of	f conserved fund	ls	\$						
(b) Show the total amount of	f conserved fund	s							
Cash Chacking account		U.S. Savings E							
(c) How are conserved funds	a decimate do	Savings Accou	nt <u> </u>						
TYPE OF HOLDING		TRATION	NAME AND ADDRESS OF BANK	ACCOUNT NUMBER					
THE OF HOLDING	. REGIS	TRATION	NAME AND ADDRESS OF BANK	ACCOUNT NOMBER					
(d) Are the funds mingled wi	th the funds of a	nother person?	☐ Yes Complete 5 (e) 🔲 No Goto6					
(e) Are the funds clearly reco	orded as belongii	ng to the annuitan	t?						
6. OTHER INCOME		-							
(a) Did the annuitant have other income which affects entitlement to or use of railroad retirement benefits? Yes Complete 6 (b) and (c) No Go to 7									
(b) Show the types of other income.									
•	☐ Worker's Compensation☐ VA Benefits☐ SS Benefits☐ Public assistance (Explain)☐ Other (Explain)								
(c) Is there another payee fo	(c) Is there another payee for other income?								
(d) Name of Other Payee	Addr	ess		Phone Number					
				(
7. FELONY/MISDEMEANOR C	ONVICTIONS								
Has the payee been convicted of felony, or misdemeanor offense(s) under the statutes administered by the RRB or SSA, within the past fifteen years or are charges for such offenses(s) currently pending in a court of law? Yes Answer questions 7 (a) through (e) below No									
(a) What were the offenses for which you were convicted?									
(b) On what date(s) were you convicted?									
(c) What was/were your sentences(s)?									
(d) If imprisoned, when were you released?									
(e) If probation was ordered, when did or will the probation end?									
(f) If charges are currently pending, please give the location of the court in which the charges are pending, and the court docket number, if known.									
8. REMARKS (Continue on a separate sheet of paper if necessary)									
<u> </u>									
				<u></u>					

PART II - INFORMATION ABOUT ANNUITANT										
DATE CONTACTED										
1. ALL CUSTODY SIT	UATIONS									
(a) Is the annuitant	aware of entitlement to railroad retire	ement bene	efit?	Ċ	Yes	ū	No			
(b) Did the annuitar	nt participate in decisions on expendi	tures?		ū	Yes	ū	No			
(c) Did the annuitar	nt receive funds for the annuitant?			ū	Yes	ū	No			
(d) Were any large	purchases made for the annuitant?				Yes	ū	No			
(e) Does the annuit	(e) Does the annuitant have any unmet needs?				Yes	Explain in	REMARKS		☐ No	i
(f) Does the annuit	ant live with someone other that the	payee?			Yes	Go to 2		No		
(g) Does the annuit	ant live alone?				Yes	Go to 2 aı	nd 3 🔲	No	Conc Interv	
2. ANNUITANT NOT IN	N PAYEE'S CUSTODY									
(a) Did the payee m	aintain contact with the annuitant?		Yes No	0 -			and freque			
(b) Did anyone othe concern for the a		Yes No	Identify	/ indi	-	e of contac	ct			
3. ANNUITANT LIVED	ALONE									
(a) Who was responsible for maintenance expenses such as rent and utilities?				Ann Pay Othe	ee					
(b) Who purchased the annuitants food and clothing?				☐ Ann ☐ Pay ☐ Othe	ee	t 				
4. REMARKS (Continue on a separate sheet of paper if necessary)										
PART III - INFORMATION FROM CUSTODIAN										
DATE CONTACTED	CUSTODIAN'S NAME		Αľ	DDRESS			PHO \	NE NU	JMBER 	
1. CUSTODIAN NOT T	LE DAVEE						<i></i> / -			
(a) Did the annuitant live with the custodian during the entire report period? Yes Complete 1 (e) Complete 1 (b), (c), and (d)										
(b) Identify the other known custodians.										
Name Address Phone Number					nber					
(c) When did the and living with the cu										

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?								
(g) Did the payee show personal concern for the annuitant?	Providing clothing	w frequently?						
(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							
2. REMARKS (continue on a separate sheet of paper if necess	_							
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 SIGNATURERELATIONSHIP TO ANNUITANT		 -						
CUSTODIAN SIGNATURE DATE DATE PART V — EVALUATION AND ACTION TAKEN								
(continue on a separate sheet of paper if necessary)								
SIGNATURE AND TITLE	FIELD OFFICE	DATE						