

PROPOSED

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 aspect 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 _____

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 annuitant's needs? _____

(b) Did the payee maintain contact with the annuitant? Yes - *Indicate* Show type of contact and frequency No - *Explain why NOT.*

Ident Visits _____ Phone _____ Letters _____

(c) Did the payee provide the annuitant with funds for personal spending? Yes - *Indicate* Show to whom funds were given No - *Explain why NOT.*

Ident Directly to Annuitant _____ To Custodian _____ Other: _____

4. USE OF BENEFITS

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

Ident Directly to annuitant _____ 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 - *Enter* to whom: _____ No

4. USE OF BENEFITS (continued)

(e) What amount was used for the annuitant's clothing? If less than \$20, or more than \$300, explain. \$ _____

(f) What amount was used for the annuitant's personal spending? If less than \$300, explain. \$ _____

(g) Excluding savings, what amount was used for expenditures other than maintenance, clothing and personal spending? \$ _____ Explain: _____

(h) Total amount of benefits used. Total amount [add (c) through (g)] \$ _____

(i) Did the payee record expenditures (receipts, cancelled checks, etc.)? Yes - Verify any unusual or expensive purchases. No - Explain importance of record keeping.

5. CONSERVED FUNDS

(a) ^{Enter} Show the total amount of conserved funds \$ _____

(b) ^{How ARE} Show the total amount of conserved funds held? Cash U.S. Savings Bonds Other: Checking account Savings Account

(c) How are conserved funds designated?

TYPE OF HOLDING →	REGISTRATION	NAME AND ADDRESS OF BANK	ACCOUNT NUMBER
<i>WMA</i>			
<i>WMA</i>			
<i>WMA</i>			

(d) Are the funds mingled with the funds of another person? Yes - Complete 5 (e) No - Go to 6.

(e) Are the funds clearly recorded as belonging to the annuitant? Yes No

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 6.

(b) ^{Indicate} Show the types of other income. Worker's Compensation VA Benefits SS Benefits Public assistance (Explain) Other (Explain) _____

(c) Is there another payee for other income? Yes Complete 6 (d) No Go to 7

(d) Name of Other Payee _____ Address _____ Telephone Number ²⁶⁴ _____ (____) _____

7. FELONY/MISDEMEANOR CONVICTIONS

Has the payee been convicted of ^{felony} or misdemeanor offense under the statutes administered by the RRB or SSA, within the past fifteen years or are charges for such offenses currently pending in a court of law? Yes No ^{Complete Answer questions 7(a) through (f) below.}

(a) What were the offenses for which you were convicted? _____

(b) On what date(s) were you convicted? _____

(c) What was/were your sentence(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, ^{enter} ~~show~~ 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)

REMOVE DATE

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 Complete 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. *remove bold*
 No

3. ANNUITANT LIVED ALONE

- (a) Who was responsible for maintenance expenses such as rent and utilities? Annuitant Payee Other: _____
- (b) Who purchased the annuitant's 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	TELEPHONE 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
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- (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 *enter amount charged \$*
 No

(g) Did the payee show personal concern for the annuitant?

- Yes - Visits How frequently? _____
 Provided clothing
 Other: _____
 No *enter amount provided \$*

(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(i) BOLD*
 No

(j) Are the annuitant's funds mingled with the funds of other persons?

- Yes *Go to 1(k) BOLD*
 No

(k) Are the funds clearly designated as belonging to the annuitant?

- 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 1995 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 (b) (6) of the Railroad Retirement Act.

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