

## 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 annuitant's needs?

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

Visits \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Letters \_\_\_\_\_

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

Directly to annuitant \_\_\_\_\_  
 To custodian \_\_\_\_\_  
 \_\_\_\_\_

#### 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

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 Show to whom: \_\_\_\_\_       No

<b>4. USE OF BENEFITS (continued)</b>			
(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.)?		<input type="checkbox"/> Yes Verify any unusual or expensive purchases. <input type="checkbox"/> No Explain importance of record keeping.	
<b>5. CONSERVED FUNDS</b>			
(a) Show the total amount of conserved funds		\$ _____	
(b) Show the total amount of conserved funds			
<input type="checkbox"/> Cash <input type="checkbox"/> U.S. Savings Bonds <input type="checkbox"/> Other <input type="checkbox"/> Checking account <input type="checkbox"/> Savings Account <input type="checkbox"/> _____			
(c) How are conserved funds designated?			
TYPE OF HOLDING	REGISTRATION	NAME AND ADDRESS OF BANK	ACCOUNT NUMBER
(d) Are the funds mingled with the funds of another person?		<input type="checkbox"/> Yes <b>Complete 5 (e)</b> <input type="checkbox"/> No <b>Go to 6</b>	
(e) Are the funds clearly recorded as belonging to the annuitant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6. OTHER INCOME</b>			
(a) Did the annuitant have other income which affects entitlement to or use of railroad retirement benefits?		<input type="checkbox"/> Yes <b>Complete 6 (b) and (c)</b> <input type="checkbox"/> No <b>Go to 7</b>	
(b) Show the types of other income.			
<input type="checkbox"/> Worker's Compensation <input type="checkbox"/> VA Benefits <input type="checkbox"/> SS Benefits <input type="checkbox"/> Public assistance (Explain) <input type="checkbox"/> Other (Explain)			
(c) Is there another payee for other income?		<input type="checkbox"/> Yes <b>Complete 6 (d)</b> <input type="checkbox"/> No <b>Go to 7</b>	
(d) Name of Other Payee		Address	Phone Number (____) _____
<b>7. FELONY/MISDEMEANOR CONVICTIONS</b>			
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?		<input type="checkbox"/> Yes <b>Answer questions 7 (a) through (e) below</b> <input type="checkbox"/> 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.			
<b>8. REMARKS (Continue on a separate sheet of paper if necessary)</b>			

**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
			(____) _____

**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