

**Expanded Monitoring Program  
Site Review - Beneficiary Interview Form**

Beneficiary Name	Beneficiary Telephone Number
Beneficiary SSN/Claim Number	Beneficiary Residence Address
Payee Name	Payee Address

**Ask the beneficiary (or, if the beneficiary cannot respond, the custodian or other caregiver) the following questions:**

- Has the payee been paying your bills on time? [ ] Yes [ ] No If No, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Is the payee responsive to your needs? [ ] Yes [ ] No If No, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Have you ever asked the payee for money for a specific purchase and been denied?  
 [ ] Yes [ ] No If Yes, what was it that you needed and why did the payee tell  
 you that you could not have it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Does the payee ever give you any money, including cash, money orders, checks, or  
 gift cards? [ ] Yes [ ] No If Yes, give:

<u>Payment Method</u>	<u>Beginning Date</u>	<u>Ending Date</u>	<u>Amount</u>	<u>Frequency</u>	<u>Reason</u>
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5. Does the payee charge you for any services? [ ]Yes [ ]No If Yes, give:

<u>Service</u>	<u>Beginning Date</u>	<u>Ending Date</u>	<u>Amount Charged</u>	<u>Frequency</u>
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6. Have you ever asked the payee if you had any money saved and how much?

[ ]Yes [ ]No If Yes, what did the payee answer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you know how to get in touch with the payee at all times? [ ]Yes [ ]No

If No, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever had difficulty trying to get in touch with the payee? [ ]Yes [ ]No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Are you having any problems with the payee? [ ]Yes [ ]No If Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE TO INTERVIEWER** - Were any large or unusual expenses/purchases detected when you examined the representative payee's records? If so, record and confirm here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMARKS:** \_\_\_\_\_

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## Privacy Act Statement

See Revised Privacy Act Statement Attached

Sections 205(j) and 1631(a) of the Social Security Act allow us to collect the information requested on this form. The information you provide will allow the Social Security Administration to monitor the performance of your representative payee. You do not have to give us this information. However, without the information, we will not be able to determine the performance of your payee and payment of your benefits may be affected.

Sometimes the law requires us to give out the facts you provide during this interview without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audit needed to administer or improve our representative payment program.

We may also use this information when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

*SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:*

### **Privacy Act Statement**

Sections 205(j) and 1631(a) of the Social Security Act allows us to collect the information requested on this form. The information you provide will allow the Social Security Administration to monitor the performance of your representative payee. The information you furnish on this form is voluntary. However, without the information, we will not be able to determine the performance of your payee and payment of your benefits may be affected.

We rarely use the information you supply for any purpose other than for monitoring the performance of your representative payee. We may, however, disclose the information provided on this form in accordance with approved routine uses of the Privacy Act (5 U.S.C. § 552a(b)), which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Records Notice 60-0222. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security Office.