

**REPORT TO THE UNITED STATES SOCIAL SECURITY ADMINISTRATION**  
**BY PERSON RECEIVING BENEFITS FOR A CHILD OR FOR AN ADULT UNABLE TO HANDLE FUNDS**  
**IMPORTANT: FAILURE TO COMPLETE AND RETURN THIS FORM WITHIN 60 DAYS WILL RESULT IN A**  
**SUSPENSION OF BENEFITS. SIGN AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE.**  
**SEE INSTRUCTIONS ENCLOSED.**

<b>1.</b>	Print your address here only if it is different from the one shown below.	<b>2.</b>	Telephone number at which you may be contacted during the day.
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**IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS 3 THROUGH 8 BELOW, PLEASE TURN THIS FORM OVER AND CONTINUE ON THE BACK. YOU MUST SIGN YOUR NAME IN ITEM 11 ON THE BACK OF THIS FORM.**

		YES	NO
<b>3.</b>	Has anyone for whom you receive benefits changed his/her citizenship or country of residence in the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Has anyone for whom you receive benefits married, had a divorce (or annulment) or died in the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Has the parent (natural, adoptive or stepparent) of any child for whom you receive benefits died, married or had a divorce (or annulment) in the past 15 months? (It is not necessary that the parent have been receiving benefits.) _____ →	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Did anyone for whom you receive benefits work for someone else or own a business or farm in the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Did any person for whom you receive benefits live apart from you during any of the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Did you give the Social Security checks or the full amount of the benefits to another person (for example, the beneficiary's custodian or the beneficiary himself/herself) during the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Were all Social Security benefits received during the past 15 months used for the beneficiary and/or held for the beneficiary? _____ → If "No" explain in "Remarks" on the back of this form what was done with the benefits.	<input type="checkbox"/>	<input type="checkbox"/>

<b>10.</b>	<b>A.</b> Show the manner in which any amounts not used for the beneficiary are being held: <input type="checkbox"/> Bank Account <input type="checkbox"/> Other    If "Other", explain in "Remarks" on the back of this form.	<b>B.</b> Show the Title or Ownership of the Account:
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<b>OTHER REPORTABLE EVENTS</b> In addition to the events listed on this form, you are responsible for reporting any other event that may affect benefit payments.	<b>(FOR SSA USE ONLY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>SSN</b>
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**IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS 3 THROUGH 8 ON THE OTHER SIDE OF THIS FORM, YOU MUST COMPLETE THE CORRESPONDING BLOCK(S) BELOW. IF YOU ANSWERED "NO" TO ALL OF THE QUESTIONS 3 THROUGH 8 ON THE OTHER SIDE OF THE FORM, YOU SHOULD GO TO ITEM 11, SIGN, DATE, AND RETURN THE FORM.**

<b>3.</b>	If you answered "Yes" to question 3 on the other side, complete the information below.				
	(a) Name of person	(b) Country of new citizenship	(c) Date acquired	(d) Current country of residence	(e) Date residence began
<b>4.</b>	If you answered "Yes" to question 4 on the other side, complete the information below.				
	(a) Name of person	(b) Check which event occurred <input type="checkbox"/> Marriage <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce <input type="checkbox"/> Death		(c) Date event occurred	
<b>5.</b>	If you answered "Yes" to question 5 on the other side, complete the information below.				
	(a) Name of parent	(b) Check which event occurred <input type="checkbox"/> Marriage <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce <input type="checkbox"/> Death		(c) Date event occurred	
<b>6.</b>	If you answered "Yes" to question 6 on the other side, complete the information below.				
	(a) Name of person	(b) Check one <input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed		(c) Date work began	
	(d) If ended, enter date work stopped	(e) List each month that he/she worked 45 hours or less (Explain in Remarks)			
	(f) Was this work done in the United States or did he/she pay United States Social Security taxes on earnings from this work? <input type="checkbox"/> Yes <input type="checkbox"/> No	(g) If you answered "Yes" to (f), enter his/her total earnings for last year → \$ _____ AND give your estimate of this year's earnings. → \$ _____			
<b>7.</b>	If you answered "Yes" to question 7 on the other side, complete the information below.				
	(a) Name of beneficiary who did not live with you	(b) Date beneficiary left	(c) Reason for leaving	(d) Date beneficiary returned	
	(e) If you listed someone in (a) above who has not returned, enter the address where he/she can be reached. (Include ZIP code)				
<b>8.</b>	If you answered "Yes" to question 8 on the other side, show to whom the funds were given.				

Remarks

**IMPORTANT:** I declare under penalty of perjury that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

<b>11.</b>	Signature or mark of payee (Note: If this form is signed with a mark, a witness must sign below.)	Date
<b>12.</b>	Signature of witness	Date
	Address (include ZIP code)	Date

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

**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 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *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-7161 – Foreign Enforcement Questionnaire (Rep Payee)

## PRIVACY ACT STATEMENT

### Collection and Use of Personal Information

The United States Code of Federal regulations (42 U.S.C. § 403(c), 403(g), 405(a) and 405(j)) authorize us to collect the information on this form. The information you provide will be used to determine if we can continue to pay Social Security benefits on this claim. Your response is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision, or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for determining the continued entitlement to benefit payments. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form (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 statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of 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 contained in our System of Records Notice 60-0089 (Claims Folders System). Additional information regarding this form and our other system of records notices and Social Security programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at ~~your local~~ any U.S. Embassy, consulate, VARO or U.S. Social Security office.