

BENEFICIARY INTERVIEW AND AUDITOR'S OBSERVATIONS

Privacy Act and Paperwork Reduction Act Statements

[See Revised Privacy Act Statement](#)

The Privacy Act we are authorized to collect this information by sections 205 and 1631 of the Social Security Act. You do not have to provide the information requested. However, the information you provide will allow the Social Security Administration (SSA) to insure the integrity of the representative payee program and supplement other data needed to determine whether representative payees are complying with their duties. The person(s) completing the form will remain anonymous.

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 15 minutes to read the instructions, gather the necessary facts, and answer the questions.

[See Revised PRA Statement](#)

BENEFICIARY INTERVIEW AND AUDITOR'S OBSERVATIONS
Beneficiary Information

Name: _____ SSN: _____ Age: _____

Beneficiary Interview (ask the beneficiary and/or caregiver the following questions)

1. Are you satisfied with the living arrangements provided by the rep payee?

Yes

No

If no, obtain the beneficiary's explanation

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2. Are you satisfied with the clothing and personal items provided by the rep payee?

Yes

No

If no, obtain the beneficiary's explanation

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3. Are you satisfied with the food provided by the rep payee?

Yes

No

If no, obtain the beneficiary's explanation.

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4. Does the rep payee pay your bills in a timely manner?

Yes

No

If no, obtain the beneficiary’s explanation

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5. Does the rep payee let you know how much money he/she has saved for you?

Yes

No

If no, obtain the beneficiary's explanation

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6. Other comments or observations of the beneficiary

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Auditor's Observations

1. Does the living quarters and housing appear to be adequate?

Yes

No

If no, explain

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2. Does the beneficiary’s wardrobe and clothes appear to be adequate?

Yes

No

If no, explain

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3. Does it appear that the beneficiary is provided adequate food and medicine (if applicable)?

- Yes
- No

If no, explain

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

**Privacy Act Statement
Beneficiary Interview and Auditor's Observations**

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The person(s) completing the form will remain anonymous. Your response is voluntary. However, failure to provide this requested information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for the reasons stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, 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 Medicare benefits or coverage.
- 2) To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran's Affairs);
- 3) To make determination for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4) To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Medicare programs.

We may also use the information you provide in computer matching programs. Matching programs compare our 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.

Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Record Notice 60-0370 (Representative Payee and Beneficiary Survey Data System, SSA/Office of Income Security Programs. The Notice information about this form, and any other information regarding our systems and

programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

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