

Social Security Administration

Representative Payee Report

Please complete the enclosed **Representative Payee Report** and return it to us. We must ask you to complete this report when you receive Social Security or Supplemental Security Income (SSI) payments for another person. We use the facts you give us to make sure that you are using the payments to meet the person's needs.

We changed two questions on the report this year. Our intent in asking the new questions (items 5.C and 7. on the form) is to make sure that the beneficiary's immediate needs are being met, and to record the amount of benefits you may have saved for the beneficiary.

What You Need To Do

Please read the instructions before you complete the report. This is important because not all questions are self-explanatory. Then, **complete your report and send it to us in the enclosed envelope** within 10 days from the day you received it. If you do not return it promptly, we may stop sending checks to you.

General Instructions

To help us process your report, please follow these instructions.

1. Use black ink or a #2 pencil.
2. Keep your numbers and "X's" inside the boxes.
3. Try to make your numbers look like these:

0	1	2	3	4	5	6	7	8	9
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4. Do not use dollar signs.
5. Enter money amounts in dollars only. Do not show cents. Show \$540.30 like this:

DOLLAR AMOUNT

			5	4	0
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6. Continue to keep records of how you use the Social Security or SSI money, but do not submit receipts, cancelled checks or any other records with this report. If we need to verify the facts you give us, we will contact you.

Some Definitions

Benefits—The Social Security and SSI money you receive.

Beneficiary—The person for whom you receive Social Security or SSI benefits.

Custodian—The person or institution the beneficiary lives with.

Payee—You. The person who receives Social Security or SSI benefits for someone else.

Report Period—The months for which you must account on this report. The report period is shown at the top of the form, near your name.

How To Fill Out The Form

The numbers below match the numbered questions on the report.

1-Custody Of The Beneficiary

Place an "X" in the "YES" box in item 1 if:

- the beneficiary lived with you for **some but not all** months in the report period, or
- the beneficiary lived in an institution for **some but not all** months in the report period, or
- the beneficiary lived alone for **some but not all** months in the report period, or
- there was a change in custody such as the beneficiary moved from one institution to another.

Place an "X" in the "NO" box in item 1 if:

- the beneficiary lived with the same person during the entire report period, or
- the beneficiary lived in the same institution during the entire report period, or
- the beneficiary lived alone during the entire report period.

Do not consider short visits (vacations, weekend or holiday visits) with another person when you answer this question.

2-Felony Question

You must complete this item. Place an "X" in the "Yes" box if you were convicted of a crime considered to be a felony during the report period shown at the top of the form. Otherwise, place an "X" in the "NO" box.

3-Child's Marriage

You must complete this item only if you receive Social Security benefits for:

- a child under 18, or
- a beneficiary disabled before 22 who receives benefits on a parent's Social Security record.

Otherwise, leave this item blank.

A child's marriage can cause the child's benefits to stop. If you do not complete this item for the child, we may stop the child's benefits.

3.A.-Child's Marriage

Place an "X" in the "YES" box if the child married. Otherwise, place an "X" in the "NO" box.

3.B.-Child's Spouse

If you answered "YES" in 3.A., you must complete this item. Place an "X" in the "YES" box if the child's spouse receives Social Security benefits. Otherwise, place an "X" in the "NO" box.

3.C.-Date Child Married

If you answered "YES" in 3.A., you must complete this item. Show the month and year of the child's marriage in numbers. For example, if the child married in May 1990, show the date as:

0	5	9	0
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4-Turning Over Payments To Another Person

Place an "X" in the "YES" box if you gave the full amount of benefits to:

- Another person who decided how to use the money.
- The beneficiary who decided how to use the money.

Place an "X" in the "NO" box if you:

- Decided how to use the money.
- Told an institution or nursing home how to use the money.

5-How You Used The Benefits

When you complete this item, show total dollar amounts for the entire 12-month report period.

5.A.-Food and Shelter

Show the total amount of benefits you spent for food and shelter for the beneficiary during the entire 12-month report period. If the beneficiary resides in an institution or a nursing home and you pay monthly maintenance charges, multiply the monthly charge by 12.

5.B.—Personal Needs

In this item include the amount of Social Security benefits you spent on clothing, medical and dental care, education, and recreational items like toys, movies, cameras, radios, and musical instruments. Also include other personal items like stationery, grooming aids, and candy. **Do not include the money you spent on food and shelter.**

5.C.—Unused Benefits

Show the total amount of benefits you saved for the beneficiary **during this report period.** Show zeroes or “none” if you spent all the benefits.

6—Total Savings

Complete this item if you have saved benefits **from any report period.** Only include money received as Social Security or SSI benefits. Show the total amount of benefits you have saved. If you do not have any saved benefits, show zeroes or “None” and go to item 9.

7—Type And Title Of Account

If you showed any amount in item 6, you must complete this item.

7.A.—Type of Account

Place an “X” in the box that describes the type of account in which you saved benefits. Place an “X” in the “OTHER” box if:

- you save in a different type of account, or
- you do not put savings in any type of account.

You may mark more than one box.

7.B.—Account Title

Place an “X” in the box that describes the title (name) of the account(s) you showed in 7.A. Place an “X” in the “OTHER” box if:

- the account title is not shown, or
- you do not put the savings in any type of account.

Benefits should be saved in an account which shows that the money belongs to the beneficiary. If you are not sure whether the account you established does this, you should check with your bank and change the account title if necessary.

8—Type And Title of “Other” Account

If you answered “OTHER” in 7.A. or 7.B., you must complete this item.

8.A.—If you answered “OTHER” in 7.A., describe the way you saved Social Security benefits. For example, U.S. Savings Bonds, cash, etc.

8.B.—If you answered “OTHER” in 7.B., show the title of the account. If you do not put the savings in an account, show “None.”

9—Signature

You must sign your name in this block. If you sign by mark (“X”), please have two witnesses sign their names and show the date.

10—Relationship To The Beneficiary

Show your relationship to the beneficiary. For example, “parent, brother, friend, legal guardian or none.” If you represent a bank, institution or agency, show your title.

Your Job As A Representative Payee

As a payee, you must use the Social Security and SSI benefits you receive for the care and well-being of the beneficiary. You need to be aware of what the beneficiary needs so that you can decide how best to use the money.

You must also tell us about any changes which may affect the checks you receive. You need to tell us if:

- The beneficiary moves (especially if he or she enters or leaves a hospital or institution), marries, goes to work, dies or is adopted.
- You are no longer responsible for the beneficiary.
- The beneficiary no longer needs a payee.

The Privacy And Paperwork Reduction Acts

We are required by sections 205(j) and 1631(a) of the Social Security Act to ask you to complete this report. Also, under section 202(a) of the Act, we need to know the information in item 3 for beneficiaries who receive child's benefits, because a marriage can cause a child's payments to stop. Although completing the report is voluntary, the law states that as a representative payee, you have a responsibility to do so. If you do not complete and return this report to us, we may not be able to continue sending the beneficiary's payments to you.

Sometimes the law requires us to give out the facts on this form 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 audits needed to administer or improve our representative payee program.

We may also use the information you give us 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.

These and other reasons why information about you may be used or given out are explained in the **Federal Register**. If you want to learn more about this, contact any Social Security office.

Time It Takes To Complete This Form

We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, or on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235, and to the Office of Management and Budget, Paperwork Reduction Project (0960-0068), Washington, DC 20503. **Do not send completed forms or information concerning your claim to these offices.**

If You Have Any Questions

If you have any questions, you should call, write or visit your local Social Security office. Almost all questions can be answered by phone. If you visit an office, please bring this report with you. This will help us answer your questions.

Representative Payee Report

FORM APPROVED
OMB NO. 0960-0068

PAYEE'S NAME AND ADDRESS	REPORT PERIOD								SOCIAL SECURITY NUMBER	
	FROM:				TO:					
	BENEFICIARY								PSY	FP
	ID	FIG	BIC	D	TP	CC	GS	PC	DOC	TYA
DOB		SAT	MBC	CF	FUN		CFL			

This report is about the benefits you received during the 12-month report period shown above. Please read the enclosed instructions before completing this form. It will help you answer each question.

1. Has the beneficiary's custodian changed during the report period shown above? Please refer to the instructions on page 2 before you answer this question.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
2. During the report period shown above, were you convicted of a crime considered to be a felony? If YES, please explain in "Remarks" on the back of this form.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
3. Answer this question only if you received Social Security benefits for a child under age 18 or disabled before age 22 who receives benefits on a parent's Social Security record. Otherwise go to item 4. A. Has the child married? _____ B. If YES, is the child's husband or wife receiving Social Security benefits? _____ C. Enter the month and year of the child's marriage. _____	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	MONTH	YEAR
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you turn over the full amount of the benefits to another person during the report period (for example, to the beneficiary's custodian or to the beneficiary)? If you answer YES, please explain in "Remarks" on the back of this form.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
5. During the report period shown above, you received benefits on behalf of another person. A. How much of these benefits did you spend on food and shelter for the beneficiary during the entire report period? _____ B. How much of these benefits did you spend on all other things such as clothing, education, recreation and personal items for the beneficiary during the entire report period? _____ C. How much, if any, of the total benefits you received during this report period did you save for the beneficiary? If none, show zeroes or "None." _____	DOLLAR AMOUNT (NO CENTS)	
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
6. Show the total dollar amount of benefits, if any, you have saved for the beneficiary. Be sure to include benefits saved from earlier report periods. If none, show zeroes or "None." _____	DOLLAR AMOUNT (NO CENTS)	
	<input type="checkbox"/>	<input type="checkbox"/>

7. If you showed an amount in 6. above, place an "X" in the boxes below to show how you are saving the remaining benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT				B. TITLE OR OWNERSHIP		
Checking Account	Savings Account	Collective Savings/ Patients' Fund	Other	Beneficiary's Name by Your Name	Your Name for Beneficiary's Name	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 8.A.** If you answered "OTHER" in 7.A. on the front page, show the type of account or investment in which the benefits are saved. _____➔
- B.** If you answered "OTHER" in 7.B. on the front page, show the title of the account in which the benefits are saved. _____➔

TYPE OF ACCOUNT

TITLE OF ACCOUNT

REMARKS

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE. (A PERSON WHO CONCEALS OR FAILS TO TELL SSA ABOUT EVENTS ASKED ABOUT ON THIS FORM WITH THE INTENT TO FRAUDULENTLY RECEIVE BENEFITS MAY BE FINED, IMPRISONED OR BOTH.)

YOUR SIGNATURE
(If signed by mark (X), two witnesses must sign below)

9. _____

DATE

11. _____

RELATIONSHIP TO BENEFICIARY OR TITLE

10. _____

DAYTIME TELEPHONE NUMBER(S)
(Include area code)

12. _____

AREA CODE

WITNESS SIGNATURES ARE REQUIRED ONLY IF THE PAYEE'S SIGNATURE ABOVE HAS BEEN SIGNED BY MARK (X).

SIGNATURE OF WITNESS

DATE

SIGNATURE OF WITNESS

DATE
