

Social Security Administration Representative Payee Report

Why You Received This Form

We must regularly review how representative payees used the benefits they received on behalf of the Social Security and/or Supplemental Security Income (SSI) beneficiaries. We do this to ensure the benefits are used properly. When you were appointed representative payee, you were informed of the duties and responsibilities of a representative payee, including keeping records and reporting on the use of benefits.

What You Need To Do

You must report to SSA on your use of benefits if you received any Social Security and/or SSI payments during the 12 month period shown on the enclosed form. You must do this if you wish to continue receiving benefits on behalf of another person. You should use the records you have saved to answer the questions on the enclosed form.

You may submit this form online via www.socialsecurity.gov/payee. Please follow the instructions for Internet Payee Accounting Report. If you complete the form online, you will be able to print a receipt and a copy of your report. If you report online, you should have all your records and the enclosed form handy to help you answer the questions. You should not send in a paper form if you complete the online version.

Any records you have saved such as bank statements, cancelled checks, receipts for rent, etc., should be kept for two years from the time you file your report with SSA. You should not send in any of these records with your report form. If we have any questions or require proof, we will contact you.

General Instructions If You Complete and Return The Enclosed Form

Please read these instructions before you complete the enclosed report form or submit your report online. You should either complete and return the report form, or submit the online report, within 30 days.

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

1. Use black ink.
2. Keep your numbers and "X's" inside the boxes.
3. Do not use dollar signs.
4. Show money amounts in dollars only. Do not show cents.
For example, show \$1,540.70 like this:

DOLLAR AMOUNT

		1	5	4	0
--	--	---	---	---	---

5. Use the REMARKS section on the back of the form to provide additional information as requested.
6. Review the payee mailing address and correct if necessary. If you change the payee mailing address to a P.O. Box, show the payee's actual physical address in REMARKS.
7. Print job title in the boxes provided using capital letters.
For example, print "Administrator" like this:

A	D	M	I	N	I	S	T	R	A	T	O	R		
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

8. Be sure you, the representative payee, sign the form.

Some Definitions To Help You

Benefits – The Social Security and/or SSI money that you receive.

Payee – You. The person or organization (e.g., institution, agency) that receives Social Security and/or SSI benefits for someone else.

Beneficiary – The person for whom you receive Social Security and/or SSI benefits.

Legal Guardian – The person or organization appointed by a State court to manage the affairs of a beneficiary.

Fees – Money collected from a beneficiary for payee or guardianship services.

Report Period – The 12-month period shown on the report for which you must account for the benefits you received.

Total Accountable Amount – The amount of benefits paid to you during the report period **plus** any amount you reported as saved on last year's report.

HOW TO FILL OUT THE FORM

QUESTION 1 – Beneficiary Custody Changes

Place an "X" in the "YES" box if the beneficiary continued to live alone, or with the same person, or in the same institution during the entire report period. Place an "X" in the "NO" box if different people or different institutions took care of the beneficiary during any part of the report period. Explain the change and provide the beneficiary's current address under REMARKS.

QUESTION 2 – Accounting For Benefits

The total accountable amount includes the benefits you received during the report period **plus** any benefits you reported as saved on last year's report.

A. Who Decided How Benefits Were Used?

Place an "X" in the "YES" box if **you** (the payee) decided how the benefits were spent or saved. Place an "X" in the "NO" box if the beneficiary or someone else decided how to use the money, and explain under REMARKS.

B. Did You Charge A Fee? And How Much Did You Collect?

Place an "X" in the "YES" box if you charged the beneficiary a fee for payee or guardianship services you provided during the report period and show the total amount of benefits you collected from the beneficiary. If you did not charge the beneficiary a fee, place an "X" in the "NO" box and go to 2.C. below.

C. Food and Housing

Show the total amount of benefits spent for food and housing for the beneficiary during the report period.

D. Personal Items

Show the total amount of benefits spent on clothing, medical/dental care, education, and recreational items like toys, movies, cameras, radios, candy, stationary, grooming aids, etc. during the report period. **Note:** If the beneficiary lives in an institution or other care facility, you should spend at least \$360 a year for the beneficiary's personal needs. If you spent less than \$360, explain under REMARKS.

E. Unused Benefits Show the total amount of benefits you have saved for the beneficiary at the end of the report period, including any interest earned. Show zeroes if you did not save any of the benefits.

QUESTION 3 – Savings Information Answer this question if you showed an amount in 2.E.

A. Type Of Account Place an “X” in the box which shows how you are saving the benefits. Place an “X” in the “Other” box if your method of saving the benefits is not listed.

B. Account Title Place an “X” in the box which most accurately describes the wording of the account title you have on the beneficiary’s savings. Place an “X” in the “Other” box if the account title is different or if you have not placed the savings in any type of account.

QUESTION 4 – Other Savings/ Account Titles Answer this question only if you checked “OTHER” in 3.A. or 3.B.

A. Type Of Account Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment such as mutual funds. For mutual funds, be sure to show the name of the fund in your response (e.g., “XYZ Growth” mutual fund).

B. Title Of Account Show the title of the account if the savings are in an account or other investment. Show “none” if the savings are not in an account or investment.

5. Payee’s Signature **Sign your name in this block.** If the payee is an organization, an authorized person must sign the form. This includes the signature of those employees designated to complete the report on behalf of the payee.

6. Job Title If you represent an organization, show your job title (e.g., administrator, bookkeeper, etc.).

Your Responsibilities As Representative Payee

We appreciate your services as representative payee. As payee, you must use the Social Security and/or SSI benefits you receive for the care and well being of the beneficiary. You need to know the beneficiary's needs so that you can use the money properly.

In addition to reporting on the use of benefits, you must report any changes which may affect the beneficiary's eligibility for benefits, or the payment amount. You should report the changes as soon as possible by calling SSA at 1-800-772-1213, or by calling or writing your local SSA office. For example, you must tell us if the beneficiary:

- dies,
- moves (especially if he/she enters or leaves a hospital or other institution),
- marries,
- starts or stops working,
- is imprisoned,
- is adopted,
- no longer needs a payee, or
- you are no longer responsible for the beneficiary.

If you are payee for a child receiving SSI benefits, we may ask you for proof that the child is receiving medical treatment for his/her disabling condition. We may ask for this information at the time we review the child's case. If we do ask for this information, you must give it to us.

If you are no longer payee for the beneficiary, you must return any Social Security funds you have saved to SSA.

The Privacy Act And Paperwork Reduction Act Statements

See Revised Privacy Act Attached
We are required by sections 205, and 1631(a) of the Social Security Act to ask you to complete this report. The information you provide enables SSA to account for the beneficiary's payments, and ensures that beneficiary needs are being met. If you do not complete and return this report, we may not be able to continue sending the beneficiary's payments to you.

~~The law sometimes requires us to give out the facts on this form without your consent. The information must be released to another person or government agency if Federal law requires the information for research and audits in order 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. Explanations about these and other reasons why information you provide us 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.~~

See Revised PRA Attached

~~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 necessary facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235. Send only comments relating to our time estimate to this address, not the completed form.*~~

If You Have Any Questions

If you have any questions, please call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please use the 800 number and we will give you the address and telephone number of the office nearest you. Please take this report with you if you visit an office. You may also visit our website at www.socialsecurity.gov.

6234



Copy of Mailer #14
SECOND REQUEST

Representative Payee Report

Social Security Administration, P.O. Box 6232, Wilkes-Barre, PA 18767-9919

FORM APPROVED
OMB NO. 0960-0691

PAYEE'S NAME AND ADDRESS

REPORT PERIOD

SOCIAL SECURITY NUMBER

FROM:

TO:

BENEFICIARY

FP

ID

BIC

D

TP

CC

GS

PC

DOC

CF

TAA

PF

BSSN

FFS

DAA

MFA

If change of address, check box and enter new address on back of report.

This report is about the benefits you received between _____ and _____ for the beneficiary, _____. Please read the enclosed instructions before completing this form to help you answer each question. If you have already returned a report with the same report period as shown above, discard this report.

1. Did the beneficiary continue to live alone, or with the same person, or in the same institution from _____ to _____?
 If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.
 YES NO

2. Benefits paid to you between _____ and _____ = \$ _____
 Benefits you reported as **saved** on last year's report. = \$ _____
 Total Accountable Amount = \$ _____

A. Did you (the payee) decide how the \$ _____ was spent or saved?
 If NO, please explain in REMARKS on the back of this form.
 YES NO

B. Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided between _____ and _____?
 YES NO

If YES, how much of the \$ _____ did you collect from the beneficiary for these services between _____ and _____?
 DOLLAR AMOUNT (NO CENTS)
 ,

C. How much of the \$ _____ did you spend for the beneficiary's food and housing between _____ and _____?
 ,

D. How much of the \$ _____ did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between _____ and _____?
 ,

E. How much, if any, of the \$ _____ did you **save** for the beneficiary as of _____? If none, show zeros.
 ,

6234B



FOR SSA USE ONLY		
ATT <input type="checkbox"/>	MARK <input type="checkbox"/>	SIG <input type="checkbox"/>
UND1 <input type="checkbox"/>	UND2 <input type="checkbox"/>	OTH <input type="checkbox"/>

3. If you showed an amount in 2.E. (front page), place an "X" in the boxes below to show how you are saving the benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT						B. TITLE OF ACCOUNT		
Savings/Checking Account	U.S. Savings Bonds	Certificates of Deposit	Collective Savings/Checking Account	Treasury Bills	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"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Answer this question only if you answered "OTHER" in 3.A. or 3.B. above. If you answered "OTHER" in 3.A. or 3.B., show the type of account or investment, or the title of the account in which the benefits are saved.

A. TYPE OF ACCOUNT	B. TITLE OF ACCOUNT

REMARKS

NEW ADDRESS

I declare under penalty of perjury that I have examined all 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.

5. PAYEE'S SIGNATURE	7. DATE
6. PRINT JOB TITLE	8. DAYTIME TELEPHONE NUMBER(S) <i>(Include area code and extension)</i>
<input type="checkbox"/>	Area Code <input type="checkbox"/> Extension <input type="checkbox"/>

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

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Sections 205(j) and 1631(a) of the Social Security Act, as amended, authorize us to collect this information to enable us to account for the claimant's payments and to ensure that you use the payments for the claimant's needs.

Your responses are voluntary. However, without the information, we may not be able to continue sending the claimant's payments to you.

We rarely use the information you give us for any purpose other than for accounting purposes. 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 comply with Federal laws requiring the release of information from Social Security records (e.g. to the Government Accountability Office and Department of Veterans Affairs);
2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs;
3. To respond to a request on your behalf from a Congressional office or the Office of the President; and
4. To other Federal agencies and our contractors, including external data sources, to assist us in efficiently administering our programs.

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

A complete list of routine uses for this information is available in our Privacy Act System of Records Notice (SORN) entitled, Master Representative Payee File (60-0222). The complete SORN, additional information about this form, routine uses of information, and our programs and systems are available online at www.socialsecurity.gov or your local 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 15 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.*