SOCIAL SECURITY ADMINISTRATION

REPRESENTATIVE PAYEE REPORT-SPECIAL VETERANS BENEFITS

Return the attached form to:

Please complete the attached REPRESENTATIVE PAYEE REPORT. You must complete this report if you wish to continue to receive Special Veterans Benefits (SVB) payments for the beneficiary named on the first page of the report. The facts you give up help us determine if you are using the payments properly.

What You Need To Do

Please read the instructions before you complete the report. Then, **complete the report and send it to us in the enclosed envelope within 30 days.** If you do not return it promptly, we may stop sending payments to you.

General Instructions

Please follow these instructions:

- Use black ink or a #2 pencil to complete the report.
- Print your answers, except in the signature block.
- Place "X's" in the appropriate "YES" or "NO" boxes.
- Use the "Remarks" section on the back of the report to provide additional information.
- Be sure to sign the report in item 6.
- If you have been receiving these benefits for the beneficiary for less than 15 months, answer the questions as they relate to the months for which you did receive the benefits.

HOW TO COMPLETE THE REPORT

The numbers below match the numbered items on the report.

Item 1- Payee Address Changes

Show your new address if it is different from the one that is shown in the block on the first page of this report.

Item 2- Beneficiary Custody Changes

If the beneficiary lived apart from you during any part of the past 15 months, answer "YES" and also complete (a) through (d) of item 2. If the beneficiary continued to live with you during the entire period, answer "NO."

Item 3- Who Decided How Benefits Were Used	If you decided how the SVB payments were used or saved for the beneficiary, answer "YES." If someone else or the beneficiary decided how the benefits were used or saved, answer "NO," and show the name of the person who made this decision.
Item 4- Use of Benefits	If all of the SVB payments received during the past 15 months were used for the beneficiary, answer "YES" and go on to item 6. If some or all of the payments were saved for the beneficiary, answer "YES" and be sure to complete item 5. If some or all of the payments were neither used nor saved for the beneficiary, answer "NO" and explain what was done with those payments.
Item 5- Savings Information	Answer item 5 if any payments are saved for the beneficiary. A. Check "Bank Account" or "Other" to indicate how the payments are saved. If you check "Other," explain how the payments are saved. B. Show the title of the account or the ownership name that appears on the account in which the payments are saved.
Item 6- Payee's Signature	Sign your name here and enter the date. If you sign by a mark (X), please have a witness sign his or her name and show his or her address and date in the space below item 7.
Item 7- Relationship To The Beneficiary	Show your relationship to the beneficiary, such as "parent," "brother," "friend" or "legal guardian." If you represent an institution or agency, show the name of the institution or agency and your job title.

Your Job As A Representative Payee

As a representative payee, you must use the SVB payments you receive for the care and well-being of the beneficiary. This is true whether you are a relative, friend, court-appointed guardian or official of an agency or institution. You must keep yourself informed of the beneficiary's needs so you can decide how the benefits should be used. You must account for the use of the benefits on the attached report. This accounting will be reviewed by the Social Security Administration and is subject to verification. Therefore, you should keep a record of the amount of benefits you received and how you used them (receipts, cancelled checks, etc.).

You must notify the Social Security Administration when the beneficiary changes residence or you are no longer responsible for the care and welfare of the beneficiary.

You must also report to us promptly if the beneficiary:

- dies;
- returns to or visits the United States for a calendar month or longer;
- receives any other benefit income (pension, annuity, workers compensation, etc.) or the amount of the benefit income received changes;
- has been deported or removed from the United States;
- is under a warrant of arrest that remains unsatisfied for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year;
- is violating a condition of parole or probation imposed under Federal or State law.

Please see revised Privacy Act and and Paperwork Reduction Act statements below.

Privacy Act Notice

The Social Security Administration is authorized to collect the information requested on this form under Section 807 of the Social Security Act. The information you provide enables SSA to account for the beneficiary's payments and ensures that the beneficiary's needs are being met. If you do not complete and return this form, we may not be able to continue sending the beneficiary's payments to you.

Although the information you furnish on the application is rarely used for any other purpose than stated, there is a possibility that information may be disclosed to another person or to another governmental agency as follows:

(1) to enable a third party or an agency to assist the Social Security Administration in establishing rights to Special Veterans Benefits and (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs).

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 U.S. Social Security offices. If you want to learn more about this, contact any U.S. Social Security office.

Paperwork Reduction Act Statement

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 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 necessary facts and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd. Baltimore, MD 21235-6401. **Only comments relating to our time estimate should be provided, not the completed form.**

If You Have Any Questions

If you have any questions, you may contact any U.S. Embassy or consulate or the nearest U.S. Social Security office. If you live in the Philippines, you may contact the U.S. [illegible] onal Office, SSA Division, [illegible] 131 Roxas Boulevard, 0930 Manila.

replace with new address below

If you have any questions, you may contact any U.S. Embassy or the nearest U.S. Social Security office. If you live in the Philippines, you may contact:
Social Security Administration
1201 Roxas Boulevard
Ermite 0930 Manila.
Telephone: 632-301-2000 Ext. 9
Email: FBU.MANILA@SSA.GOV

REPRESENTATIVE PAYEE REPORT-SPECIAL VETERANS BENEFITS

Social Security Administration

FORM APPROVED
OMB NO. 0960-0621

For SSA Use Only

Payee's Name and Address		Beneficiary's Name	
		Beneficiary's SSN	
		Report Period FROM: TO:	TOP CC G
1st Request (Month Day Year)	2nd Request (Month Day Year)	Date Received	

This report is about the Special Veterans Benefits (SVB) you received for the beneficiary named above. Please read the attached instructions to help you answer each item.

IMPORTANT: COMPLETE, SIGN AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE WITHIN 30 DAYS. IF YOU DO NOT RETURN IT PROMPTLY, WE MAY STOP SENDING PAYMENTS TO YOU.

1. If you have changed your address from the one shown above, please print your new address below.

2. Did the beneficiary live apart from you during any part of the past 15 months? → ☐ ***YES*** ☐ ***NO***
If "YES" , please complete (a) through (d) below.

(a) Date the beneficiary left Month Day Year	(b) Reason for leaving

(c) Date the beneficiary returned, if applicable, Month Day Year

(d) If the beneficiary is currently not living with you, show the name of the person with whom the beneficiary is living and the address where he/she can be contacted.

3. Did you decide how the SVB payments were used or saved for the beneficiary? → ☐ ***YES*** ☐ ***NO***
If "NO ," show the name of the person who decided how to use or save the payments.

Continued on the Reverse →

4. Were all the SVB payments received during the past 15 months used for the beneficiary and/or saved for the beneficiary? → ☐ ***ES*** ☐ ***O***

IF ANY SVB PAYMENTS ARE SAVED FOR THE BENEFICIARY, COMPLETE ITEM 5 BELOW.

5. A. TYPE OF ACCOUNT

Show the manner in which any SVB payments not used for the beneficiary are saved:

☐ Bank Account

☐ Other
If "Other," explain below how the payments are saved.

B. TITLE OR OWNERSHIP

Show the title or ownership of the account in which any SVB payments are being saved (for example, show "Beneficiary's Name by Your Name, " "Your Name for Beneficiary's Name " or another form of title or ownership that is shown on the account):

REMARKS

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.

6. Payee's Signature (Note: If this form is signed with a mark (X), a witness must sign below.)	Date
7. Relationship to Beneficiary or Title	Telephone Number

Witness signature is required only if the payee's signature above has been signed by a mark (X).

Signature of witness	Address (include Zip Code)	Date

PRIVACY ACT NOTICE

Section 807 of the Social Security Act, as amended authorizes us to collect this information. The information you provide enables SSA to account for the beneficiary's payments and ensures that the beneficiary's needs are being met. Your response is voluntary; however, failure to provide all or part of the requested information could prevent us from continuing to send the beneficiary's payments to you.

We rarely use the information provided on this form for any purpose other than for reviewing your service as a representative payee. However, we may use it for the administration and integrity of Social Security programs. We may also disclose the 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 contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs;

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 a third party such as a physician, social worker, or community service worker, who has, or is expected to have, information needed to evaluate the claimant's capability to manage or direct the management of his or her affairs or any case in which disclosure aids quality appraisal or investigation of suspected misuse of benefits; and,

4. To facilitate statistical research, audit, or investigate activities necessary to ensure the integrity of Social Security Administration 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. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at any U.S. Social Security office.

The following revised PRA Statement will be inserted 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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is 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.***