

# Representative Payee Report of Benefits and Dedicated Account

Form Approved  
OMB No. 0960-0576

PAYEE'S NAME AND ADDRESS

REPORT PERIOD

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SOCIAL SECURITY NUMBER

- -

BENEFICIARY

Please review the above mailing address and correct if necessary.

This report is about the benefits you received for the beneficiary and those which were deposited in the dedicated account **during the report period shown above**. It also includes any money you reported as saved from a prior report period. **Please read the enclosed instructions before completing this form** to help you answer each question.

<b>1.</b>	Were <b>you</b> (the payee) convicted of a crime considered to be a felony during the report period shown above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If <b>YES</b> , please explain the type of crime: _____ _____ _____		
<b>2.</b>	Did the beneficiary continue to live alone, or with the same person, or in the same institution during the report period shown above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If <b>NO</b> , please explain and provide the beneficiary's current address: _____ _____ _____		
<b>3.</b>	Benefits paid to you during the report period = \$ _____ Benefits you reported <b>saved</b> from prior years = \$ _____ <b>Total Accountable Benefit Amount</b> = \$ _____		
	<b>A.</b> Did <b>you</b> (the payee) decide how the total accountable amount was spent or saved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If <b>NO</b> , please explain: _____ _____ _____		

3. B. How much of the total accountable amount did you spend for the beneficiary's food and housing during the report period?

**DOLLAR AMOUNT**  
(NO CENTS)

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C. How much of the total accountable amount did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items during the report period?

**DOLLAR AMOUNT**  
(NO CENTS)

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**If the beneficiary lives in an institution or other care facility and you spent less than \$360 a year for the beneficiary's personal needs, please explain how his/her needs were met:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. How much, if any, of the total accountable amount did you **save** for the beneficiary as of the last month in the report period? If none, show zeroes.

**DOLLAR AMOUNT**  
(NO CENTS)

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4. If you showed an amount in 3.D. above, 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	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"/>

5. A. If you answered "Other" in 4.A., show the type of account or investment in which the benefits are saved:

\_\_\_\_\_

\_\_\_\_\_

B. If you answered "Other" in 4.B., show the title of the account in which the benefits are saved:

\_\_\_\_\_

\_\_\_\_\_

6. Past-due SSI benefits deposited by SSA in **dedicated account**      = \$ \_\_\_\_\_  
 Balance in dedicated account as you reported on a prior report      = \$ \_\_\_\_\_  
**Total Dedicated Account Amount**      = \$ \_\_\_\_\_

**Did you** deposit any money into the dedicated account during the report period?      YES      NO  
         

**If YES, please provide** the date and amount of each deposit:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. **A.** Did you take any money out of the dedicated account during the report period?      YES      NO  
         

**If YES, please explain** what items and/or services you purchased and the amount of each purchase:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B.** Were these purchases for medical treatment, or education or job skills training?      YES      NO  
         

**If NO, please explain** how they benefited the beneficiary and are related to his/her impairment(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. What is the balance, including any interest earned, in the dedicated account as of the last month in the report period? If none, show zeroes.      **DOLLAR AMOUNT**  
    (NO CENTS)  
      ,

**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.**

<b>PAYEE'S SIGNATURE</b> <i>(If signed by mark (X), two witnesses must sign below.)</i>	DATE
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RELATIONSHIP TO BENEFICIARY OR TITLE	TELEPHONE NUMBER <i>(including area code)</i> (    )      -
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**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



# Social Security Administration

## Representative Payee Report of Benefits and Dedicated Account

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### Why You Received This Form

We must regularly review how representative payees used the benefits they received on behalf of 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 required to establish a separate (we refer to it as a **dedicated**) account in which we direct deposited certain past-due SSI benefits. You were informed of the duties and responsibilities of a representative payee, including keeping a record of all the money taken from the dedicated account and receipts for all the items and/or services purchased. We must regularly review this account for additional deposits and to ensure that the items and/or services purchased are in compliance with the law. As part of this review, you need to answer the questions on the enclosed form. It is called Representative Payee Report of Benefits and Dedicated Account, SSA-6233-BK.

You should keep these records (e.g. bank statements and canceled checks) along with receipts for two years from the time you complete the form. Do not submit any records with the completed form. If we have any questions, we will contact you.

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### What You Need To Do

Please read the instructions below 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.

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### General Information

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

1. Do not use dollar signs.
2. Show money amounts in dollars only. Do not show cents.  
For example, show \$1,540.30 like this:

**DOLLAR AMOUNT**

	1	,	5	4	0
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3. **Be sure you, the representative payee, sign the form.**

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### Some Definitions To Help You

**Benefits** - The Social Security and/or SSI money you receive.

**Payee** - You. The person (or organization) who 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.

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**Some  
Definitions  
To Help You  
(Continued)**

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

**Total Accountable Benefit Amount** - The amount of benefits paid to you during the report period **plus** any amount you reported as saved on last year's report.  
**Note:** This amount **does not** include any SSI past-due benefits SSA deposited into the dedicated account.

**Dedicated Account** - This is the savings, checking or money market account you were required by law to establish for certain past-due SSI benefits. We call it a **dedicated account** because the law also restricts the items and/or services you can buy with money from the account.

**Total Dedicated Account Amount** - The amount of past-due SSI benefits SSA direct deposited into the dedicated account **plus** the account balance as you reported on last year's report.

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## HOW TO COMPLETE THE SSA-6233-BK

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**Question 1 -  
Payee Felony  
Convictions**

Place an "X" in the "YES" box if during the report period, you (the payee) were convicted of a crime considered to be a felony, and explain the type of crime. Otherwise, place an "X" in the "NO" box.

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**Question 2 -  
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.

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**Question 3 -  
Accounting  
For Benefits**

The total accountable benefit amount includes the benefits you received during the report period **plus** any benefits you reported as saved on last year's report. Note: It **does not** include the money that was deposited by SSA or you into the dedicated account.

**A. Who Decided  
How Benefits  
Were Used?**

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

**B. Food And  
Housing**

Show the total amount of benefits spent for food and housing for the beneficiary during the report period. If the beneficiary lives in an institution or nursing home and you pay monthly charges, multiply the monthly charge by 12 and show this amount.

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**C. Personal Items**

Show the total amount of benefits spent for the beneficiary on clothing, medical/dental care, education, and recreational items like toys, movies, cameras, radios, candy, stationery, 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 in the space provided.

**D. 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. **Note:** Do not include the money saved in the dedicated account.

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**Question 4 - Savings Information**

Answer this question if you showed an amount in 3.D.

**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. **Note:** A savings or checking account title should always show that the money belongs to the beneficiary, but the beneficiary should not have direct access to the funds.

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**Question 5 - Other Savings/ Account Titles**

Answer this question only if you checked "Other" in 4.A. or 4.B.

**A. Type of Account**

Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment.

**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.

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**Question 6 - Total Dedicated Account Amount**

The total dedicated account amount includes the past-due SSI benefits SSA deposited into the account during the report period **plus** the balance in the account as you reported on last year's report.

**Deposits Into Dedicated Account**

Place an "X" in the "YES" box if you deposited any money into the dedicated account during the report period. Show the date and amount of each deposit. Place and "X" in the "NO" box if you did not deposit any money into the account.

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<b>Question 7 - A. Money Taken Out Of Dedicated Account</b>	Place an "X" in the "YES" box if during the report period you took money out of the dedicated account. Explain what items and/or services you purchased and the amount of each purchase. Place an "X" in the "NO" box if no money was removed from the account.
<b>B. How Is Purchase Related To Impairment?</b>	Answer this question if you checked "YES" in 7.A. Place an "X" in the "YES" box if the items and/or services purchased were for medical treatment, or education or job skills training. Place an "X" in the "NO" box if the purchases were for something else and explain how the purchases benefited the beneficiary and are related to his/her impairment(s).
<b>Question 8 - Dedicated Account Balance</b>	Show the balance in the dedicated account at the end of the report period, including any interest earned. Show zeroes if there is no money in the account.
<b>Payee's Signature</b>	<b>Sign your name in this block.</b> If you sign by mark ("X"), please have two witnesses sign their names and show the date. If the payee is an institution or agency, the form <u>must</u> be signed by an authorized person.
<b>Relationship To The Beneficiary</b>	Show your relationship to the beneficiary. Some examples include: parent, brother, friend. If you are the beneficiary's legal guardian, show "legal guardian". If you represent a bank, institution or agency, show your job title (e.g., administrator, bookkeeper, etc.).
<b>Your Responsibilities As Representative Payee</b>	As representative 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.
	<p>In addition to reporting on the use of benefits and the dedicated account, you must report any changes which may affect the beneficiary's eligibility for benefits, or the payment amount. You should report these 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:</p>
	<ul style="list-style-type: none"> <li>• moves (especially if he/she enters or leaves a hospital or other institution),</li> <li>• marries,</li> <li>• goes to work,</li> <li>• is imprisoned,</li> <li>• dies,</li> <li>• is adopted,</li> <li>• no longer needs a payee, or</li> <li>• you are no longer responsible for the beneficiary.</li> </ul>
	<p>As 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.</p>



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## The Privacy And Paperwork Reduction Act Statements

### Privacy Act Statement

See Revised 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. The information you provide will be used to account for the beneficiary's payments, and to ensure that beneficiary needs are being met.~~

~~The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent you from continuing as a representative payee.~~

~~We rarely use the information you supply for any purpose other than for accounting for beneficiary's payments, and to ensure that beneficiary needs are being met. 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 Social Security benefits and/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 Veterans' Affairs);~~
- ~~3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; and~~
- ~~4. To facilitate audit or investigative activities necessary to assure the integrity of Social Security 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.~~

~~Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.~~

See Revised Paperwork  
Reduction Act Statement

~~Paperwork Reduction Act Statement - This information collection meets the requirements of 44 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 20 minutes to read the instructions, gather the facts, and answer the questions. SEND 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.~~

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## 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.

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

## PRIVACY ACT STATEMENT

### Representative Payee Report of Benefits and Dedicated Account

Sections 205(j) and 1631(a) of the Social Security Act, as amended, authorize us to collect this information. We will use this information to account for the beneficiary's payments and ensure the beneficiary's needs are met.

Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may result in termination of beneficiary payments.

We rarely use the information for any purpose other than for making decisions regarding beneficiary payments. 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 enable a third party or an agency to assist us in establishing rights to Social Security benefits and coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g. to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity and improvement of Social Security 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 and administered benefit programs and for repayment of payment's or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act Systems of Records Notice entitled, Representative Payee and Beneficiary Claim Folder System, 60-0370. This notice, additional information regarding our programs and systems are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

***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 (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***