

**Expanded Monitoring Program  
Site Review Questionnaire for Volume and Fee for Service Payees**

**Pre-visit Background Information for SSA Use  
(Complete Prior to Visit)**

Check if random review

**Organization/Agency/Payee/Name:**

**Part 1 – Pre-visit Information to Ask Payee**

1. Date and time site visit scheduled for *(Send confirmation letter.):*

2. Address(es) to be visited:

3. Name, title and phone number of primary contact:

4. Name, title and phone number of alternate contact:

5. What is the name of the person responsible for each of the following representative payee workloads?  
*(Include the individual’s title and phone number if not the same person named in question 3 or 4.)*

Receiving and posting benefits to ledgers:

Completing annual accounting forms:

Paying beneficiaries’ bills:

Determining beneficiary needs:

Monitoring resource limits:

Administering dedicated accounts:

Reporting changes to SSA:

Completing SSA forms:

Reconciling bank statements:

Internal audits of beneficiary accounts:

6. Will the responsible staff be available during site visit?  Yes  No

If “No,” explain:

7. Can you send in a list of beneficiaries served including their SSNs, their current residence addresses, daytime phone numbers, and conserved fund balances; and a copy of any internal written guidelines for managing beneficiary funds; and a copy of a sample financial ledger including a key for reading any codes on the ledger?  Yes  No

If “No,” explain:

## **Part 2 – Information from SSA Records**

8. Are the payee's mailing and location addresses and phone number on the Representative Payee System (RPS) correct?     Yes         No

If "No," explain and direct the servicing FO to correct RPS:

9. Is the payee listed more than once on the ZIPL screen(s) on RPS?     Yes         No

If "Yes," explain the error and direct the servicing FO to correct the problem:

10. Is the payee an organization?     Yes         No

If "Yes,":

(a) Enter TOP from RPS (OIRL screen):

- (b) Does TOP code match the actual type of payee?     Yes         No

If "No," explain the error and direct the servicing FO to correct RPS:

11. Enter the total number of Social Security/Supplemental Security Income (SSI) beneficiaries the payee serves from the OILM screen in RPS:

12. *See question 7.* Is the conserved fund balance of any SSI beneficiary more than \$2,000 (\$3,000 for a couple)?

Yes         No         Balances not submitted

If "Yes," list the beneficiaries below and in question 14 to include in the beneficiary sample. *You must determine if an excess resource issue exists for these beneficiaries during the site review (See question 87).*

13. Does the payee have any overdue annual accounting reports? (*Ask the servicing FO to check the Title II and Title XVI nonresponder lists for overdue annual accounting forms.*)    Yes     No

If "Yes," list the names and SSNs of the beneficiaries below and list some of them in question 14 to include in the beneficiary sample. *Resolve the annual accounting report problem with the payee during the site review (See question 56).*

14. List the names and SSNs of beneficiaries selected for the review sample:

15. Does the payee's list of beneficiaries served and their residence addresses agree with SSA records?

*(Compare the list requested in question 7 to the list of beneficiaries currently served on RPS. To check residence addresses, begin by checking the residence addresses on RPS and the SSR for beneficiaries in the sample.)*  Yes  No

*If "No," resolve the discrepancy and remedy any reporting problem during the site review. (See question 57).*

16. Is the payee fee for service (FFS)?  Yes  No

If "Yes":

(a) Print a copy of the RFEE screen from RPS and have it available at the site review.

(b) Does the payee continue to serve at least 5 beneficiaries? *(See answer to question 11.)*

Yes  No

(c) When was the most recent annual certification *(see RFEE screen)*?

17. Do SSA records (MBR/SSR) show that the payee uses direct deposit?  Yes  No

18. Does RPS (RPPR screen) have a collective account precedent? [  ]Yes [  ]No

19. Were any problems noted during the last review? *(If the prior report is not available from the servicing FO or RO, check RPS or the Philadelphia Representative Payee Monitoring website for information about the results.)* [  ]Yes [  ]No

If “Yes,” list the problems:

20. Since the last review (or since appointment as payee, if no prior review) has the servicing FO received any complaints or have concerns about this payee’s performance? [  ]Yes [  ]No

If “Yes,” list the complaints and/or concerns:

**Expanded Monitoring Program  
Site Review Questionnaire for Volume and Fee for Service Payees**

**Site Review Interview Guide  
(Complete During Visit)**

Date of Review:

Servicing Field Office:

Lead Reviewer's Name:

Lead Reviewer's Phone Number:

**Part 3 – Meeting Information**

**Information from SSA reviewer:**

21. List SSA Meeting Participants:

**Information from payee:**

22. List Payee Meeting Participants *(Include title and phone number, if not listed in question 5):*

**Part 4 – External Audits**

**Information from payee:**

23. Have you been independently audited within the last 2 years?  Yes  No *(go to Part 5.)*

24. Can you give us a copy of the most recent audit report and any response you may have made?

Yes  No

If "No," explain:

**Information from SSA reviewer:**

25. Do the audit results have a bearing on this site review? [  ]Yes [  ]No

If “Yes,” explain (*e.g., payee not solvent, poor recordkeeper*):

**Part 5 – Licensing** (*Complete this Part only if the payee is nongovernmental FFS, otherwise go to Part 7.*)

**Information from payee:**

26. Is your organization licensed? [  ]Yes [  ]No

If “Yes,” provide SSA with a copy of the license.

If “No,” explain (*e.g., licensing not available in jurisdiction, license expired*):

**Information from SSA reviewer:**

27. Does the payee continue to meet licensing requirements? [  ]Yes [  ]No

If “Yes,” update the RFEE screen on RPS.

If “No,” explain why not and update the RFEE screen on RPS.

**Part 6 – Bonding** (*Complete this Part only if the payee is nongovernmental FFS.*)

**Information from payee:**

28. Is your organization bonded? [  ]Yes [  ]No

If “Yes,” provide SSA with a copy of the bond.

If “No,” explain:

**Information from SSA reviewer:**

29. If the payee is bonded, calculate the minimum required bond amount for this payee:

- a. Average amount of social security and SSI benefits received in one month: \$
- b. Amount of conserved funds on hand: \$
- c. Add a. and b. for minimum required bond amount for this payee: \$

30. If the payee is bonded, is the bond amount sufficient to cover the number of beneficiaries the payee serves?  
(*Minimum coverage must equal or exceed the amount in 29.c.*) [ ]Yes [ ]No

31. Does the payee continue to meet bonding requirements? [ ]Yes [ ]No

If “Yes,” update the RFEE screen on RPS.

If “No,” explain why not and update the RFEE screen on RPS:

**Part 7 – Fee Charging** (*Ask all payees these fee charging questions.*)

**Information from payee:**

32. a. Do you charge a fee to beneficiaries directly for payee services or for any other service you provide  
(*e.g., SSA-approved FFS, fee deducted from personal needs allowance of institutionalized beneficiaries, fee for administrative expenses*)? [ ]Yes [ ]No

b. If “Yes,” list:

Beginning Date	Frequency ( <i>e.g., monthly, weekly</i> )	Reason for Fee	How Fee Determined or Fee Amount
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33. a. Have you collected fees from beneficiaries for past months from either current or retroactive benefits? [ ]Yes [ ]No

b. If "Yes," list:

Beginning and Ending Dates	Amount	Frequency <i>(e.g., monthly, weekly)</i>	Reason for Fee
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34. Do you collect a fee or receive a payment for services from any source other than the beneficiaries *(e.g., court or guardianship fees, fees from a State agency for providing services to the beneficiary)*?

Yes       No

If "Yes," list:

Beginning Date	Amount	Frequency <i>(e.g., monthly, weekly)</i>	Reason for Fee
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35. If you charged any fees, have you waived fees whenever monthly living expenses exceeded the amount of the monthly benefit?     Yes       No       Situation has not occurred

If "No," what was the impact on the beneficiary(ies)?:

**Information from SSA reviewer:**

36. Did the payee break any SSA rules regarding fee charging? *(A FFS payee is permitted to collect the lesser of 10% of monthly benefit or the current allowable amount less any compensation for payee services from another source.)*     Yes       No

If "Yes," explain:

**Part 8 – Determining Beneficiary Needs**

**Information from payee:**

37. How often and under what circumstances do you see/speak to the beneficiaries to keep informed of their needs? (For children in foster care, how often do social workers visit the children to keep informed of their needs and welfare?)



38. Do beneficiaries have ready access to you?     Yes     No

If “No,” how do you ensure beneficiary needs are met?

39. Do you actively help beneficiaries in other ways (*e.g., trying to negotiate the best deals from landlords, grocers, and banks; shopping for bargains and sales; learning of needs; seeking medical help; finding suitable housing; establishing a process for social workers to obtain necessary items/services for a foster child; notifying adoptive parents that a child may be eligible for benefits*)?     Yes     No

Explain answer:

40. If you serve institutionalized beneficiaries, do you set aside at least \$30 per month for their personal needs?  
 Yes     No

If “No,” explain:

41. If you serve non-institutionalized beneficiaries do you set aside any money for discretionary spending (*exclude charges for care and maintenance*)?     Yes     No

Explain answer:

42. If the beneficiaries are children in foster care, do you set aside some of the children’s own funds or provide funds for children when they attain age 18 to help them transition into adulthood?

Yes     No

Explain answer:

43. Do any beneficiaries in the sample have unmet needs?     Yes     No

If “Yes,” explain:

## **Part 9 – Use of Benefits**

### **Information from payee:**

44. Do any beneficiaries live in a facility(ies) or housing that you, a relative of yours, or your organization own or operate?     Yes     No

If “Yes,” explain the arrangement:

45. How do you establish and/or budget for current maintenance costs?

46. Do you save for beneficiaries' future needs?  Yes  No

If "No," explain:

47. Do you ever disburse cash, including negotiable instruments such as checks, debit cards, gift cards and money orders, directly to a beneficiary other than small sums for discretionary spending or personal needs or disburse cash to a third party?  Yes  No

If "Yes," for each beneficiary list:

Name	SSN	Amount	Frequency (e.g., weekly)	Method (e.g., cash, check)	Reason for Disbursement
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48. a. Did you receive any past-due (*retroactive*) benefits which were used to pay a past debt owed to you?

Yes  No (go to 49)

b. If "Yes," was SSA approval obtained?  Yes  No

If "No," explain:

**Information from SSA:**

49. a. Is the payee a "conduit" payee (*a payee who turns over all or most money to a beneficiary or someone else to decide how to use*) for any beneficiary?  Yes  No (go to 50)

b. If "Yes," explain how the payee is mismanaging disbursements:

c. List:

Beneficiary Name	SSN	Action Required to Resolve
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50. Does the payee receive and disburse benefits in the best interests of the beneficiaries?

Yes     No

If "No," explain:

## **Part 10 – Reporting Events**

### **Information from payee:**

51. What process do you use to report changes (*e.g., change of address, income, resources, reports of death to 800# or servicing FO*) that affect Social Security or SSI benefits?

52. What process do you use to report when a beneficiary is no longer in your care (*e.g., adoption of a child in foster care*) or you have lost contact with a beneficiary and to report changes in a beneficiary's competency (*appointment of a guardian*)/capability?

53. How do you handle conserved funds when a beneficiary is transferred or discharged from your care (*funds must be returned to SSA*) or dies (*conserved funds of deceased beneficiaries must be turned over to estate*)?

54. What process do you have in place to insure the completion of annual accounting reports, work and/or medical continuing disability reviews, and SSI redeterminations?

55. Do you negotiate or deposit the Social Security or SSI checks of any beneficiaries for whom you are not the representative payee in an operating account?     Yes     No

If "Yes," list the names and SSNs of these beneficiaries:

### **Information from SSA Reviewer**

56. Does the payee submit accurate and timely annual accounting reports (*See the answers to questions 13 and 54.*)?     Yes     No

If “No,” explain the plan for remedying this problem and the plan for the payee to submit overdue reports:

57. Does the payee submit other reports timely?  Yes  No

If “No,” explain and include plans for correcting reporting problems: *(Exclude annual accounting reports because they are covered in question 56. Include your resolutions to any issues raised by answers to questions 15, 19, 20, and 55. Provide the names and SSNs of beneficiaries named in question 55 to the servicing FO if development of assignment of benefit and capability issues is necessary.)*

## **Part 11 – Payee’s Banking Procedures** *(See answer to question 17.)*

### **Information from payee:**

58. Do you use direct deposit for all beneficiaries?  Yes  No

If “No,” explain why not, and how paper checks are safeguarded until negotiated:

59. Do you keep beneficiary funds in a bank account(s)?  Yes  No

If “Yes,” describe the type of account(s) used and how you use the accounts to help manage the beneficiaries’ funds *(e.g., benefits received in a collective checking account via direct deposit, checks for living expenses written from collective account, conserved funds held in individual savings accounts)* and to pay beneficiary bills:

If “No,” explain how you manage beneficiary funds and pay beneficiary bills:

**Part 12 – Collective Accounts** *(Complete this Part if the payee reported a collective account in question 59. Otherwise go to Part 13, if the payee reported a checking and/or savings account in question 59; or go to Part 14, if the payee reported no accounts in question 59.)*

**Information from payee:**

60. Provide the following information about the collective account:

Bank Name & Address:

Type of Account *(circle applicable type)* : Savings/Checking

Account #:

Title of Account *(format)* :

61. Does the bank charge any fees?  Yes  No *(go to question 63)*

If “Yes,” how much are the fees and what are they for?

62. Are the fees charged to the beneficiaries?  Yes  No

If “Yes,” explain the fee-charging method:

**Information from SSA reviewer:**

63. Is the collective account correctly titled?  Yes  No

If “No,” explain:

64. Is the collective account separate from payee’s operating account?  Yes  No

65. Is interest prorated and credited to beneficiaries on the basis of their share of account funds?

Yes  No  Account not interest-bearing

If “No,” explain:

66. Are records showing each beneficiary’s share of account clear and up to date?  Yes  No

67. Does the payee correctly document credits and debits of each beneficiary? [ ] Yes [ ] No

68. Are there any problems with the account (*other than any titling problem addressed in questions 63*)?

[ ] Yes [ ] No

If "Yes," explain:

69. Does the collective account meet SSA requirements for re-approval? [ ] Yes [ ] No

If "Yes," update the RPPR screen.

If "No," update the RPPR screen and explain:

**Part 13 – Checking and Savings Accounts** (*If the payee reported a checking and/or savings account in question 59, complete this Part. If the payee reported more than one checking and/or savings account in question 59, record information about the first checking or savings account in questions 70 through 73 and use the Remarks/Observations section to record information required in questions 70 through 73 for the additional account(s) .*

**Information from payee:**

70. Provide the following information about the account(s):

Bank Name & Address:

Type of Account (*circle applicable type*) : Savings/Checking

Title of Account (*format*) :

List Beneficiary Names (*in the sample*) and Account #'s (*Complete this item when account is not the direct deposit account on MBR/SSR*):

71. Does the account earn interest and are beneficiaries credited with the interest?  Yes  No  
If “Yes,” explain how and when interest is credited and how reflected in the payee’s records:

If “No,” why not?

72. Does the bank charge any fees?  Yes  No  
If “Yes,” what are the fees for, how much are they, and how are they charged to beneficiaries?

**Information from SSA reviewer:**

73. Are accounts (*other than any collective account addressed in question 63*) holding beneficiary funds properly titled?  Yes  No  
If “No,” explain and describe the scope of the problem:

74. Are there any problems with the account(s) (*other than any titling problem addressed in question 73 and other than any collective account problems addressed in questions 63 and 68*)?  Yes  No  
If “Yes,” explain:

**Part 14 – Dedicated Accounts**

**Information from payee:**

75. Were you required to establish a “dedicated” account for a minor child/individual receiving SSI benefits?  
 Yes  No (*go to Part 15*)

76. Do you still maintain funds in a dedicated account?     Yes     No

**Note to Review Team: If payee maintains a dedicated account and the SSN was not included in the review sample, ask the payee to provide a list of SSI beneficiaries with dedicated accounts and review at least 1 case.**

If “No,” explain how funds were used and go to question 78:

77. Did you make expenditures from this account during the period of review?     Yes     No

If “Yes,” explain what expenditures were for:

**Information from SSA reviewer:**

78. Were dedicated accounts managed properly (*any expenditures were for medical treatment, education, job skills training, other expenses related to the beneficiary’s impairment*)     Yes     No

If “No,” explain:

**Part 15 – Other Financial Instruments**

**Information from Payee:**

79. Do you hold any conserved funds of beneficiaries in the sample in another account (*e.g., burial account, money market account*) not previously mentioned or by another method (*e.g., mutual funds, property*)?

Yes     No

If “Yes,” describe and provide evidence of the financial instrument or property:

**Part 16 – Recordkeeping**

**Information from payee:**

80. Describe your recordkeeping system (*e.g., paper ledgers, automated ledgers, patient accounts maintained on site, check ledgers*) . Include in your description:



- Any internal controls in place (*e.g., periodic record reconciliations, independent audits, internal audits, countersignature requirements, separation of employee duties, restricting access to beneficiary accounts, safe or locked cabinets for checks stock, etc.*) for monitoring and safeguarding individual beneficiary funds;
- Your process for paying beneficiary bills and the supporting documentation you maintain; and
- Your procedures for providing beneficiaries with discretionary spending money or a personal needs allowance and overseeing these disbursements.

81. Have you filed a claim with an insurer due to employee dishonesty, or fired, or asked any employees to resign due to bookkeeping irregularities within the past 24 months?  Yes  No

If "Yes," explain:

**Information from SSA reviewer:**

82. Are the financial records (*ledgers, receipts/invoices, bank statements, cancelled checks*) retrievable and orderly?  Yes  No

If "No," explain:

83. Do ledgers correctly and clearly identify both receipts of benefits and expenditures; and do checking account registers, cancelled checks, and receipts/invoices correctly and clearly identify expenditures?

Yes       No

If "No," explain:

84. Are records accurate (*all funds accounted for, ledger balance for individual beneficiaries equals the balance shown on the corresponding bank statements*) and up-to-date (*benefit payments and expenditures posted to ledgers and checking account registers timely*)?     Yes       No

If "No," explain:

85. Are you able to follow the electronic or paper trail that supports the receipt and disbursement of beneficiary funds?     Yes       No

If "No," explain:

86. Did the payee make any expensive or unusual purchases for beneficiaries in the sample?

Yes       No

If "Yes," list (*so you can complete the Note to Interviewers on the SSA-639*):

Beneficiary Name	Item/Service	Purchase Date	Payee's Documentation
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87. For SSI beneficiaries in the sample, does any SSI beneficiary's ledger reflect a balance/combined balance over \$2,000 (\$3,000 for a couple) as of the first moment of any month during the entire review period? (*See the answer to question 12 and review ledger balances for the period of review. Substitute bank records if payee does not keep a ledger or ledgers are inaccurate.*)     Yes     No

If "Yes," list:

Name	SSN	Resource Description	Dates Ineligible	Beginning and Ending Balance
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88. Did the payee conserve unspent funds appropriately?     Yes  No

If "No," explain: *(Recommend placing conserved funds regardless of amount in interest-bearing accounts.):*

## **Part 17 – Other**

### **Information from payee:**

89. Do you need any help to carry out payee duties from SSA or do you need SSA's help to resolve any problems?     Yes  No

If "Yes," explain:

### **Information from SSA reviewer:**

90. Does SSA need to provide training to the payee in any area?     Yes  No

If "Yes," explain what is needed and how it will be accomplished:

91. If you answered question 19 or question 20 “Yes,” has the payee corrected the problems noted?

Yes       No

If “No,” explain:

## **Part 18 – Beneficiary Interview Sample**

### **Information from SSA reviewer:**

92. Tell the payee the names of the beneficiaries in the sample that you plan to interview (*include any beneficiaries listed in question 86*) and list their names below:

### **Information from payee:**

93. Do any of these beneficiaries have difficulty responding to questions?     Yes     No

If “Yes,” what are their names and what is the name of each one’s custodian/caregiver, job title (*e.g., social worker, nurse, home health aid*) or concerned relative, and phone number:

Beneficiary	Contact Name	Title/Relation	Phone
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## **Part 19 – Remarks/Observations** (for SSA use)

**Part 20 – Recommendations and Action Items** (for SSA use)

**Payee:**

**SSA:**

**Date interview guide and closeout letter to FO/RO: \_\_\_\_\_**

## Privacy Act Statement

See revised  
Privacy Act  
Statement below

Sections 205(j) and 1631(a) of the Social Security Act allows us to collect the information requested on this questionnaire. The information you provide will allow the Social Security Administration to monitor your performance as a representative payee. The information you furnish on this form is voluntary. However, without the information, we will not be able to determine if you are carrying out your representative payee duties and responsibilities and you may no longer serve as a representative payee.

We rarely use the information you supply for any purpose other than for monitoring the performance of you as a representative payee. We may, however, disclose the information provided on this form in accordance with approved routine uses of the Privacy Act (5 U.S.C. § 552a(b)), 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 make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; 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.

A complete list of routine uses for this information is available in Systems of Records Notice 60-0222. This notice, additional information regarding this form, and 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.

## Paperwork Reduction Act Statement

**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 2 hours to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213 (TTY 1-800-325-0778). Send only comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**