

**Expanded Monitoring Program
Site Review - Beneficiary Interview Form**

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|------------------------------|-------------------------------|
| Beneficiary Name | Beneficiary Telephone Number |
| Beneficiary SSN/Claim Number | Beneficiary Residence Address |
| Payee Name | Payee Address |

Ask the beneficiary (or, if the beneficiary cannot respond, the custodian or other caregiver) the following questions:

- Has the payee been paying your bills on time? [] Yes [] No If No, explain:

- Is the payee responsive to your needs? [] Yes [] No If No, explain: _____

- Have you ever asked the payee for money for a specific purchase and been denied?
 [] Yes [] No If Yes, what was it that you needed and why did the payee tell you that you could not have it? _____

- Does the payee ever give you any money, including cash, money orders, checks, or gift cards? [] Yes [] No If Yes, give:

| <u>Payment Method</u> | <u>Beginning Date</u> | <u>Ending Date</u> | <u>Amount</u> | <u>Frequency</u> | <u>Reason</u> |
|-----------------------|-----------------------|--------------------|---------------|------------------|---------------|
|-----------------------|-----------------------|--------------------|---------------|------------------|---------------|

5. Does the payee charge you for any services? []Yes []No If Yes, give:

| <u>Service</u> | <u>Beginning Date</u> | <u>Ending Date</u> | <u>Amount Charged</u> | <u>Frequency</u> |
|----------------|-----------------------|--------------------|-----------------------|------------------|
|----------------|-----------------------|--------------------|-----------------------|------------------|

6. Have you ever asked the payee if you had any money saved and how much?

[]Yes []No If Yes, what did the payee answer? _____

7. Do you know how to get in touch with the payee at all times? []Yes []No

If No, explain: _____

8. Have you ever had difficulty trying to get in touch with the payee? []Yes []No

If Yes, explain: _____

9. Are you having any problems with the payee? []Yes []No If Yes, explain:

NOTE TO INTERVIEWER - Were any large or unusual expenses/purchases detected when you examined the representative payee's records? If so, record and confirm here:

REMARKS: _____

Privacy Act Statement

Sections 205(j) and 1631(a) of the Social Security Act allows us to collect the information requested on this form. The information you provide will allow the Social Security Administration to monitor the performance of your representative payee. The information you furnish on this form is voluntary. However, without the information, we will not be able to determine the performance of your payee and payment of your benefits may be affected.

We rarely use the information you supply for any purpose other than for monitoring the performance of your 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 or at 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 10 minutes 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.