

# REPRESENTATIVE PAYEE EVALUATION REPORT

|                    |     |                        |   |
|--------------------|-----|------------------------|---|
| TP                 | CC  | GS                     | NAM                                       |
| TYA                | MBA | CF                     |   |
| BENEFICIARY'S NAME |     | SOCIAL SECURITY NUMBER |   |
| PAYEE'S NAME       |     | REPORT PERIOD          |   |
| PAYEE'S ADDRESS    |     | From:                  |   |
| CITY AND STATE     |     | ZIP CODE               | PHONE NUMBER (Include area cod<br>( ) - ) |

## PART I INFORMATION FROM PAYEE

|  |         |              |  |                   |
|--|---------|--------------|--|-------------------|
| <b>1. GUARDIANSHIP STATUS</b>  |         |              |  |                   |
| Is legal guardianship now in effect? _____   |         |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                   |
| If yes, show guardian's name and address below (if other than payee).  |         |              |  |                   |
| GUARDIAN'S NAME  |         |              | GUARDIAN'S ADDRESS                                       |                   |
| <b>2. CUSTODY</b>  |         |              |  |                   |
| (a) Did the beneficiary live alone or with someone other than the payee? _____   |         |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                   |
| If yes, answer 2(b). If no, skip to item 4.  |         |              |  |                   |
| (b) Show below where the beneficiary lived. Show the relationship of the custodian to the beneficiary, the dates of residence and the reason for any change in custody.                              |         |              |  |                   |
| NAME   | ADDRESS | RELATIONSHIP | DATES OF RESIDENCE                                       | REASON FOR CHANGE |
|  |         |              |  |                   |
|  |         |              |  |                   |
| <b>3. DEMONSTRATION OF CONCERN</b>   |         |              |  |                   |
| (a) How did the payee learn of the beneficiary's needs?  |         |              |  |                   |
| (b) Did the payee maintain contact with the beneficiary? If yes, show type of contact (visits, phone, letters) and frequency. If no, explain. _____  |         |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                   |
| (c) Did the payee provide the beneficiary with funds for personal spending? If yes, show to whom the funds were given (e.g., directly to the beneficiary, the custodian). If no, show why not. _____ |         |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                   |
| <b>4. USE OF BENEFITS</b>  |         |              |  |                   |
| (a) Did the payee turn over the checks or the full amount of the checks to another party? If yes, show to whom the funds were given (e.g., the beneficiary, the custodian). _____                    |         |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                   |
|  |         |              | NAME   |                   |
| (b) Amount used for beneficiary's care and maintenance. If paid to another party, show to whom. _____  |         |              | AMOUNT \$  |                   |
|  |         |              | NAME   |                   |

PART I (continued)

|               |   |  |
|---------------|---|--|
| 4.<br>(cont.) | (c) Amount used for beneficiary's clothing. _____ →   | AMOUNT<br>\$   |
|               | (d) Amount used for beneficiary's personal expenditures.<br>If less than \$360, explain in remarks. _____ →   | AMOUNT<br>\$   |
|               | (e) Amount used for other than items (b) through (d) above.<br>(Exclude savings.) Explain in remarks. _____ → | AMOUNT<br>\$   |
|               | (f) Total amount of benefits used. _____ →  | TOTAL AMOUNT<br>\$                                       |
|               | (g) Did the payee record expenditures (receipts, cancelled checks, etc.)? _____ →                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |

5. **CONSERVED FUNDS**

|   |              |
|---|--------------|
| (a) Total amount of conserved funds.<br>Subtract item 4(f) from TYA and add conserved funds from prior years. _____ →   | AMOUNT<br>\$ |
| (b) How are conserved funds held?<br><br><input type="checkbox"/> CASH <input type="checkbox"/> U.S. SAVINGS BONDS <input type="checkbox"/> OTHER (Explain) _____<br><input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT _____ |              |

(c) HOW ARE CONSERVED FUNDS TITLED?

| TYPE OF HOLDING | TITLE OR OWNERSHIP | NAME AND ADDRESS OF BANK | ACCOUNT NUMBER |
|-----------------|--------------------|--------------------------|----------------|
|                 |                    |                          |                |
|                 |                    |                          |                |

|   |   |
|---|---|
| (d) Are the funds mingled with funds of another person(s)?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, answer (e). | (e) Are funds clearly recorded as belonging to the beneficiary?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

6. **OTHER INCOME**

|   |   |
|---|---|
| (a) Did the beneficiary have other income which affects the entitlement to or use of Social Security benefits? _____ →  | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, answer (b) and (c).                   |
| (b) Type Of Other Income<br><input type="checkbox"/> WORKMEN'S COMPENSATION <input type="checkbox"/> VA BENEFITS<br><input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> PUBLIC ASSISTANCE (Explain) _____ |   |
| (c) Is there a payee for other income? _____ →  | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, show name and address of payee below. |
| NAME OF PAYEE   | ADDRESS OF PAYEE  |
|   |   |

7. **OTHER INFORMATION**

|   |   |
|---|---|
| Has the payee ever been convicted of a crime considered to be a felony? _____ → | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, explain in remarks. |
|---|---|

8. **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.

|                         |      |
|-------------------------|------|
| SIGNATURE<br><br>C<br>+ | DATE |
|-------------------------|------|

**PART II INFORMATION FROM BENEFICIARY**

|   |  |
|---|--|
| <b>1. ALL CUSTODY SITUATIONS</b>  |  |
| (a) Is the beneficiary aware of entitlement to Social Security benefits?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO  | (b) Did the beneficiary participate in decisions on expenditures?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO      |
| (c) Did the beneficiary receive funds for personal spending?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO  | (d) Were any large purchases made for the beneficiary?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO                 |
| (e) Does the beneficiary have any unmet needs?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, explain. _____ →  | EXPLANATION  |
| (f) Did the beneficiary live with someone other than the payee?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, answer 2. below.   | (g) Did the beneficiary live alone?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, answer 2. and 3. below. |
| <b>2. BENEFICIARY NOT IN PAYEE'S CUSTODY</b>  |  |
| (a) Did the payee maintain contact with the beneficiary?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, show type of contact (visit, phone, letters) and frequency. If no, explain. |  |
| (b) Did anyone other than the payee demonstrate concern for the beneficiary?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, show who and type and frequency of contacts.            |  |
| <b>3. BENEFICIARY LIVED ALONE</b>   |  |
| (a) Was the beneficiary responsible for his/her maintenance expenses? (Rent, utilities)<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO   | (b) Did the beneficiary purchase his/her food and clothing?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| <b>4. OTHER INFORMATION</b>   |  |
| Have any suspension or termination events occurred (e.g., marriage of child beneficiary)? _____ →   | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If yes, explain in remarks)   |
| <b>5. REMARKS</b>   |  |
| _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____   |  |

**PART III INFORMATION FROM CUSTODIAN**

|                  |         |  |
|------------------|---------|--|
| CUSTODIAN'S NAME | ADDRESS | PHONE (Include area code)<br>(    )    - |
|------------------|---------|--|

**1. PAYEE AND CUSTODIAN ARE NOT THE SAME PERSON OR ORGANIZATION**

|  |  |
|--|--|
| (a) Did the beneficiary live with the custodian during the entire report period? _____   | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If no, show other custodians if known.                         |
| (b) Who would the custodian notify in cases of emergency?  |  |
| (c) Was a charge made for care and maintenance of the beneficiary?<br>If yes, show the amount paid by the payee. _____                 | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Amount \$ _____  |
| (d) Did the payee demonstrate personal concern for the beneficiary? _____  | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, explain below.   |
| FREQUENCY OF VISITS  | PROVIDES CLOTHING<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |
|  | GIFTS<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |
|  | OTHER (Specify)  |
| (e) Did the payee contribute money for the beneficiary's personal use? If yes, show the amount contributed by the payee. _____         | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Amount \$ _____  |
| (f) Does the custodian hold and control the beneficiary's personal use funds? _____  | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, answer (g).  |
| (g) Are the beneficiary's funds mingled with funds of other persons?<br><input type="checkbox"/> YES <input type="checkbox"/> NO _____ | If yes, are the funds clearly designated as the beneficiary's?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

**2. ALL CUSTODIANS**

|  |   |
|--|---|
| Were any group purchases made?<br><input type="checkbox"/> YES <input type="checkbox"/> NO _____ | If yes, were the purchases approved by SSA?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|

**3. REMARKS**

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**PART IV EVALUATION AND ACTION TAKEN**

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|                     |        |      |
|---------------------|--------|------|
| SIGNATURE AND TITLE | OFFICE | DATE |
|---------------------|--------|------|

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## THE PRIVACY AND PAPERWORK REDUCTION ACTS

Sections 205(j) and 1631(a) of the Social Security Act allow us to collect the information on this report. The information gathered on this report enables the Social Security Administration to determine continued payee suitability and if the beneficiary's needs are being met. If you do not provide this information, we may not be able to continue to send the beneficiary's payments to the representative payee.

The law sometimes requires us to give information without your consent. The information must be released to another government agency if Federal law requires the information for research and to administer or improve our representative payment program.

See revised  
Privacy Act  
Statement below.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of Federal, State, or local government agencies. Many agencies use matching programs to find or prove that a person qualified 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.

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 30 minutes to read the instructions, gather the facts, and answer the questions related to representative payment. **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.*

Representative Payee Evaluation Report, Form SSA-624-F5  
Privacy Act Statement  
Collection and Use of Personal Information

Sections 205(j) and 1631(a) [42 U.S.C. 405(j) and 1383 (a)] of the Social Security Act authorize us to collect this information. We will use the information you provide on this report to assist us in determining your suitability to continue to be a representative payee and to determine if the beneficiary's needs are being met. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information is cause for us to terminate you as a Representative Payee.

We rarely use the information you provide on this form for any purpose other than for the reasons we explain above. 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, General Services Administration, National Archives Records Administration, and the 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, 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 and administered benefit programs for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Master Representative Payee File, 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 any Social Security office.