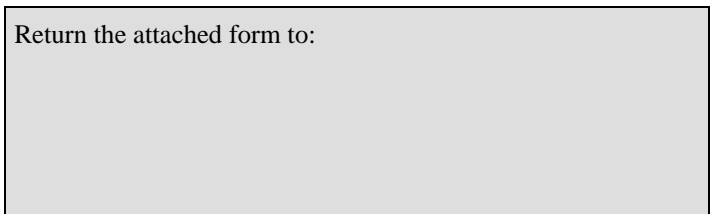

SOCIAL SECURITY ADMINISTRATION

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.

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. Veterans Affairs Regional Office, SSA Division, American Embassy at 1131 Roxas Boulevard, 0930 Manila.

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	TOP	CC	G
1st Request	2nd Request	FROM:	TO:		
		Date Received			
_____/_____/_____ (Month Day Year)	_____/_____/_____ (Month Day Year)				

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? \longrightarrow 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? \longrightarrow YES NO
If "NO," show the name of the person who decided how to use or save the payments.

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

SSA will insert the following revised Privacy Act and PRA Statements into the form as soon as possible:

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 807(a) and 807(h), of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to account for the beneficiary's payments and to determine if the beneficiary's current needs are being met.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than make a determination regarding benefits eligibility. However, we may use the information for the administration of our programs including sharing information:

1. 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); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits; and, 60-0273, entitled Social Security Title VIII Special Veterans Benefits Claim Development and Management Information System. Additional information about these and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

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 incorrect payments or delinquent debts under these programs.

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 10 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.***