

Expanded Monitoring Program Site Review - Beneficiary Interview Form

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:

1. Has the payee been paying your bills on time? Yes No If No, explain:

2. Is the payee responsive to your needs? Yes No If No, explain:

3. 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 you could not have it?

4. Does the payee ever give you any money, including cash, money orders, checks, or gift cards?

Yes No If Yes, give:

Payment Method	Beginning Date	Ending Date	Amount	Frequency	Reason

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

Service	Beginning Date	Ending Date	Amount Charged	Frequency

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, as amended, authorize us to collect this information. We will use the information you provide to assist us in making a decision on the performance of your representative payee. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate decision on the performance of your representative payee and payment of your benefits may be affected.

We rarely use the information you supply for any purpose other than the reason stated 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 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, or investigative activities necessary to assure the integrity and improvement of Social Security programs. (e.g., to the Bureau of Census).

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 our Systems of Records Notice entitled, Master Representative Payee File Systems (60-0222). This notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any 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.**