

## **BENEFICIARY INTERVIEW AND AUDITOR'S OBSERVATIONS**

### ***Privacy Act Statement***

The *Inspector General Act of 1978*, as amended, and Sections 205 and 1631 of the *Social Security Act*, as amended, authorizes the collection of this information. The information you provide will allow the Office of Inspector General (OIG) and the Social Security Administration (SSA) to insure the integrity of the representative payee program and supplement other data needed to determine whether representative payees are complying with their duties and responsibilities.

Your response is voluntary and you will remain anonymous in any publicly issued OIG Audit Reports. However, failure to provide this requested information could ultimately prevent SSA from making an accurate and timely decision on any claim filed, or could result in the loss of benefits.

The primary purpose of the information that you submit is for use by the OIG as part of its review of SSA's representative payee program. However, the information may also be used by SSA for the administration and integrity of its Social Security programs. The information that you provide may also be disclosed by either the OIG and/or SSA to another person and/or to another agency/entity in accordance with approved routine uses pertaining to the relevant Systems of Records to which any information that you provide is incorporated. The relevant OIG Systems of Records are OIG-001, Criminal Investigative Files of the Inspector General, SSA/OIG and OIG-002, Civil and Administrative Investigative Files of the Inspector General, SSA/OIG, 60 FR 19619 (April 19, 1995), 55 FR 46248 (November 2, 1990) and 47 FR 43190 (September 30, 1982). The relevant SSA System of Records is System of Records Notice 60-0222, Master Representative Payee File, SSA/Office of Income Security Programs.

Such routine uses include but are not limited to the following:

- 1) To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran's Affairs);
- 2) To make determination for eligibility in similar health and income maintenance programs at the Federal, State, and local level;

- 3) To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs; and,
- 4) To provide a claimant or other individual authorized to act on his/her behalf, information pertaining to the address of a representative payee applicant or a selected representative payee when this information is needed to pursue a claim for recovery of misapplied or misused benefits.
- 5) To assist an appropriate law enforcement agency if we believe that the information you provide alleges a criminal or civil violation properly within their jurisdiction.

We may also use the information you provide in computer matching programs. Computer matching programs compare our 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 the permissible disclosures that the OIG and SSA may make of the information that you provide is available in the above-referenced Systems of Record notices.

The Notice information about this form, and other information regarding the OIG's and SSA's systems, programs and operations, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov). Further, information regarding SSA is also available 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 15 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.***

**Beneficiary Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

**Beneficiary Interview** (ask the beneficiary or if the beneficiary cannot respond ask the custodian or caregiver the following questions)

1. Are you satisfied with the living arrangements provided by the representative payee?

Yes

No

If no, obtain the beneficiary's explanation.

2. Are you satisfied with the clothing and personal items provided by the representative payee?

Yes

No

If no, obtain the beneficiary's explanation.

3. Are you satisfied with the food provided by the representative payee?

Yes

No

If no, obtain the beneficiary's explanation.

4. Does the representative payee pay your bills in a timely manner?

Yes

No

If no, obtain the beneficiary's explanation.

5. Does the representative payee let you know how much money he/she has saved for you?

Yes

No

If no, obtain the beneficiary's explanation.

6. Other comments or observations of the beneficiary.

**Auditor's Observations**

1. Does the living quarters and housing appear to be adequate?

Yes

No

If no, explain.

2. Does the beneficiary's wardrobe and clothes appear to be adequate?

Yes

No

If no, explain.

3. Does it appear that the beneficiary is provided adequate food and medicine (if applicable)?

Yes

No

If no, explain.

4. Did anything come to your attention to indicate the beneficiary's needs were not being met?

Yes

No

If yes, explain.