REPRESENTATIVE PAYEE EVALUATION REPORT												
REPOR'	TING PERIOD			RR EMPLOYEE'S NAME								
FROM:												
CURRENT RATE TOTAL YE			EARLY A	RRB CLAIM NUMBER								
PAYEE'S NAME			PA	PAYEE'S TELEPHONE NUMBER ANNUITANT			"S NA	'S NAME				
We estimate this form takes between 24 and 31 minutes per response to complete, including the time for reviewing the instructions, getting the needed data and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time to: Chief of Information Resources Management, Railroad Retirement Board, 844 N Rush St, Chicago IL 60611-2092.												
PART I – INFORMATION FROM PAYEE												
DATE CONTACTED PAYEE'S ADDRESS												
1. GUARDIANSHIP STATUS												
(a) Does the annuitant now have a legal guardian?												
(b) Guardian's Name			Guardian's Address			Gua (			uardia	ardian's Telephone Number		
2. CU	STODY	<u> </u>						,		•		
(a)	(a) Did the annuitant live alone or with someone  Yes - Complete 2(b) and 3  No - Go to 4								io to 4			
(b)	Name of Custodian		Address	of Custodian				tionship nuitant	_	ites of sidence	Reason for Change	
3. DEMONSTRATION OF CONCERN												
(a) How did the payee learn of the annuitant's needs?												
(b)	(b) Did the payee maintain contact with the annuitant?			Yes - Indicate type of contact and enter frequency.  Visits: Telephone Calls: Letters:				No - Explain	why not.			
(c)	(c) Did the payee provide the annuitant with funds for personal spending?			Yes - Indicate to whom the funds were giv Annuitant Custodian Other:					No - Explain why not.			
4. USE OF BENEFITS												
(a)	Has the payee turned over checks or the full amount payments to another part	of the	🔲 D	- Indicate to who prectly to annuita o custodian		funds wer	e give	n.		No		
(b)	Has the payee used any railroad retirement benefit for his/her own use?		□ Y \$	es - Enter amou	nt used	d.			ū	No - Explana	ition of use.	
(c)	(c) What dollar amount was used for the annuitant's care and maintenance? \$											
(d)	(d) Was this dollar amount paid to another party?			Yes - Enter to whom.				No				

4. USE OF BENEFITS (continued)									
(e)	What amount was used for If less than \$20, or more that			\$	_				
(f)	What amount was used for personal spending? If less			\$					
(g)	Excluding savings, what am expenditures other than ma personal spending?			\$ Explain:					
(h)	Total amount of benefits use	ed.		Total amount [add (c) through (g)]					
(i)	Did the payee record expenchecks, etc.)?	ditures (rece	ipts, cancelled	☐ Yes [Verify any unusual or expensive purchases.] ☐ No [Explain importance of record keeping.]					
5. CC	NSERVED FUNDS								
(a)	Enter the total amount of co	nserved fund	ds.	\$					
(b)	(b) How are the total amount of conserved funds held?  Cash U.S. Savings Bonds Checking account Other:								
(c)	How are the conserved fund	ds designated	d?						
	TYPE OF HOLDING	REG	ISTRATION	NAME AND ADDRESS OF BANK	ACCOUNT NUMBER				
(d)	(d) Are the conserved funds mingled with the funds of another person?   Yes - Complete 5(e)  No - Go to 6								
(e)	Are the conserved funds cle	arly recorded	d as belonging to the	e annuitant?	☐ No				
6. OTHER INCOME									
6. OT	HER INCOME								
	Did the annuitant have othe to or use of railroad retirements		ich affects entitleme	ent Yes - Complete 6(b)	and (c)  □ No - Go to 7				
(a)	Did the annuitant have othe	ent benefits? income.	☐ VA Bene	Yes - Complete 6(b)	and (c)				
(a)	Did the annuitant have othe to or use of railroad retirement Indicate the type(s) of other Worker's Compensation	ent benefits? income. n ain)	☐ VA Bene☐ Other:	Yes - Complete 6(b)					
(a) (b)	Did the annuitant have othe to or use of railroad retirement Indicate the type(s) of other Worker's Compensation Public assistance (Explain	ent benefits? income. n ain) ther income?	☐ VA Bene☐ Other:	fits SS Benefits					
(a) (b)	Did the annuitant have othe to or use of railroad retirement of the line of th	ent benefits? income. n ain) ther income?	☐ VA Bene☐ Other:	fits SS Benefits	ete 6(d)				
(a) (b) (c) (d)	Did the annuitant have othe to or use of railroad retirement of the line of th	ent benefits? income. n ain) ther income? Add	☐ VA Bene ☐ Other: ☐ Press	fits SS Benefits	ete 6(d)				
(a) (b) (c) (d)  7. CR	Did the annuitant have othe to or use of railroad retiremed Indicate the type(s) of other Worker's Compensation Public assistance (Explains there another payee for on Name of Other Payee	ent benefits? income. ain) ther income? Add  EANOR COI ed of a criminals administered	VA Bene Other:  Ordress  NVICTIONS  all or misded by the RRB	fits SS Benefits	ete 6(d)				
(a) (b) (c) (d)  7. CR  Ha  me  or in a	Did the annuitant have othe to or use of railroad retiremed Indicate the type(s) of other Worker's Compensation Public assistance (Explains there another payee for on Name of Other Payee  EIMINAL OFFENSE/MISDEM Is the payee ever been convicted annor offense under the statuted SSA, or are charges for such a	ent benefits? income. n ain) ther income? Add  EANOR COI ed of a crimina s administered n offense cur	VA Bene Other: Other:  dress  NVICTIONS  all or misded by the RRB rently pending	Yes - Complete 6(b)  fits SS Benefits  Yes - Compl	ete 6(d)				
(a) (b) (c) (d) 7. CR Ha me or in a (a)	Did the annuitant have othe to or use of railroad retirement of the toological points of the state of the toological points. Indicate the type(s) of other when the worker's Compensation Public assistance (Explains there another payee for on the payee of the payee over been convicted and offense under the statutes SSA, or are charges for such a court of law?	ent benefits? income. n ain) ther income? Add  EANOR COI ed of a crimina administered of a crimina and administered of a crimina and administered of the correction of the cor	VA Bene Other: Other:  dress  NVICTIONS  all or misded by the RRB rently pending	Yes - Complete 6(b)  fits SS Benefits  Yes - Compl	ete 6(d)				
(a) (b) (c) (d)  7. CR  Ha  me or in a (a) (b)	Did the annuitant have othe to or use of railroad retiremed Indicate the type(s) of other Indica	ent benefits? income. ain) ther income? Add  EANOR COI ed of a crimina s administered n offense cur (s) for which convicted?	VA Bene Other: Other:  dress  NVICTIONS  all or misded by the RRB rently pending	Yes - Complete 6(b)  fits SS Benefits  Yes - Compl	ete 6(d)				
(a) (b) (c) (d)  7. CR  Ha  me  or  in a  (a) (b) (c)	Did the annuitant have othe to or use of railroad retiremed Indicate the type(s) of other Worker's Compensation Public assistance (Explains there another payee for one Name of Other Payee  EIMINAL OFFENSE/MISDEM IS the payee ever been convicted anor offense under the statutes SSA, or are charges for such a calcourt of law?  What was/were the offense (On what date(s) were you convicted to the payee of the statutes of the payee of the p	ent benefits? income. ain) ther income? Add  EANOR COI ed of a crimina s administere n offense cur (s) for which convicted? ce(s)?	VA Bene Other: Other:  dress  NVICTIONS  all or misded by the RRB rently pending	Yes - Complete 6(b)  fits SS Benefits  Yes - Compl	ete 6(d)				
(a) (b) (c) (d)  7. CR  Ha  me or a (a) (b) (c) (d)	Did the annuitant have othe to or use of railroad retirement or use of other worker's Compensation or Public assistance (Explains there another payee for on the Name of Other Payee  EIMINAL OFFENSE/MISDEM as the payee ever been convicted anor offense under the statutes SSA, or are charges for such a court of law?  What was/were the offense of the Name of On what date(s) were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what date(s) were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of On what was/were your sentent or use of the Name of One	ent benefits? income. n ain) ther income? Add  EANOR COI ed of a crimina and administered and offense cur (s) for which convicted? ce(s)? ou released?	□ VA Bene □ Other: □ dress NVICTIONS  all or misde- d by the RRB rently pending  you were convicted	Yes - Complete 6(b)  fits SS Benefits  Yes - Compl  Yes - Complete 7(a)	ete 6(d)				
(a) (b) (c) (d)  7. CR  Ha  me  or a  in a  (b) (c) (d) (e) (f)	Did the annuitant have othe to or use of railroad retiremed Indicate the type(s) of other Worker's Compensation Public assistance (Explains there another payee for on Name of Other Payee  **IMINAL OFFENSE/MISDEM**  Sthe payee ever been convicted anor offense under the statutes SSA, or are charges for such a court of law?  What was/were the offense on what date(s) were your county with the statutes of the statut	ent benefits? income. ain) ther income? Add  EANOR COI ed of a crimina s administered n offense cur (s) for which convicted? ce(s)? bu released?	VA Bene Other: Other: Others  Draw dress  NVICTIONS  all or misde- d by the RRB rently pending  you were convicted  If the probation end	Yes - Complete 6(b)  fits SS Benefits  Yes - Compl  Yes - Complete 7(a)	ete 6(d)				
(a) (b) (c) (d)  7. CR  Ha me or in a (a) (b) (c) (d) (e) (f) kno	Did the annuitant have othe to or use of railroad retiremed Indicate the type(s) of other Indicate the type(s) of the type(s) Indicate the type(s) of type(s	ent benefits? income. ain) ther income? Add  EANOR COI ed of a crimina administere of the correct of the convicted? ce(s)? but released? then did or witing, enter the	VA Bene Other:	Yes - Complete 6(b)  fits SS Benefits  Yes - Complete 7(a)  Yes - Complete 7(a)  Yes - Complete 7(a)	ete 6(d)				
(a) (b) (c) (d)  7. CR  Ha me or in a (a) (b) (c) (d) (e) (f) kno	Did the annuitant have othe to or use of railroad retiremed Indicate the type(s) of other Worker's Compensation Public assistance (Explains there another payee for on Name of Other Payee  EIMINAL OFFENSE/MISDEM Is the payee ever been convicted anor offense under the statutes SSA, or are charges for such a court of law?  What was/were the offense on what date(s) were you compensed when were your senten of the probation was ordered, where the offense of the probation was ordered, where your senten on the probation was ordered on the probation was ordered.	ent benefits? income. ain) ther income? Add  EANOR COI ed of a crimina administere of the correct of the convicted? ce(s)? but released? then did or witing, enter the	VA Bene Other:	Yes - Complete 6(b)  fits SS Benefits  Yes - Complete 7(a)  Yes - Complete 7(a)  Yes - Complete 7(a)	ete 6(d)				

PART II - INFORMATION ABOUT ANNUITANT								
DATE CONTACTED:								
1. ALL CUSTODY SITUATIONS								
(a) Is the annuitant aware of entitlement to	railroad retirement benefit?	☐ Yes ☐ No						
(b) Did the annuitant participate in decision	ons on expenditures?	☐ Yes ☐ No						
(c) Did the annuitant receive funds?		☐ Yes ☐ No						
(d) Were any large purchases made for	the annuitant?	☐ Yes ☐ No						
(e) Does the annuitant have any unmet	needs?	☐ Yes - Explain in REMARKS	S 🔲 No					
(f) Does the annuitant live with someone	e other than the payee?	☐ Yes - Go to 2	☐ No					
(g) Does the annuitant live alone?		Yes - Complete 2 and 3	☐ No Conclude Interview					
2. ANNUITANT NOT IN PAYEE'S CUSTOI	ΣΥ							
(a) Did the payee maintain contact with the annuitant?	Yes - Indicate type of conta	act and enter frequency.	No - Explain why not.					
with the annultant?	☐ Visits:							
	Letters:							
(b) Did anyone other than the payee sho concern for the annuitant?	OW .	Yes - Identify individual, type of contact, and frequency in REMARKS.	☐ No					
3. ANNUITANT LIVED ALONE								
(a) Who was responsible for maintenance expenses such as rent and utilities?	ee	<ul><li>☐ Annuitant</li><li>☐ Payee</li><li>☐ Other:</li></ul>						
(b) Who purchased the annuitant's food and clothing?		<ul><li>☐ Annuitant</li><li>☐ Payee</li><li>☐ Other:</li></ul>						
4. REMARKS (Continue on a separate sheet of paper, if necessary.)								
PART III - INFORMATION FROM CUSTODIAN								
DATE CONTACTED CUSTODIAN	'S NAME	ADDRESS	TELEPHONE NUMBER					
		(_	)					
1. CUSTODIAN NOT THE PAYEE								
(a) Did the annuitant live with the custodian during the entire reporting period?  Yes - Go to 1(e)  No - Complete 1(b), (c), and (d)								
(b) Identify the other known custodian(s)	. Use the REMARKS section	on the next page, if necessary.						
Name Address Telephone Number								
(c) When did the annuitant begin living with the custodian?								

PART III (Continued)								
1. CUSTODIAN NOT THE PAYEE (continued)								
(d)	Explain why the annuitant's custody changed, then <b>go to 2</b> , REMARKS.							
(e)	Whom would the custodian notify in cases of emergency?	0	Payee Other:		Explain in REMARKS			
(f)	Did the custodian charge for the care and maintenance of the annuitant?		Yes - Enter amount charged.		No			
(g)	Did the payee show personal concern for the annuitant?		Yes - Indicate how.  Visited - How frequently? Provided clothing Other:		No			
(h)	Did the payee provide money for the annuitant's personal use?				No			
(i)	Does the custodian hold and control the annuitant's personal use funds?		Yes		No			
(j)	Are the annuitant's funds mingled with the funds of another?		Yes		No			
(k)	Are the funds clearly designated as belonging to the annuitant?		Yes		No			
2. RE	MARKS (Continue on a separate sheet of paper, if necessar	ry.)						
Paperwork Reduction Act/Privacy Act Notices  This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The information requested on this form is used by the Railroad Retirement Board (RRB) to conduct an accounting of your performance as a representative payee for the reporting period shown on the front of this form. The RRB's authority for requesting this information is Section 7(b) (6) of the Railroad Retirement Act of 1974.  Your obligation to provide the requested information is voluntary. However, your failure to respond may result in a suspension of benefit payments or, ultimately, your removal as a representative payee.  The information you provide on this form may be disclosed without your approval to the individual or institution you identified in question number one. Such information may also be disclosed without your approval to the Government Accountability Office for audits, to the Justice Department for collecting overpayments owed to the RRB or the Social Security Administration, and to law enforcement agencies in court proceedings.  A complete listing of the persons, organizations, and agencies to which the information you have given us may be released is available at any office of the RRB, if you wish to see it.								
PART IV – CERTIFICATION								
I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or withholding information to cause payment of benefits by the RRB, I affirm that to the best of my knowledge, the information I have given is true, complete and cor-  PAYEE SIGNATURE								
CUSTODIAN SIGNATURE DATE								
PART V – EVALUATION AND ACTION TAKEN								
(Continue on a separate sheet of paper, if necessary.)								
SIGNAT	URE AND TITLE	FIE	ELD OFFICE	DATE				