

# REPRESENTATIVE PAYEE EVALUATION REPORT

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

## PART I INFORMATION FROM PAYEE

|    |  |                          |              |                             |
|----|--|--------------------------|--------------|-----------------------------|
| 1. | <b>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       |              |                             |
| 2. | <b>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           |
|    |  |                          |              |                             |
|    |  |                          |              |                             |
| 3. | <b>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 |
| 4. | <b>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 II INFORMATION FROM BENEFICIARY**

|           |   |  |
|-----------|---|--|
| <b>1.</b> | <b>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.</b> | <b>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.</b> | <b>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.</b> | <b>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.</b> | <b>REMARKS</b>  |  |
|           |   |  |

**PART III INFORMATION FROM CUSTODIAN**

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

|   |   |   |                             |
|---|---|---|-----------------------------|
| <b>1. PAYEE AND CUSTODIAN ARE NOT THE SAME PERSON OR ORGANIZATION</b>   |   |   |                             |
| (a) Did the beneficiary live with the custodian during the entire report period?  |   | <input type="checkbox"/> YES                                      | <input type="checkbox"/> NO |
| 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 |
| Amount \$   |   |   |                             |
| (d) Did the payee demonstrate personal concern for the beneficiary?   |   | <input type="checkbox"/> YES                                      | <input type="checkbox"/> NO |
| 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?<br>If yes, show the amount contributed by the payee. |   | <input type="checkbox"/> YES                                      | <input type="checkbox"/> NO |
| Amount \$   |   |   |                             |
| (f) Does the custodian hold and control the beneficiary's personal use funds?   |   | <input type="checkbox"/> YES                                      | <input type="checkbox"/> NO |
| If yes, answer (g).   |   |   |                             |
| (g) Are the beneficiary's funds mingled with funds of other persons?  |   | If yes, are the funds clearly designated as the beneficiary's?    |                             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO          |                             |

|  |  |  |  |
|--|--|--|--|
| <b>2. ALL CUSTODIANS</b>                                 |  |  |  |
| Were any group purchases made?                           |  | If yes, were the purchases approved by SSA?              |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

|           |         |
|-----------|---------|
| <b>3.</b> | REMARKS |
|           |         |

**PART IV    EVALUATION AND ACTION TAKEN**

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

## Privacy Act Statement

### Collection and Use of Personal Information

Sections 205(j)(3) and 1631(a)(2)(c) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine your suitability to continue being a representative payee and to determine if the beneficiary's current needs are being met.

See Revised Privacy Act Statement Attached

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may cause us to terminate you as a representative payee.

We rarely use the information you supply us for any purpose other than to make a determination regarding your suitability as representative payee and the beneficiary's current needs. We may 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 agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. 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);
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 our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We also may use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State and local government agencies. We use the information from these programs 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.

A complete list of routine uses of the information you provided us is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Master Representative Payee File, 60-0222. These notices, additional information regarding this form, and information regarding our programs and systems, are available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

See Revised PRA Statement Attached

**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 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.**