	KEPKES	ENIAI	IVE PA	YEE	: EVAL	LUATIO	'N KI	=POR		
ГР		CC			GS			NAM		
ГҮА			MBA			(	CF			
	OLA DAMO ALAME			10001	u ocoupity	(AU II 40 E D				
BENEFI	CIARY'S NAME			SOCIA	AL SECURIT	Y NUMBER				
PAYEE'	S NAME			ı				REPORT	PERIOD	
							From:			
PAYEE'	S ADDRESS						To:			
CITY AN	ID STATE			ZIP CO	DE		PHONE	NUMBER (Ir	clude area code)	
		PART I	INFO	RMA	ΓΙΟΝ FR	OM PAYE	Ε			
1.	GUARDIANSHIP STATUS			1						
	Is legal guardianship now in ef	fect?		If	yes, show gu		ES and addr		Oother than payee).	
	GUARDIAN'S NAME				DIAN'S ADD			`		
2.	CUSTODY			1						
	(a) Did the beneficiary live alor	ne or with someo	ne other than	the paye	ee?		ES es, answe		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 any change in custody.								on fo	
	NAME		ADDRE	ESS		RELATIONS		TES OF SIDENCE	REASON FO CHANGE	R
3.	DEMONSTRATION OF CO									
	(a) How did the payee learn of	the beneficiary's	s needs?							
							ES		10	
	(b) Did the payee maintain cor contact (visits, phone, lette				type of		LO		NO .	
	Contact (visits, prioric, ictic	is) and irequenc	y. II IIO, CAPIAII							
	(c) Did the payee provide the b					Y	YES NO			
	If yes, show to whom the fu the custodian). If no, show		(e.g., directly t	o the be	enenciary,					
1.	USE OF BENEFITS									
	(a) Did the payee turn over the checks or the full amount of the party?  If yes, show to whom the funds were given (e.g., the bene custodian).				ne checks to another		'ES		10	
					the	NAME				
	(b) Amount used for beneficiar	v's care and mai	ntenance If n	aid to an	other party	AMOUNT \$				
	show to whom.	y 3 care and indi	тепапос. п ра	uiu iU di	iouioi paity,	NAME				

FARII(	continued)				
4. (cont.)	(c) Amount used for beneficiary's clothing.			AMOUNT \$	
	(d) Amount used for beneficiary's personal ex	xpenditures. If less than \$3	60, explain in rema	AMOUNT \$	
	(e) Amount used for other than items (b) thro Explain in remarks.	ugh (d) above. (Exclude sa	avings.)	AMOUNT \$	
	(f) Total amount of benefits used.			TOTAL AMOUNT	
	(g) Did the payee record expenditures (receip	ots, cancelled checks, etc.)	?	YES	□ NO
5.	CONSERVED FUNDS				
	(a) Total amount of conserved funds. Subtract item 4(f) from TYA and add cons	served funds from prior yea	ırs.	AMOUNT \$	
	(b) How are conserved funds held?			Enter an am in the above	
	☐ CASH	U.S. SAVINO	GS BONDS	OTHER (Ex	plain)
	☐ CHECKING ACCOUNT	SAVINGS A	CCOUNT		
	(c) HOW ARE CONSERVED FUNDS TITLEI				
	TYPE OF HOLDING	TITLE OR OWNERSHIP	N.	AME AND ADDRESS OF BANK	ACCOUNT NUMBER
	(d) Are the funds mingled with funds of anoth		(e) Are funds clea	arly recorded as belonging to	the beneficiary?
	L YES L If yes, answer (e).	NO		YES NO	)
6.	OTHER INCOME				
	(a) Did the beneficiary have other income wh to or use of Social Security benefits?	ich affects the entitlement		YES NO	
	(b) Turns Of Other Inserts	MEN'S COMPENSATION	,	VA BENEFITS	
		(Explain)	JIN	☐ PUBLIC ASSISTA	NCE (Explain)
				YES NO	<u> </u>
	(c) Is there a payee for other income?		lf y	ves, show name and address of	
	NAME OF PAYER			ADDRESS OF PAYER	
7.	OTHER INFORMATION				
	Has the payee ever been convicted of a crim be a felony?	e considered to	16.	YES NO	)
8.	REMARKS		п у	es, explain in remarks .	
	I declare under penalty of perjury that I ha	ive examined all the infor	mation on this fo	rm, and on any accompanyi	ing statements or
	forms, and it is true and correct to the bes	st of my knowledge.		DATE	
				DATE.	

	PART II	INF	ORMATIO	N FR	OM BENE	FICIARY		
1.	ALL CUSTODY SITUATIONS							
	(a) Is the beneficiary aware of entitlement t	o Social	Security benefits	s?	(b) Did the ber	neficiary participate in decision	ns on ex	penditures?
	☐ YES		NO			YES		NO
	(c) Did the beneficiary receive funds for pe	rsonal sp	pending?		(d) Were any I	arge purchases made for the	benefici	ary?
	☐ YES		NO			YES		NO
	(e) Does the beneficiary have any unmet n	eeds?		EXPL	ANATION			
	YES If yes, explain.		NO					
	(f) Did the beneficiary live with someone ot	her than	the payee?		(g) Did the ber	neficiary live alone?		
	☐ YES		NO			YES		NO
	If yes, answer 2. below.				If yes	s, answer 2. and 3. below.		
2.	BENEFICIARY NOT IN PAYEE'S CUS							
	(a) Did the payee maintain contact with the	benefic	-					
	YES  If yes, show type of contact	∐ If no	NO o, explain					
	(visit, phone, letters) and frequence	y.						
	(b) Did anyone other than the payee demo- beneficiary?	nstrate c	oncern for the					
	☐ YES		NO					
3.	If yes, show who and type and free BENEFICIARY LIVED ALONE	equency	of contacts.					
<b>J</b> .	(a) Was the beneficiary responsible for his/(Rent, utilities)	her mair	ntenance expens	es?	(b) Did the ber	neficiary purchase his/her foc	d and clo	othing?
	YES		NO			YES		NO
4.	OTHER INFORMATION							
	Have any suspension or termination events child beneficiary)?	s occurre	ed (e.g., marriage	e of	[]	YES s, explain in remarks)		NO
5.	REMARKS				( )	o, explain in formation		

1. PAYEE AND CUSTODIAN ARE NOT THE SAME PERSON OR ORGANIZATION  (a) Did the beneficiary live with the custodian during the entire report period?  (b) Who would the custodian notify in cases of emergency?  (c) Was a charge made for care and maintenance of the beneficiary?  If yes, show the amount paid by the payee.  (d) Did the payee demonstrate personal concern for the beneficiary?  If yes, explain below.	NO NO (Specify)
(a) Did the beneficiary live with the custodian during the entire report period?  (b) Who would the custodian notify in cases of emergency?  (c) Was a charge made for care and maintenance of the beneficiary?   YES	NO NO (Specify)
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(a) Did the beneficiary live with the custodian during the entire report period?  (b) Who would the custodian notify in cases of emergency?  (c) Was a charge made for care and maintenance of the beneficiary?   YES   YES   If yes, show the amount paid by the payee.  (d) Did the payee demonstrate personal concern for the beneficiary?   YES   If yes, explain below   FREQUENCY OF VISITS   PROVIDES CLOTHING   GIFTS   OTHER   YES   NO   YES   NO   YES   NO    (e) Did the payee contribute money for the beneficiary's personal use? If yes, show the amount contributed by the payee.  Amount \$  (f) Does the custodian hold and control the beneficiary's personal use funds?   YES   YES   If yes, are the funds clearly designated as the bear of the payee in the paye	NO NO (Specify)
(c) Was a charge made for care and maintenance of the beneficiary?  If yes, show the amount paid by the payee.  (d) Did the payee demonstrate personal concern for the beneficiary?  FREQUENCY OF VISITS  PROVIDES CLOTHING  GIFTS  OTHER  YES  NO  (e) Did the payee contribute money for the beneficiary's personal use?  If yes, show the amount contributed by the payee.  (f) Does the custodian hold and control the beneficiary's personal use funds?  (g) Are the beneficiary's funds mingled with funds of other persons?  YES  NO  YES  If yes, are the funds clearly designated as the beneficiary any purchases made?  YES  NO  YES  NO  YES  If yes, were the purchases approved by SSA?  YES  NO  YES	NO (Specify)
If yes, show the amount paid by the payee.  (d) Did the payee demonstrate personal concern for the beneficiary?  (d) Did the payee demonstrate personal concern for the beneficiary?  FREQUENCY OF VISITS  PROVIDES CLOTHING  GIFTS  OTHER  YES  NO  (e) Did the payee contribute money for the beneficiary's personal use? If yes, show the amount contributed by the payee.  Amount \$  (f) Does the custodian hold and control the beneficiary's personal use funds?  (g) Are the beneficiary's funds mingled with funds of other persons?  YES  If yes, answer (g).  If yes, are the funds clearly designated as the beneficiary yes  ALL CUSTODIANS  Were any group purchases made?  YES  NO  YES  The yes, were the purchases approved by SSA?  YES  NO  YES	NO (Specify)
(d) Did the payee demonstrate personal concern for the beneficiary?    FREQUENCY OF VISITS	(Specify)
FREQUENCY OF VISITS  PROVIDES CLOTHING  GIFTS  OTHER  YES  NO  YES  NO  (e) Did the payee contribute money for the beneficiary's personal use? If yes, show the amount contributed by the payee.  (f) Does the custodian hold and control the beneficiary's personal use funds?  (g) Are the beneficiary's funds mingled with funds of other persons? 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 bear yes  NO YES  2. ALL CUSTODIANS  Were any group purchases made?  If yes, were the purchases approved by SSA?	
If yes, show the amount contributed by the payee.   Amount \$	NO
(f) Does the custodian hold and control the beneficiary's personal use funds?  (g) Are the beneficiary's funds mingled with funds of other persons?  (g) Are the beneficiary's funds mingled with funds of other persons?  (g) Are the beneficiary's funds mingled with funds of other persons?  (g) Are the beneficiary's funds mingled with funds of other persons?  (g) Are the beneficiary's funds mingled with funds of other persons?  (g) Are the beneficiary's funds mingled with funds of other persons?  (g) Are the beneficiary's funds mingled with funds of other persons?  (g) Are the purchase clearly designated as the beneficiary's funds mingled with funds of other persons?  (g) Are the beneficiary's funds mingled with funds of other persons?  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) ALL CUSTODIANS  (g) ALL CUSTODIANS  (g) ALL CUSTODIANS  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) ALL CUSTODIANS  (g) ALL CUSTODIANS  (g) Are the peneficiary's funds mingled with funds of other persons?  (g) ALL CUSTODIANS  (g) ALL CUST	
YES NO YES  ALL CUSTODIANS  Were any group purchases made?  YES NO YES  VES NO YES	NO
2. ALL CUSTODIANS  Were any group purchases made?  See No See No See The purchases approved by SSA?  YES NO YES	eneficiary's?
Were any group purchases made?  See If yes, were the purchases approved by SSA?  NO  YES  YES	NO
3. REMARKS	NO
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.

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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> or 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 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.