

Strengthening Protections for Social Security Beneficiaries Act of 2018--Questionnaire

1. Please indicate the state you represent. [Click here to select your state.](#)
2. On average, how many reports of abuse do you receive annually?
3. Of the abuse reports filed in the last 12 months, how many reports were confirmed?
4. Please indicate the type of abuse reports your state is able to exchange with the Social Security Administration (SSA). (Select all that apply)
 - Physical abuse
 - Emotional abuse
 - Sexual abuse
 - Financial or material exploitation
 - Isolation
 - Abandonment
 - Neglect
 - Self-neglect
 - We are not able to exchange information (Please indicate the reason(s))
 - Legal impediment
 - Limited staff resources
 - Does not have the technical capability
 - Other (Please explain) [Click here to enter text.](#)

If you are unable to exchange information with SSA, stop here and submit your responses.

5. Is there a consolidated record system for the entire state?

[Click here to select Yes or No.](#)

If you selected No, please explain [Click here to enter text.](#)

6. Please indicate the available report intake methods in your state. (Select all that apply)
 - Online reporting system
 - Phone
 - Mail
 - Fax
 - Walk-in
 - Email

7. How often is your state able to ascertain if the victim receives SSA benefits?

[Click here to select your response.](#)

8. How often is your state able to ascertain if the perpetrator is a representative payee?

Click here to select your response.

9. Please indicate the type of personal identifying information you collect for the victim. (Select all that apply)

- Name
- Date of birth
- Social Security Number
- Address
- Phone number
- Age
- Gender
- Other (Please specify) **Click here to enter text.**
- None

10. Please indicate the type of personal identifying information you collect for the perpetrator. (Select all that apply)

- Name
- Date of birth
- Social Security Number
- Address
- Phone number
- Age
- Gender
- Other (Please specify) **Click here to enter text.**
- None

11. Please indicate the type of information available for exchange with SSA. (Select all that apply)

- Victim's personal identifying information
- Perpetrator's personal identifying information
- Perpetrator's relationship to victim
- Reported primary concern or allegation
- Victim and/or perpetrator's mental impairments
- Victim and/or perpetrator's physical impairments
- Details of investigation result
- Perpetrator criminal prosecution information
- Other (Please specify) **Click here to enter text.**

12. Does your state have the technical capability to send report data electronically to SSA?

[Click here to select Yes or No.](#)

If you selected No, please describe the available method to exchange data with SSA.

[Click here to enter text.](#)

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 (OMB) control number. We estimate that it will take about 12 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***