

6232

See Revised PRA
Statement attached

Representative Payee Report

Social Security Administration, P.O. Box 6230, Wilkes-Barre, PA 18767-9956

FORM APPROVED
OMB NO. 0960-0068

PAYEE'S NAME AND ADDRESS

REPORT PERIOD

SOCIAL SECURITY NUMBER

FROM:

TO:

BENEFICIARY

FP

ID

BIC

D

TP

CC

GS

PC

DOC

CF

TAA

PF

BSSN

If change of address, check box and enter new address on back of report.

This report is about the benefits you received between _____ and _____ for the beneficiary, _____ . Please read the enclosed instructions before completing this form to help you answer each question.

<p>1. Were you (the payee) convicted of a crime considered to be a felony between _____ and _____ ? If YES, please explain in REMARKS on the back of this form.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>2. Did the beneficiary continue to live alone, or with the same person, or in the same institution from _____ to _____ ? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>3. Benefits paid to you between _____ and _____ = \$ _____ Benefits you reported as saved on last year's report. = \$ _____ Total Accountable Amount = \$ _____</p> <p>A. Did you (the payee) decide how the \$ _____ was spent or saved? \longrightarrow If NO, please explain in REMARKS on the back of this form.</p> <p>B. How much of the \$ _____ did you spend for the beneficiary's food and housing between _____ and _____ ? \longrightarrow</p> <p>C. How much of \$ _____ did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between _____ and _____ ? \longrightarrow</p> <p>D. How much, if any, of the \$ _____ did you save for the beneficiary as of _____ ? If none, show zeros. \longrightarrow</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>DOLLAR AMOUNT (NO CENTS)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> , <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> , <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> , <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>

4. If you showed an amount in 3.D. above, place an "X" in the boxes below to show how you are saving the benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT						B. TITLE OF ACCOUNT		
Savings/Checking Account	U.S. Savings Bonds	Certificates of Deposit	Collective Savings/Checking Account	Treasury Bills	Other	Beneficiary's Name by Your Name	Your Name for Beneficiary's Name	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SSA will insert the following revised PRA Statement into the form as soon as possible:

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 15 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.***