

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.	GUARDIANSHIP STATUS				
	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.	CUSTODY				
	(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.	DEMONSTRATION OF CONCERN				
	(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.	USE OF BENEFITS				
	(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		

4. (cont.)	(c) Amount used for beneficiary's clothing.	AMOUNT \$
	(d) Amount used for beneficiary's personal expenditures. If less than \$360, explain in remarks.	AMOUNT \$
	(e) Amount used for other than items (b) through (d) above. (Exclude savings.) Explain in remarks.	AMOUNT \$
	(f) Total amount of benefits used.	TOTAL AMOUNT \$
	(g) Did the payee record expenditures (receipts, cancelled checks, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

5.	CONSERVED FUNDS		
	(a) Total amount of conserved funds. Subtract item 4(f) from TYA and add conserved funds from prior years.		AMOUNT \$
	(b) How are conserved funds held? <input type="checkbox"/> CASH <input type="checkbox"/> U.S. SAVINGS BONDS <input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT		Enter an amount or zero in the above field
	(c) HOW ARE CONSERVED FUNDS TITLED?		
	TYPE OF HOLDING	TITLE OR OWNERSHIP	NAME AND ADDRESS OF BANK
			ACCOUNT NUMBER
	(d) Are the funds mingled with funds of another person(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, answer (e).		(e) Are funds clearly recorded as belonging to the beneficiary? <input type="checkbox"/> YES <input type="checkbox"/> NO

6.	OTHER INCOME		
	(a) Did the beneficiary have other income which affects the entitlement to or use of Social Security benefits?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, answer (b) and (c).
	(b) Type Of Other Income <input type="checkbox"/> WORKMEN'S COMPENSATION <input type="checkbox"/> VA BENEFITS <input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> PUBLIC ASSISTANCE (Explain)		
	(c) Is there a payee for other income?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, show name and address of payee below.
	NAME OF PAYEE	ADDRESS OF PAYEE	

7.	OTHER INFORMATION		
	Has the payee ever been convicted of a crime considered to be a felony?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in remarks .

8.	REMARKS		
	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.		
	SIGNATURE	DATE	

PART II INFORMATION FROM BENEFICIARY

1.	ALL CUSTODY SITUATIONS	
	(a) Is the beneficiary aware of entitlement to Social Security benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	(b) Did the beneficiary participate in decisions on expenditures? <input type="checkbox"/> YES <input type="checkbox"/> NO
	(c) Did the beneficiary receive funds for personal spending? <input type="checkbox"/> YES <input type="checkbox"/> NO	(d) Were any large purchases made for the beneficiary? <input type="checkbox"/> YES <input type="checkbox"/> NO
	(e) Does the beneficiary have any unmet needs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain.	EXPLANATION
	(f) Did the beneficiary live with someone other than the payee? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, answer 2. below.	(g) Did the beneficiary live alone? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, answer 2. and 3. below.
2.	BENEFICIARY NOT IN PAYEE'S CUSTODY	
	(a) Did the payee maintain contact with the beneficiary? <input type="checkbox"/> YES <input type="checkbox"/> NO 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, show who and type and frequency of contacts.	
3.	BENEFICIARY LIVED ALONE	
	(a) Was the beneficiary responsible for his/her maintenance expenses? (Rent, utilities) <input type="checkbox"/> YES <input type="checkbox"/> NO	(b) Did the beneficiary purchase his/her food and clothing? <input type="checkbox"/> YES <input type="checkbox"/> NO
4.	OTHER INFORMATION	
	Have any suspension or termination events occurred (e.g., marriage of child beneficiary)?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain in remarks)
5.	REMARKS	

PART III INFORMATION FROM CUSTODIAN

CUSTODIAN'S NAME	ADDRESS	PHONE (Include area code)
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1.	PAYEE AND CUSTODIAN ARE NOT THE SAME PERSON OR ORGANIZATION			
(a) Did the beneficiary live with the custodian during the entire report period?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(b) Who would the custodian notify in cases of emergency?		If no, show other custodians if known.		
(c) Was a charge made for care and maintenance of the beneficiary? If yes, show the amount paid by the payee.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(d) Did the payee demonstrate personal concern for the beneficiary?		If yes, explain below .		
FREQUENCY OF VISITS	PROVIDES CLOTHING <input type="checkbox"/> YES <input type="checkbox"/> NO	GIFTS <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER (Specify)
(e) Did the payee contribute money for the beneficiary's personal use? If yes, show the amount contributed by the payee.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(f) Does the custodian hold and control the beneficiary's personal use funds?		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		

2.	ALL CUSTODIANS			
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		

3.	REMARKS

PART IV EVALUATION AND ACTION TAKEN

SIGNATURE AND TITLE	OFFICE	DATE
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Privacy Act Statement
Collection and Use of Personal Information

See Revised Privacy Act &
PRA Statements attached

~~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 www.socialsecurity.gov 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.**~~