

**Justification for Non-Substantive Changes for  
SSA-6233 Representative Payee Report of Benefits and Dedicated Account  
20 CFR 416.546, 416.635, 416.640, 416.665  
OMB No. 0960-0576**

**Background**

Section 1631(a) of the *Social Security Act (Act)*, and Sections 20 CFR 416.546, 416.640, 416.635 and 416.665 of the *Code of Federal Regulations*, require representative payees (payee) to establish and maintain a separate (i.e., “dedicated”) account in a financial institute when a blind or disabled child under age 18 is eligible for certain past-due Supplemental Security Income (SSI) monthly payments, on or after August 23, 1996. Per the regulations, the payee has the option to deposit certain subsequent past-due benefits and underpayments into the dedicated account. SSA restricts the funds from the account to specific purchases. SSA requires payees with dedicated accounts to report the activity of funds in the account annually, using Form SSA-6233, to ensure deposits and expenditures comply with the law. This reporting requirement remains in effect either until the payee depletes the account, or until SSA terminates eligibility for SSI payments.

We are revising Form SSA-6233 to reduce burdens associated with reporting how and why certain purchases from dedicated account funds relate to the beneficiary’s impairment.

**Form SSA-6233**

- **Change #1:** We are revising the language on changing Questions 7A and 7B, page 3 to:
  - o **Current Language:**

7 .	<p><b>A.</b> Did you take any money out of the dedicated account during the report period?  <b>If Yes, please provide</b> the date and amount of each deposit:  <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;">[FREE TEXT BOX FOR EXPLANATION]</div>           [</p>	<p>[ ] Yes    [ ] No</p>
	<p><b>B.</b> Were these purchases for medical treatment, or education or job skill training?  <b>If No, please explain</b> how they benefited the beneficiary and are related to his/her impairment(s):  <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; margin-top: 10px;">[FREE TEXT BOX FOR EXPLANATION]</div></p>	<p>[ ] Yes    [ ] No</p>

**o Revised Language:**

7. [FREE TEXT	<b>A.</b> Did you take any money out of the dedicated account during the report period? [ ] Yes [ ] No BOX FOR EXPLANATION]	
	<b>B.</b> Were these purchases for medical treatment, education, job training, or other purchases that benefit the beneficiary and relate to their impairment? <b>If No, please explain</b> what you purchased and the amount of each purchase. <div style="border: 1px solid black; height: 40px; width: 100%; margin: 10px 0;"></div> <b>Important:</b> Remember to keep all records and receipts of purchases for at least two years. If we have questions, you will need to explain why or how the other item or service relates to the impairment(s) of the beneficiary.	[ ] Yes [ ] No

**Justification #1:** Requiring representative payees to report every item and service they purchased and the amount of each purchase on Form SSA-6233, and to explain how every purchase that is not for medical treatment, education, or jobs skills training benefits the beneficiary and relates to their impairment is burdensome to respondents. We are revising the language to require the representative payee to report purchases and the amount of the purchase only if the purchase is not for medical treatment, education, job training, or otherwise benefits the beneficiary and relates to their impairment. Revising the language will reduce the burden of responding to the form.

- **Change #2:** We are revising the instructions language for Questions 7A and 7B, page 7 to:

**o Current Language:**

<p><b>Question 7</b></p> <p><b>A. Money Taken Out Of Dedicated Account</b></p> <p>Place an “X” in the “Yes” box if during the report period you took money out of the dedicated account. Explain what items and/or services you purchased and the amount of each purchase. Place an “X” in the “No” box if no money was removed from the account.</p>
<p><b>B. Is The Purchase Related To The Impairment?</b></p> <p>Answer this question if you checked “Yes” in 7.A. Place an “X” in the “Yes” box if the items and/or services purchased were for medical treatment, education, job skills training, other purchases that benefit the beneficiary and relate to their impairment. Place an “X” in the “No” box if the purchases were for something else and explain how the purchases benefited the beneficiary and are related to his/her impairment(s).</p>

**o Revised Language**

<p><b>Question 7</b></p> <p><b>A. Money Taken Out Of Dedicated Account</b></p> <p>Place an “X” in the “Yes” box if during the report period you took money out of the dedicated account. Place an “X” in the “No” box if no money was removed from the account.</p>
<p><b>B. Is The Purchase Related To The Impairment?</b></p> <p>Answer this question if you checked “Yes” in 7.A. Place an “X” in the “Yes” box if the items and/or services purchased were for medical treatment, education, job skills training, other purchases that benefit the beneficiary and relate to their impairment. Place an “X” in the “No” box if the purchases were for something else and explain what you purchased and the amount of each purchase.</p>

**Justification #2:** We are revising the language to align the instructions to the proposed changes to the questions.

- **Change #3:** We are revising the Privacy Act Statements on this collection.

**Justification #3:** SSA’s Office of the General Counsel is conducting a systematic review of SSA’s Privacy Act Statements on agency forms. As a result, SSA is updating the Privacy Act Statements on this collection.

**Revisions to the Burden Estimates**

As noted above, we estimate that these revisions will reduce the public reporting burden. The following chart shows the new burden figures for this information collection upon implementation of these revisions:

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Average Theoretical Hourly Cost Amount (dollars)*</b>	<b>Average Wait Time in Field Office or for Teleservice Centers (minutes)**</b>	<b>Total Annual Opportunity Cost (dollars)***</b>
SSA-6233-BK	68,000	1	15	17,000	\$31.48	21	\$1,284,384

\*We based this figure on average U.S. worker’s hourly wages, as reported by Bureau of Labor Statistics data ([https://www.bls.gov/oes/current/oes\\_nat.htm#00-00000](https://www.bls.gov/oes/current/oes_nat.htm#00-00000))

\*\* We based this figure on the average FY 2024 wait times for teleservice centers, based on SSA’s current management information data.

\*\*\* This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. **There is no actual charge to respondents.**

We will implement these changes upon OMB approval.