

# *Social Security*

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## **Representative Payment Program**

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### **Guide for Organizational Representative Payees**



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## Foreword

The Social Security Administration (SSA) developed this handbook for you to use when serving as a representative payee. It provides guidance to assist you in understanding the principles of the Representative Payment program. It is a “how-to” manual with specific instructions for serving as a representative payee. Within this framework, you can tailor your representative payee system to fit your organization’s resources and the needs of your beneficiaries.

## Introduction

SSA administers two programs that provide income security for aged, blind, or disabled persons and their dependents or survivors. These programs are the most important sources of income for many Americans.

**Social Security** is a social insurance program that protects workers and their families from loss of earnings because of retirement, death or disability.

**Supplemental Security Income (SSI)** is a federal income maintenance program for aged, blind and disabled persons with little or no income or resources.

We refer to both Social Security beneficiaries and SSI recipients as “beneficiaries.” Some beneficiaries receive both Social Security and SSI payments.

Most people receive their payments directly; however, others are unable to manage or direct the management of their own funds. We pay these people through representative payees who receive and manage payments for them. SSA usually looks for a representative payee among the beneficiary’s family and friends. For a small segment of the population, the traditional networks of support are not available. We rely on state, local or community sources to fill the need.

Community representative payee programs play a vital role in serving our beneficiaries. They help to ensure that benefit payments are used for basic needs, which provide the beneficiary with a more stable environment. A caring representative payee can help motivate many beneficiaries to work toward more independent living and can improve their response to therapy, rehabilitation, and their family.

## What is a representative payee?

A representative payee is an individual or organization that receives Social Security and/or SSI payments for someone who cannot manage or direct someone else to manage his or her money. Your main responsibility as a representative payee is to use the funds to pay for the current and foreseeable needs of the beneficiary. (Refer to pages 8-9 for the duties of a representative payee.) With certain exceptions, a representative payee is **not** paid for services. However, see below for a description of certain representative payees who are authorized to collect a fee.

There are two kinds of representative payees:

1. **Individual representative payee** – This could be someone that a beneficiary lives with or a family member or friend who does not live with the beneficiary. It could also be a lawyer, a legal guardian, or a volunteer for a government or non-profit agency.
2. **Organizational representative payee** – This category includes social service agencies, institutions, an official of a state or local government agency or a financial organization. Some organizational payees, called ***Fee-for-Service Payees***, are permitted to charge the beneficiary a fee for their services. The payee must file a request and be approved before they can collect a fee.

**Note:** Having power of attorney or a joint bank account with the beneficiary is **not** the same thing as being a representative payee.

## Who is a beneficiary?

SSA administers both the Social Security and SSI programs. A beneficiary is a person who receives Social Security and/or SSI payments.

### Social Security

Workers qualify for Social Security benefits after they have worked under covered employment for a specified time period and had Federal Insurance Contributions Act (FICA) taxes withheld from their earnings. When the worker retires or becomes disabled, he or she becomes eligible for Social Security benefits. A worker's spouse or children may also become eligible for Social Security benefits if the worker retires, becomes disabled or dies. The amount that someone receives depends on the age at which he or she retires, becomes disabled, dies, how long he or she worked under the Social Security program, the amount of earnings, etc.

### SSI

To receive SSI, a person must be 65 or older, blind or disabled *and* must have limited income. In order to qualify, he or she cannot have over \$2,000 (\$3,000 for a couple) in countable resources. Some resources, such as the home where the beneficiary lives and one car, are usually *not* counted. Children may receive SSI due to disability or blindness. SSA administers a payment called the federal benefit rate (FBR) that is paid out of General Revenues, not the Social Security Trust Fund. Some states supplement this amount. The FBR is usually reduced if the individual has other income such as cash or in-kind income, which can include food or housing. Some individuals may receive both Social Security and/or SSI payments; eligibility for benefits depends on the individual meeting the requirements for each program.

It is important that the representative payee know which type of payment(s) the beneficiary is receiving and what events/changes must be reported to SSA. (See pages 24-25 for the reporting responsibilities of a representative payee.)

## Who needs a representative payee?

SSA assumes adult beneficiaries are capable of managing their money unless there is legal, medical or lay evidence to the contrary. Having a representative payee is **not** an option or a choice. SSA appoints a representative payee when a beneficiary is determined incapable of managing or directing someone else to manage their Social Security and/or SSI payments.

The law requires that some beneficiaries have a representative payee. Those required to have a payee include:

- minor children under age 15 (For children age 15 – 17, SSA policy requires a representative payee, unless an exception is granted.);
- legally incompetent adults (if your organization is a legal guardian for a beneficiary, you will need to submit a copy of the court appointment to SSA); and
- disabled adults who are determined by SSA to be incapable, and who SSA has determined to have a drug addiction or alcohol (DAA) condition.

If you have a beneficiary that is receiving their own Social Security and/or SSI payments and they lose their ability to manage their money, you should promptly report this to SSA. When this occurs, SSA will obtain medical or lay evidence to determine if the beneficiary is capable of managing his or her payments. If the beneficiary is determined to be incapable, SSA will appointment a representative payee. Your organization may apply to be representative payee.

### Special Needs of Beneficiaries With a Drug Addiction or Alcohol Condition

Disabled adults who are determined by SSA to be incapable, and who SSA has determined to have a drug addiction or alcohol condition must have a representative payee. Organizations and agencies are preferred representative payees for these beneficiaries because they already serve the mentally ill, substance abusers and the homeless. These agencies are aware of the special needs of these individuals and how financial resources can help to meet those needs. SSA and local organizations and agencies have established mutually beneficial working relationships.

## How to apply to be a representative payee

To apply to be a representative payee, your organization should contact the local Social Security office to file Form SSA-11 (Request To Be Selected As Payee – see Exhibit A). SSA requires this application to be completed in a face-to-face interview (with certain exceptions.)

The face-to-face interview is used to:

- determine your organization’s relationship to the beneficiary;
- discuss your organization’s qualifications;
- discuss your organization’s ability to carry out the responsibilities of a representative payee;
- explain the representative payee duties;
- explain representative payee reporting responsibilities; and
- explain the liability for not reporting changes to SSA. (See pages 24-25 for a list of changes that must be reported *and* page 26 for liability and responsibility for an overpayment.)

You must provide accurate information so that SSA can determine your organization’s suitability to serve as representative payee.

## What are your duties as a representative payee?

A representative payee acts on behalf of the beneficiary to manage the beneficiary's Social Security and/or SSI payments.

### **Required Duties:**

- Determine the beneficiary's current needs for day-to-day living and use his or her payments to meet those needs.
- Save any money left after meeting the beneficiary's current needs in an interest bearing account or U. S. savings bonds.
- Report any changes or events which could affect the beneficiary's eligibility for benefits or payment amount such as a change in the amount of a pension, wage changes (for example, increase in number of hours worked or increase in hourly wage), etc. An income change in one month usually changes the SSI payment two months later. You must consider the possibility of an increase or decrease in future monthly SSI payments when paying current expenses or giving money to the beneficiary.
- Keep written records of all payments received from SSA and how they are spent and/or saved.
- Provide benefit information to social service agencies or medical facilities that serve the beneficiary.
- Notify SSA of any changes or circumstances that would affect your performance as a representative payee or your decision to continue to serve as representative payee.
- Complete written reports accounting for the use of funds (See Exhibit B for an example of an accounting report.)
- Assist the beneficiary in the completion of continuing disability reviews and redeterminations of SSI eligibility.
- Return any payments to SSA for which the beneficiary is not entitled.

- Return any conserved funds to SSA if you stop serving as a representative payee for the beneficiary.
- For SSI beneficiaries, be aware of any other income or resources that the beneficiary has. This is important because other income and/or other resources may impact on the beneficiary's SSI eligibility and/or payments.
- For children who receive SSI, you must assist in obtaining treatment that was prescribed by a physician, psychologist or other acceptable medical source and that is expected to improve or restore the child's functioning. Failure to provide help in obtaining necessary medical treatment for the child may result in SSA removing you as representative payee.

## **Suggestions for other ways representative payees can help**

Although it is not required, SSA encourages you to go beyond managing finances and to be actively involved in your beneficiary's life.

### ***Other ways to help the beneficiary include:***

- getting the beneficiary medical treatment when necessary;
- meeting regularly with the beneficiary (preferably face-to-face);
- establishing a budget, discussing it with the beneficiary, and involving him or her as much as possible in financial decisions;
- explaining Social Security and/or SSI payments and the beneficiary's expenses to him or her;
- ensuring that the beneficiary is aware of current and large retroactive payments;
- helping the beneficiary find other services he or she needs (for example, food stamps, housing subsidies, etc.);
- learning all of the various impairment related work expenses and blind countable expenses and report them to SSA when required so that the beneficiary can take advantage of work incentives in the disability program and perhaps have higher benefit payments;
- helping the beneficiary fill out applications for other needed services and cooperating with caseworkers;
- negotiating with landlords and others to get "the best possible deal" for the beneficiary;

- helping the beneficiary file income tax returns (The beneficiary may owe taxes on Social Security payments or may be due a refund. Also, the beneficiary may be entitled to an earned income tax credit (EITC) that can be paid throughout the year or included in the federal income tax calculation.); and
- recommending an alternate person or agency if you can no longer serve as a representative payee for the beneficiary(ies).

## What a representative payee must know about the “Ticket to Work” provisions for people with disabilities

One of SSA’s highest priorities is to help people with disabilities achieve independence by helping them to take advantage of employment opportunities. For this reason, SSA has in place special initiatives to assist people with disabilities in this process. Some of these initiatives are as follows:

- an increase in the choices that beneficiaries have in obtaining rehabilitation and vocational services; and
- removing the barriers that require people with disabilities to choose between health care coverage and work.

As a representative payee for people with disabilities, you need a working knowledge of the technical provisions involved so you can advise your clients appropriately and recognize when to seek case-specific guidance from SSA.

For additional information on the Ticket To Work provisions, please obtain the following:

- *“Work Incentives For People With Disabilities,”* January 1, 2001, Publication #64-030; and
- *“Ticket To Work and Work Incentives Improvement Act of 1999,”* June, 2000, Publication #05-10060.

We also post up-to-date information about the latest developments on our Ticket to Work web site at [www.ssa.gov/work](http://www.ssa.gov/work).

## What is proper use of benefits?

You must ensure that payments are used to meet the beneficiary's immediate and reasonably foreseeable day-to-day needs for food and housing. Then, payment may be used for the beneficiary's personal needs such as clothing, recreation, and miscellaneous expenses. You may also use payments to pay for medical and dental care not provided by Medicare, Medicaid or a residential institution. You must save funds remaining after meeting the beneficiary's current and reasonably foreseeable needs. You receive the Social Security and/or SSI payments on behalf of the beneficiary and it is your responsibility to spend the funds in the best interest of the beneficiary.

### Current Maintenance Needs

Representative payees must always be aware of the beneficiary's current maintenance needs and ensure these needs are met. Current needs should never be sacrificed to pay other expenses.

### Institutionalized Beneficiaries

It is SSA's policy that representative payees of all institutionalized beneficiaries should provide **at least \$30 monthly** for the beneficiaries' personal needs.

If the beneficiary is receiving care in a federal, state or private institution and **not receiving Medicaid payments** for his or her care, current maintenance includes the institution's charges and expenditures for items that will aid in the beneficiary's recovery or release or improve the beneficiary's condition.

For Social Security retirement, survivors or disability (not SSI) beneficiaries, if the current maintenance needs of an institutionalized beneficiary are met (for example, the beneficiary is in a hospital) you may use part of the funds for the support of the beneficiary's **legally dependent** spouse, child, and/or parent. If you have any questions on this provision, contact your local Social Security office.

## Other Expenditures

**Claims of Creditors** – You may satisfy the beneficiary’s debt (arising prior to the first month for which Social Security or SSI payments are made) if the beneficiary's current and reasonably foreseeable needs are met. When your organization **is also a creditor**, such as a landlord or an institution, and the debt was incurred before the beneficiary’s entitlement, you must get SSA’s approval before reimbursing your organization for any debts owed to your organization.

**Guardianship Fees** – If you have been appointed a legal guardian for an incompetent beneficiary, a reasonable part of the beneficiary's funds may be used for customary guardianship fees, provided the guardianship appears to be in the beneficiary's best interests. These fees must be authorized and monitored by a court.

Paying legal guardianship fees would **not** constitute proper use of benefits in the following situations:

- guardianship costs and fees are included as part of a state's support obligation to the beneficiary, or if you have been authorized by SSA to receive a fee for services from the beneficiary. (See pages 30-33 for “Payment for representative payee services.”);
- costs or fees related to an unsuccessful petition for guardianship; or
- the beneficiary's funds will be depleted by the guardianship costs to the point where the beneficiary’s personal needs are not being met.

**Out of Pocket Expenses** – You may be reimbursed for reasonable out-of-pocket expenses incurred for the beneficiary. For example, the cost of transporting the beneficiary to a doctor’s appointment (such as bus fare or mileage) is paid from the organization’s funds. The amount the organization may be reimbursed must correspond to the actual expense incurred for the individual beneficiary. You must keep records of your expenses.

However, if you are collecting a fee for representative payee services, you are **not** authorized to be reimbursed for any expenses that are considered “overhead.” For example, expenses such as postage, office equipment, photocopying, etc. are already included in your fee for representative payee services.

**Payment for Representative Payee Services** – Certain representative payees are authorized to collect a fee for their services if they are qualified to do so under the law, and have been approved by SSA to be a “fee-for-service” representative payee. (See pages 30-33 for an additional discussion of this provision.)

**Purchasing Insurance** – Purchasing life insurance or a prepaid burial contract is an acceptable use of benefits, unless:

- premiums diminish available funds to the point where the beneficiary’s current maintenance needs are not being met;
- there is a conflict of interest (for example, if the representative payee is heir to the estate); or
- an institutional representative payee normally uses funds from another source to purchase insurance for a non-beneficiary.

### **Misuse of Benefits**

SSA defines misuse of benefits as the “...misappropriation of benefits by the representative payee.” Misuse occurs when you neither use the beneficiary’s funds for current and foreseeable needs *or* save them.

- SSA investigates all allegations of misuse, gathers facts and evidence, and makes a formal determination on whether misuse has occurred. If misuse is found, SSA may appoint a new representative payee or make direct payment to the beneficiary. SSA will then initiate action to recover the misused funds.
- If your organization misuses the beneficiary’s funds, then your organization has a legal obligation to make restitution to the beneficiary.

## **Managing and conserving funds**

We recommend that you hold the beneficiary's funds for current and foreseeable needs in an interest bearing checking or savings account. SSA encourages you to have the funds directly deposited to a bank account. To protect the beneficiary's funds, the checking and/or savings account title must reflect the beneficiary's ownership of the funds and your organization's fiduciary relationship. Neither the representative payee nor any other third party can have ownership interest in the account. The beneficiary must never have direct access to the account.

Although these are the most common methods of identifying accounts, any account title (under state law) that shows beneficiary ownership and your organization as fiduciary is acceptable. Your bank will provide help if you have additional questions. Do not use joint accounts. If at all possible, do not use the name of an individual staff person; use your organization's name.

After meeting the beneficiary's current needs, you should save any extra funds in an interest bearing account or U.S. savings bonds.

### **Types of Bank Accounts:**

#### **Individual Accounts**

Agencies may decide to maintain separate bank accounts for each beneficiary for the following reasons:

- a separate accounting system is not required; and
- the opportunity to involve the beneficiary in bill paying and teach them skills in this area.

#### ***Recommended titles for Individual Accounts:***

- John Q. Bene by Pollock Pines Representative Payee Services, representative payee; or
- Sequoia Step Up, representative payee for Bennie Q. Davis

## **Collective Accounts**

Organizations serving as a representative payee for several beneficiaries may request payment into a collective bank account. Agencies and institutions often find it efficient to use a collective account to hold beneficiaries' funds for the following reasons:

- centralizes the individual accounts;
- may earn larger amounts of interest to allocate to the beneficiaries; and
- may avoid checking account service charges.

### ***Collective accounts are acceptable under the following conditions:***

- the account is separate from the organization's operating account;
- the account title shows that the funds belong to the beneficiaries and not the representative payee;
- there are clear and current records showing the amount of each beneficiary's share in the account and consistent procedures are followed for documenting credits and debits of the individual beneficiaries;
- interest is credited to each individual on the basis of his or her share in the account; and
- the account records and other supporting records are made available, upon request, to SSA.

### ***Recommended title for a Collective Account:***

- Patuxent Social Services, representative payee for Social Security and SSI beneficiaries

## **Special instructions for children’s representative payees**

The following instructions apply to representative payees for children under the age of 18.

### **General Instructions**

- You must report to SSA if a child beneficiary moves, begins to live with someone else, or if the child is adopted or marries. You must also report if there is a change of custody.
- You must report if the beneficiary is a stepchild and the parents divorce or one dies.

### **For children who receive SSI:**

- You may be required to obtain treatment that was prescribed by a physician, psychologist or other acceptable medical source and that is expected to improve or restore the child’s functioning. Failure to provide help in obtaining necessary medical treatment for the child may result in SSA removing you as representative payee.
- Certain large past-due SSI payments to blind or disabled children covering more than six months of payments must be placed directly into a separate “dedicated account.” Funds in this account may only be used for certain expenses, as discussed below.

### **Dedicated Accounts:**

The law requires that representative payees establish and maintain an account in a financial institution for certain large past-due payments for SSI beneficiaries under the age of 18. These “dedicated accounts” must be maintained separately from any other savings or checking account set up for the beneficiary. Except for past-due payments that may be received later, no other funds may be commingled into the account. The money and the interest on the money in a dedicated account are not counted as income or resources for SSI purposes.

Money in a dedicated account can be used only for the following categories of things that benefit the child and is related to the child's impairment:

- medical treatment;
- education or job skills training;
- personal needs assistance, special equipment, housing modification, and therapy or rehabilitation, if related to the child's disability; or,
- any other item or service related to the child's disability that SSA determines to be appropriate. **We encourage you to first get approval from your local Social Security office for this category of expenses.**

***Examples of "other" items or services that could be related to the child's impairment (not all inclusive):***

- *Household furnishings and appliances related to the child's disability* such as air conditioning for an asthmatic child, a washing machine for an incontinent child or installation of a phone line to ensure ready access for a needed service.
- *Increased electric bills* resulting from impairment-related mechanical devices that must run frequently.
- *Housing renovations* where the present conditions adversely affect the child's health such as insulating a home for a child with a respiratory or cardiovascular condition that is aggravated by extremes of cold or heat, or a separate bedroom for a child with emotional disabilities that require a structured setting.
- *Repairing walls, replacing carpets or furnishings* that have been damaged by a disabled child;
- *Special play and recreation equipment* related to the child's impairment and specialized day care and therapeutic recreation such as special summer camps or Special Olympics;
- *Special foods* for a child with specific dietary needs;
- *Special clothes*, such as orthopedic shoes or specialized clothing for incontinent children;

- *Computers and related accessories* and software to promote learning, cognitive and other skills;
- *Transportation expenses* incurred in getting the child to training classes, therapy sessions, doctor's appointments, etc. This could include bus or cab fare, or in some cases the purchase of a vehicle;
- *Counseling, crisis intervention services, respite care or therapeutic foster care*, if not covered by health insurance or a public service program; and
- *Payment of attorney fees* incurred in pursuit of the child's disability claim.

***Examples of approved requests for expenditures from dedicated accounts:***

- A parent payee requested approval for paying the cost of moving from an apartment to a rented home. This expense was related to the child's autism since the apartment lease was terminated due to the frequent, noisy outbursts from the disabled child. The request was approved because the child's outbursts resulted in losing the lease.
- A parent payee requested approval to buy a van that was specially equipped to accommodate the child's wheelchair. The van was needed to transport the child to and from therapy sessions several times a week. To support this request, the parent provided the child's treatment history along with a letter from the child's doctor indicating the treatments were ongoing and unlikely to terminate. The request was approved on the basis of the van being needed for the child to attend impairment-related therapy sessions.
- A parent payee requested approval to buy a new pair of shoes for the disabled child. The request was denied because the shoes are not related to the child's impairment. The child should have shoes, but the expense must be paid from the child's ongoing monthly SSI payments.

- A parent payee requested approval to pay for the cost of a respite worker so that the mother could shop, take care of personal business and have a short break from her care giving responsibilities for her disabled child. The request was approved because the expense is for specialized care for the disabled child while providing a respite for the mother.

**Note:** In an emergency, dedicated account funds can be used for basic living expenses to prevent the child from becoming homeless or malnourished.

If you knowingly use money from the dedicated account for anything other than the expenses shown above, you must repay SSA from your *own* funds. You must keep a record of all money taken from this account and maintain receipts for all items or services obtained with money from this account. We periodically review these records (See Exhibit C for an example of the accounting report.)

Dedicated account rules apply until all funds in the dedicated account are depleted or eligibility for SSI benefits terminates. If you have any questions about dedicated accounts, please contact your local Social Security office.

## **Some things a representative payee cannot do**

There are some limits to what a payee can do. Representative payment is legally recognized only for benefits SSA pays. A payee only has the legal authority to decide how the Social Security and/or SSI payment will be used for the beneficiary's care and well being.

### ***Being a representative payee does not give you authority to:***

- use a beneficiary's money for anything other than the beneficiary's needs;
- spend a beneficiary's funds in a way that would leave him or her without necessary items or services (housing, food, clothing, medical care);
- put a beneficiary's Social Security and/or SSI payments in your or another person's account;
- use a beneficiary's "dedicated account" funds for purposes not related to the child's impairment (for example, medical treatment, education, job skills training, etc.);
- keep the beneficiary's conserved funds if you are no longer the representative payee;
- charge the beneficiary for services unless authorized by SSA (See pages 30-33);
- make medical decisions;
- sign legal documents, other than Social Security documents, on behalf of a beneficiary; and
- have legal authority over earned income, pensions, or any income from sources other than Social Security and/or SSI payments.

## What changes must be reported to SSA?

You must promptly report changes to SSA that may affect the beneficiary's eligibility for Social Security and/or SSI benefits. To report changes, call our toll-free number, **1-800-772-1213**, or call or visit your local Social Security office.

### ***You must report the following:***

- the beneficiary dies;
- the beneficiary moves;
- the beneficiary marries or divorces;
- the beneficiary starts or stops working;
- a disabled beneficiary's condition improves;
- the beneficiary leaves or plans to leave the U.S. for 30 consecutive days or more;
- a beneficiary's immigration or citizenship status changes;
- the beneficiary is confined to a correctional institution;
- custody of a child beneficiary changes or a child is adopted;
- the beneficiary is a child (including a stepchild) and the parents divorce or one dies;
- your organization can no longer serve as representative payee; or
- the beneficiary no longer needs a representative payee.

**Note:** As a representative payee, you may be held liable for repaying an overpayment if you do not report changes timely.

## **Additional events to report for SSI beneficiaries**

### ***You must also report the following:***

- countable resources exceed \$2,000 for an individual or \$3,000 for a couple;
- the beneficiary moves to or from a hospital, nursing home or other institution;
- the beneficiary starts receiving another government benefit, or the amount of that benefit changes;
- a married beneficiary separates from his or her spouse, or they begin living together after a separation;
- someone moves into or out of the beneficiary's household; or
- the beneficiary has any change in income or resources (For example, a child's SSI payment may change if there are any changes in family income or resources.).

A representative payee must also complete a periodic review of non-medical eligibility factors called a "redetermination" which includes income, resources and living arrangements. A redetermination determines whether the SSI beneficiary is still eligible for and receiving the correct payment amount (See Exhibit D).

## **What is your liability and responsibility for an overpayment?**

An overpayment is any amount of money received for any period that exceeds the total amount of money that should have been paid. The overpaid amount is a debt owed to the United States Government.

When a beneficiary is overpaid, the current representative payee should file for waiver on behalf of the beneficiary. The waiver request will determine the beneficiary's liability for repayment of the total overpayment amount.

If the beneficiary is overpaid through no fault of your organization and the incorrect payments were used to meet the beneficiary's needs, then you may not be held liable.

If SSA determines that a former representative payee is liable for repayment of the overpayment (or a portion thereof), recovery is initiated against the former representative payee and not the current representative payee.

In some cases, the beneficiary's benefit payments are suspended or terminated. The beneficiary may request continuation of payment while appealing the cessation of payment. Any resulting overpayment due to losing the appeal may not have to be repaid to SSA.

## Best practices

You may benefit from the “best practices” organizational representative payees around the nation have shared with us.

### Some of these practices are listed below:

- Establish a line of communication with your local Social Security office.
- Some representative payees have negotiated arrangements with local merchants to purchase goods such as food, clothing or household furnishings. The beneficiary can select his or her items and buys them with a pre-approved credit voucher or after the merchant verifies the purchase with the representative payee. Alcohol is excluded from these arrangements.
- Representative payees have negotiated with financial institutions to provide checking accounts with no *or* minimal service charges, if needed. An organization with a substantial number of beneficiaries may be able to get a more favorable group rate.
- Some organizations flag the financial accounts of SSI beneficiaries when conserved funds reach \$1,500. This serves as an alert to assess the personal needs of the beneficiary and maintain countable resources below the \$2,000 limit by meeting these needs.
- Some organizations have found it helpful to themselves and to the beneficiaries for whom they serve as payee to have a written contract stating the terms of their relationship. We included a sample “CONTRACT” on the following page that organizations and agencies could adapt to their own needs.

## Sample Contract

### CONTRACT

I have discussed my needs with [Name of Organization Staffer]. I agree to have [Name of Organization] serve as my representative payee for Social Security and/or SSI payments.

I will:

- Be clean and sober when I come to conduct business,
- Treat staff with courtesy and respect,
- Come to conduct business only on [days and hours organization has set up],
- Receive \$[amount] for spending money every [length of time] as agreed, and
- Sign a receipt when I receive my spending money.

In the event of a financial emergency: [Organization's Provision].

I understand that if I fail to comply with these rules, [Organization] may refuse to Continue to serve as my representative payee.

[Organization] will:

- Treat me with courtesy and respect;
- Be available on [days and hours] to meet with me;
- Use funds received on my behalf to meet my current needs for food, clothing and housing;
- Report to the Social Security Administration (SSA) any events that may affect my eligibility for payments or payment amount;
- Account to SSA on how my money has been spent or saved;
- Save any unspent funds, if any, in a way that clearly shows the funds belong to me; and
- Return to SSA any funds that have been saved for me (in the event of a change in representative payee) or that were sent for my benefit but to which I am not entitled.

-----  
Beneficiary  
Signature and Date

-----  
Organization  
Signature and Date

## Developing a representative payee accounting system

**Your organization *must* establish some form of a representative payee accounting system that will track:**

- how much money was received;
- how much money was spent; and
- the balance saved for each beneficiary.

We do not tell you how to set up your system. You may wish to use a PC program that will:

- alert you when a SSI beneficiary's conserved benefits are approaching the \$2,000 resource limit;
- prorate interest earned based on each beneficiary's portion of the balance; and
- provide understandable and up-to-date reports so SSA and the beneficiary know how the money was spent.

You should save your records for at least **2 years** and make them available to SSA upon request.

## Payment for representative payee services

SSA can authorize certain types of organizations to collect a fee from a beneficiary's monthly payment for providing representative payee services. We refer to these organizations as "fee-for-service" representative payees.

### To qualify as a fee-for-service organization, your organization must be:

- a community based, nonprofit social service agency or organization which is bonded or licensed in the state in which you serve as representative payee; or
- a state or local government agency with responsibility for income maintenance, social service, health care, or fiduciary responsibilities; and
- regularly serving as a representative payee for at least five beneficiaries and **not a creditor** of the beneficiary.

### An exception to the creditor restriction can be granted when:

- The goods or services that create the creditor relationship meet the current needs of the beneficiary. To meet this condition, these items must be for the immediate needs of the beneficiary, such as food, clothing and housing. **Creditor relationships that are established to discharge past debts do not meet this requirement;** and
- The cost(s) of goods and services provided by the organization are equitable. This means that the amount the beneficiary is charged for the organization's services is consistent with rates charged other individuals and is reasonable for the services provided. The organization may have a policy which considers the beneficiary's ability to pay when determining the amount to be charged for the goods and services it provides.

**Important:** A creditor organization's authorization to collect a fee for serving as representative payee for one beneficiary does not extend to subsequent applications for other beneficiaries. Authorizations must be made on a case-by-case basis, and SSA will advise you of their decision.

### **Fee amounts:**

- Effective December 2000, the authorized fee is the **lesser** of 10% of the monthly benefit amount or \$29.
- For individuals receiving disability payments and SSA has determined that a drug addiction or alcoholism condition is a contributing factor, the fee is the **lesser** of 10% of the monthly benefit amount or \$56.

**Note:** The fee amount for each month is deducted from the check received in the following month, that is, the December fee is deducted from the check amount received in January.

### ***When fees for payees cannot be collected***

A fee may not be collected if *any* of the following apply:

- there is no payment received in the month, or
- the organization is receiving compensation, including guardianship fees, for performing representative payee services from another source, or
- payee services were not performed for the month.

Current benefits may not be used to collect fees for past months. Also, a beneficiary's conserved funds (checking/saving account, bonds, etc.) or an institutionalized beneficiary's personal needs funds cannot be used for collecting fees.

**Note:** There is one exception which allows an organization to collect a fee of more than \$29/\$56 in a month. The exception applies when a retroactive payment is made for a prior period of nonpayment or incorrect payment and the organization:

- is approved to collect a fee for the months for which the payment is made;
- provided payee services for the month for which payment is made; and
- is payee of record when the retroactive payment is received.

**Example:** A county mental association was a fee-for-service payee for a beneficiary whose disability includes a DAA condition and these benefits were terminated effective January 2000. Members of the association staff assisted the individual in processing an appeal on the termination. They also visited him at least monthly to ensure that his county assistance payments were being used for basic needs. In March 2001, the individual was reinstated and received retroactive payments for January through March. The benefits were issued to the association, which continued to perform as payee. The association can charge the individual the permitted fee amount (\$56) for each month covered in the retroactive payments.

## **How to request authorization to collect a fee**

Before your organization can collect a fee for representative payee services, you must request authorization in writing from SSA and that request must be approved.

### ***The written request must include all of the following information and documents listed below:***

- your Employer Identification Number (EIN);
- your organization's statement of purpose (mission statement);
- your organization's service area (For example, this would include the neighborhoods, cities and counties served.);
- a list of the names, social security numbers, and residence addresses of beneficiaries for whom you are already serving as a representative payee;
- a statement as to whether or not your organization currently charges any of the beneficiaries for its services; and
- the signature of the director of your organization or another individual who can legally act for the organization.

### ***If your organization is not a state or local government agency, you must also submit the following documents with the request:***

- proof of tax-exempt status under Section 501(c) of the Internal Revenue Code; and
- a copy of your organization's current bonding agreement with an insurance company or mortgage holder (For example, the type of bond requested is one that guarantees payment to the organization for unforeseen financial loss through the actions of a corporate officer or employee dishonesty.); *or*
- if your organization is not bonded, you may submit a copy of the organization's current state license, certificate or notice that allows it to provide services within the state.

## Monitoring representative payees

SSA wants to make sure representative payees fulfill their responsibilities. We actively monitor representative payees through reports and visits.

Under the law, you are required to submit a Representative Payee Report (See Exhibit B) each year. This form asks you for information such as how you used the beneficiary's payments, how much (if any) was saved, and whether or not the beneficiary's custody changed. The only exception to this reporting requirement is for certain state mental institutions that participate in an alternative monitoring program.

In addition, we visit certain organizational representative payees periodically. This improved organizational representative payee monitoring program provides an opportunity for ongoing education for you about your duties and responsibilities. It will also improve lines of communication between you and SSA.

The site review program includes the following features:

**Six-Month Site Visit** -- SSA will visit fee-for-service representative payees six months after appointment to ensure that you fully understand your duties and responsibilities and are on the right track with respect to record keeping and reporting.

**Annual Certification** -- Fee-for-service representative payees are required to show each year that you continue to meet the requirements for charging a fee for your representative payee services. For example, you are required to present proof of current licensing and/or bonding and serve at least five beneficiaries.

**Site Reviews** -- SSA will review fee-for-service representative payees and certain other large organizational representative payees at least once every three years. The reviews will ensure representative payee compliance through a face-to-face meeting and examination of a sample of beneficiary records.

**Random Reviews** -- SSA conducts reviews of a random sample of organizational representative payees.

## Definitions

**Custody** – This refers to the control and care of the beneficiary. “Physical custody” means that the beneficiary actually lives with the person or organization who has custody. “Legal custody” means that a court has placed a person in the custody of an individual, institution, or other agency. Temporary changes in custody (for vacations or short trips) are not considered a change of custody if the beneficiary is expected to return to his or her original custodian.

**Incapable** – A determination made by SSA that a person is unable to manage or direct someone else to manage their Social Security and/or SSI funds. When SSA finds someone is incapable, it means that they need a representative payee.

**Legal Emancipation** – This is a term used to describe a child under 18 years old who has been declared by a State court of law to be no longer subject to parental or guardian control. Laws regarding emancipation vary from state to state.

**Legal Guardian** – Someone who has been appointed by a court of law to have responsibility for a minor or an incompetent adult. Some forms of legal guardianship refer only to responsibility for the financial affairs of the child or incompetent adult. The legal guardian can be the representative payee for a beneficiary or someone else can serve as representative payee.

**Legal Incompetence** – A court’s decision that a beneficiary is unable to manage his or her affairs. A beneficiary who is found to be legally incompetent must have a representative payee. SSA requires a copy of the court ruling in order to appoint a representative payee.

**Power of Attorney** – This is a legal arrangement in which a person grants someone else authority to sign legal documents or make financial transactions for them. It need not involve capability or competence. SSA does not recognize a power of attorney for purposes of managing a beneficiary’s benefits and payments.

## Frequently asked questions

### ***How often do I have to report to SSA on how payments have been used?***

We will send you a “Representative Payee Report” periodically, usually once a year. The report is simple to complete if you keep clear records of payments received and how the money is spent and/or saved. Refer to Exhibit E for an example of a record keeping worksheet.

### ***What type of bank account should I set up?***

The bank account must be titled so that it is clear that the money belongs to the beneficiary. A checking account may be best because you will have cancelled checks and/or statements that show how the funds were spent. However, some beneficiaries cannot maintain high enough balances to avoid service charges. Cashier’s checks and money orders also have charges associated with them. Make every effort to set up an account that earns interest, minimizes fees and enables you to keep clear records. If you are serving as a representative payee for a large number of beneficiaries, you may want to set up a collective account, but this will require an accounting system.

### ***The beneficiary for whom I am representative payee moves around a lot. Since you have my address, why do I have to notify you every time he moves?***

We know it is difficult to stay on top of the whereabouts of some beneficiaries, but the law requires SSA to keep a current file of representative payee and beneficiary names and addresses. For SSI beneficiaries, moving can mean a change of living arrangements and a change in his or her SSI payment. In addition, SSA sometimes needs to send notices not only to you, but also to the beneficiary. You can call SSA toll-free at **1-800-772-1213**, or if you prefer, you can notify SSA by mail when a beneficiary moves or to report other changes.

### ***I am representative payee for a child who wants to go on vacation and needs one-on-one assistance. Can her funds be used to pay for her personal assistant’s expenses on the trip?***

Any use of the beneficiary’s funds must show a correlation between the expense incurred and a direct benefit to the individual beneficiary. The use of a beneficiary’s funds to pay the expenses of a personal

assistant may be proper if the personal assistant serves as a volunteer and is not receiving any other source of remuneration from the representative payee's organization. However, if the personal assistant is an employee of the agency and on duty, the expenses should be paid by the agency. Of course, the expense must be reasonable in relation to the beneficiary's funds and the beneficiary must not have unmet current or foreseeable needs. You must obtain SSA's approval before using the funds for this purpose.

***What "out-of-pocket" expenses can I be reimbursed for?***

You can be reimbursed from the beneficiary's funds for actual expenses incurred in providing services for your beneficiary such as postage, phone calls, cost of money orders, transportation costs (for example, cab fare or mileage), etc. You must keep records of your expenses.

However, if you are collecting a fee for representative payee services, you are **not** authorized to be reimbursed for any expenses that are considered "overhead." For example, expenses such as postage, office equipment, photocopying, etc. are already included in your fee for representative payee services.

***The beneficiary for whom I am representative payee wants to spend money on things that I think are unwise (alcohol, cigarettes, lottery tickets, candy, etc.). What is my responsibility?***

Your main obligation is to ensure that the current needs (food, clothing and housing) of the beneficiary are met. Once that has been done, the beneficiary has the right to have some discretionary spending money, even if you do not approve of all of his or her choices. In the case of drug or alcohol abuse, you may want to give the beneficiary only small amounts of spending money, or purchase food to give to the beneficiary, rather than cash.

***When I became representative payee, I found out that the beneficiary has a lot of outstanding debts. What is my obligation concerning those debts?***

Money that you receive for the beneficiary, whether monthly or past due payments, must be used to meet current needs such as housing, food, utilities, and medical and dental expenses before funds may be spent on outstanding debts. Social Security and SSI payments are exempt from seizure by creditors. If failure to pay old debts could result in negative consequences like homelessness, you should attempt to settle the debts.

If the beneficiary owes money to your organization for a debt which arose before the beneficiary's entitlement, you must first obtain SSA's approval before using the beneficiary's funds to pay the debt. If you have any question regarding this requirement, contact your local Social Security office.

## Medicare and Medicaid

As a representative payee, you should know some things about Medicare and Medicaid coverage because you may be asked to use funds to pay some of the beneficiary's medical bills.

### Medicare

Medicare is a federal health insurance program, administered by the Centers for Medicare and Medicaid Services (CMS) [formerly known as the Health Care Financing Administration (HCFA)]. Social Security beneficiaries are entitled to Medicare automatically at age 65. If the beneficiary is under age 65, Medicare usually starts after 24 continuous months of disability benefits. Medicare beneficiaries must pay certain deductibles and coinsurance payments. Part B, Supplementary Medical Insurance, also requires beneficiaries to pay a monthly premium that is usually deducted from the Social Security benefit payment. The Medicaid program, described below, may be able to help beneficiaries with limited income and resources pay Medicare premiums and/or Medicare deductibles and coinsurance. For more information about Medicare coverage, call the toll free Medicare Hotline at **1-800-MEDICARE** (1-800-633-4227) to speak to a Medicare Customer Representative and ask for a copy of the publication *Medicare and You* (HCFA Publication No. 10050). You can also reach CMS on the Internet. Type <http://cms.hhs.gov> or <http://www.medicare.gov> to access Medicare information.

### Medicaid

Medicaid is a joint federal-state health insurance program, administered by the state. States have some discretion in determining which groups of people Medicaid will cover and the financial criteria for Medicaid eligibility. States usually provide Medicaid for individuals who receive federally funded cash assistance payments such as SSI. In many states, an SSI application also serves as a Medicaid application. Even in states where this is not the case, SSI beneficiaries usually qualify for Medicaid.

Some Medicaid programs do not require receipt of cash assistance for eligibility. A person may qualify even if his or her income and resources are too high for SSI. These programs include help with Medicare expenses; others vary from state to state. For more information about Medicaid, contact the beneficiary's medical assistance (Medicaid) agency, social service or welfare office.

## Key differences between Medicare and Medicaid:

<b><i>Differences</i></b>	<b><i>Medicare</i></b>	<b><i>Medicaid</i></b>
Eligibility	<p><a href="#">Part A – (Hospital Insurance)</a> Automatically eligible if over 65 and receiving Social Security, or under 65 and receiving Social Security disability benefits for over 24 months. There are special rules for people with permanent kidney failure, people with ALS (amyotrophic lateral sclerosis) and certain people with previous eligibility to Social Security or SSI.</p> <p><a href="#">Part B (Medical Insurance)</a> Automatically eligible if eligible for Part A.</p>	<p>May be eligible, depending on income, resources, and state eligibility criteria. In 32 states and the District of Columbia, SSI beneficiaries are automatically eligible.</p>
Administration	<p>Federal government: CMS (Centers for Medicare and Medicaid Services) [formerly known as HCFA (Health Care Finance Administration)] administers</p>	<p>State/local: The state oversees the program; usually administered at the county level. CMS oversees the states.</p>
Funding	<p>All federal. A portion of the FICA (Federal Insurance Contributions Act) contribution goes to the Medicare trust fund.</p>	<p>Federal/state</p>

<p><b>Cost-sharing</b> (portions of the coverage that the beneficiary must cover)</p>	<p><a href="#">Part A</a>: deductibles and co-insurance</p> <p><a href="#">Part B</a>: premiums, deductibles and co-insurance</p>	<p>States may impose nominal deductibles, coinsurance, or co-payments for certain services. In many states with “medically needy” programs, persons whose SSA benefits are too high to qualify for SSI may qualify for Medicaid by spending their excess income on premiums and medical care. This includes people in long-term care.</p>
<p><b>Services covered</b></p>	<p><a href="#">Part A</a>: Hospital and related health care services, skilled nursing homes and home health care.</p> <p><a href="#">Part B</a>: Some physician’s services, home health (if you do not have Part A), laboratory work, durable medical equipment, other No prescription coverage.</p>	<p>Necessary medical and rehabilitative services. May vary by state.</p> <p>Prescriptions</p>

## Other Available Publications

***What You Should Know When A Representative Payee Manages Your Money***

SSA Publication No. 05-10097  
ICN 468634

***Social Security: A Guide for Representative Payees***

SSA Publication No. 05-10076  
ICN 468025

***Understanding Supplemental Security Income***

SSA Publication No. 17-008  
ICN 443175

***Social Security: What You Need to Know When You Get Retirement or Survivors Benefits***

SSA Publication No. 05-10077  
ICN 468300

***Social Security: What You Need To Know When You Get Disability Benefits***

SSA Publication No. 05-10153  
ICN 480165

***Social Security: What You Need To Know When You Get SSI***

SSA Publication No. 05-11011  
ICN 480265

***A Guide to SSI for Groups and Organizations***

SSA Publication No. 05-11015  
ICN 455360

To order any of these publications, call SSA at **1-800-772-1213** or visit <http://www.ssa.gov>

## Exhibits

- Exhibit A - Form SSA-11-BK (Request To Be Selected As Payee)
- Exhibit B - Form SSA-623-F6 (Representative Payee Report)
- Exhibit C - Form SSA-6233-BK (Representative Payee Report of Benefits and Dedicated Account)
- Exhibit D - Form SSA-8202-F6 (Statement For Determining Continuing Eligibility for Supplemental Security Income Payment)
- Exhibit E - Income and Expenses Worksheet
- Exhibit F - *What You Should Know When a Representative Payee Manages Your Money* (SSA Publication No. 05-10097)

**Exhibit A**

SOCIAL SECURITY ADMINISTRATION		TOE 250		Form Approved OMB No. 0960-0014					
<b>REQUEST TO BE SELECTED AS PAYEE</b>	FOR SSA USE ONLY							FOR SSA USE ONLY	
	Name of Ben. Sym.	Program	Date of Birth	Type	Gdn.	Cus.	Inst.	Nam.	
							DISTRICT OFFICE DESIGNATION:		
							STATE AND COUNTY CODE:		
PRINT IN INK: The name of the NUMBER HOLDER							SOCIAL SECURITY NUMBER		
The name of the PERSON(S) for whom you are filing (the "claimant(s)") (if different from above.)							SOCIAL SECURITY NUMBER(S)		
Answer item 1 ONLY if you are the claimant and want your benefits paid directly to you.									
1. I request that I be paid directly. CHECK HERE <input type="checkbox"/> and answer only items 3, 5, 6 and 7 before signing this form on page 4.									
<b>I REQUEST THAT THE SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, BLACK LUNG OR SPECIAL VETERAN BENEFITS OF THE CLAIMANT BE PAID TO ME AS REPRESENTATIVE PAYEE.</b>									
2. Explain why you think the claimant is not able to handle their own benefits. (In your answer, describe how the money will be received now.) <input type="checkbox"/> Claimant is a minor child.									
3. Explain why you would be the best representative payee. (Use Remarks if you need more space.)									
4. If you are appointed payee, how will you handle the claimant's needs? <input type="checkbox"/> Live with me or in the institution I represent. <input type="checkbox"/> Daily visits. <input type="checkbox"/> Visits at least once a week. <input type="checkbox"/> By other means. Explain:									
5. Does the claimant have a court-appointed legal guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, enter the legal guardian's: NAME _____ ADDRESS _____ PHONE NUMBER _____ TITLE _____ DATE OF APPOINTMENT _____									
Explain the circumstances of the appointment. (Use Remarks if you need more space.)									
Form SSA-11-BK (2-2000) Destroy Prior Editions					Page 1		Printed on recycled paper		

**Exhibit A (continued)**

6. (a) Where does the claimant live?

Alone

In my home (Go to (b).)

With a relative (Go to (b).)

With someone else (Go to (b).)

In a board and care facility (Go to (b).)

In a public institution (Go to (c).)

In a private institution (Go to (c).)

In a nursing home (Go to (c).)

In the institution I represent (Go to (c).)

(b) Enter the names and relationships of any other people who live with the claimant.

NAME	RELATIONSHIP

(c) Enter the claimant's residence and mailing addresses (if different from yours).

Residence: \_\_\_\_\_ Mailing: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

(d) Do you expect the claimant's living arrangements to change in the next year?

YES  NO If YES, explain what changes are expected and when they will occur. (Use separate sheet if you need more space.)

7. If you are applying on behalf of minor child(ren) and you are not the parent, Does the child(ren) have a living natural or adoptive parent?  YES  NO

If YES, enter: (a) Name of parent \_\_\_\_\_

(b) Address of parent \_\_\_\_\_

(c) Telephone number \_\_\_\_\_

(d) Does the parent show interest in the child?  YES  NO

Please explain: \_\_\_\_\_

8. List names, relationships, and (other) relationships of persons who provided support to the claimant. Describe the type of support provided.

Name	Address/Phone No.	Relationship	Port of Interest

9. Check the block that describes your relationship to the claimant.

(a)  Official of bank, agency or institution with responsibility for the person. Enter below which you represent:

Federal

State/Local

Private non-profit

Private proprietary institution. Is the institution licensed under State law?  YES  NO

IF (a) ABOVE CHECKED, COMPLETE ONLY QUESTIONS 10 AND 11 AND SIGN THE FORM ON PAGE 4.

(b)  Parent

Spouse

Other Relative-Specify \_\_\_\_\_

Legal Representative

Board and Care Home Operator

Other individual-Specify \_\_\_\_\_

IF (b), (c), (d), or (e) ABOVE CHECKED, GO ON TO QUESTION 12

Form SSA-11-BK (2-2000) Page 2

**Exhibit A (continued)**

INFORMATION ABOUT INSTITUTIONS, AGENCIES AND BANKS APPLYING TO BE REPRESENTATIVE PAYEE	
10.	(a) Enter the name of the institution _____ (B) Enter the EIN of the institution _____
11.	Is the claimant indebted to your institution for past care and maintenance? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give the amount of the debt, the date(s) the debt was incurred and a description of the debt. _____
INFORMATION ABOUT INDIVIDUALS APPLYING TO BE REPRESENTATIVE PAYEE	
12.	Enter: YOUR NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ ANY OTHER NAMES YOU HAVE USED _____ OTHER SSN'S YOU HAVE USED _____
13.	How long have you known the claimant? _____
14.	Does the claimant owe you any money now or will he/she owe you money in the future? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter the amount he/she owes you, the date(s) the debt was/will be incurred and describe why the debt will be incurred. _____
15.	If the claimant lives with you, who takes care of the claimant when work or other activity take you away from home? _____ Relationship to the claimant? _____
16.	What is your occupation of your income? <input type="checkbox"/> Employed (answer below) _____ ) <input type="checkbox"/> Self-employed (Type of Business) _____ ) <input type="checkbox"/> Social Security or Black Lung Benefits (Claim Number) _____ ) <input type="checkbox"/> Pension (describe) _____ ) <input type="checkbox"/> Supplemental Security Income payments (Claim Number) _____ ) <input type="checkbox"/> AFDC (County & State) _____ ) <input type="checkbox"/> Other Welfare (describe) _____ ) <input type="checkbox"/> Other (describe) _____ )
	(b) Enter your employer's name and address: _____  How long have you been employed by this employer? (If less than 1 year, enter name and address of previous employer in Remarks.) _____
17.	Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: What was the crime? _____ On what date were you convicted? _____ What was your sentence? _____ If imprisoned, when were you released? _____ If probation ordered, when did/will your probation end? _____

## Exhibit A (continued)

18.	How long have you lived at your current address? (Give Date MM/YY) _____ (If less than 1 year, enter previous address in Remarks.)
REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)	
<b>PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM</b>	
<p>I understand that:</p> <ul style="list-style-type: none"> <li>• I must use all payments made to me as the representative payee for the claimant's current needs or (if not currently needed) save them for his/her future needs.</li> <li>• I may be held personally liable for repayment if I misuse the payments or if I am at fault for any overpayment of benefits.</li> </ul> <p>I agree to:</p> <ul style="list-style-type: none"> <li>• Use the payments for the claimant's current needs and save any currently unneeded benefits for future use.</li> <li>• File an accounting report on how I used the payments when requested by the Social Security Administration.</li> <li>• Notify the Social Security Administration when the claimant dies, leaves my custody, or otherwise changes living arrangements or when I no longer have responsibility for his/her care and welfare.</li> <li>• Comply with the conditions for receiving certain benefits listed on the attached sheet(s); I will keep for my records and for returning checks the claimant is entitled to.</li> <li>• File an annual report of earnings if required.</li> <li>• Notify the Social Security Administration as soon as possible if I am no longer the representative payee or the claimant is no longer my payee.</li> </ul>	
<p>I know that anyone who knowingly causes to be made a false statement or representation of material facts relating to a payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both.</p> <p>I affirm that all information I have given in this document is true.</p>	
SIGNATURE OF APPLICANT _____ Signature _____ (Print name, middle initial, last name) (Write in ink) Sign Here	Date (month, day, year) _____ Telephone number(s) at which you may be contacted during the day _____ Area Code _____
Print Your Name (Write if applicant is an employee of an institution/organization) _____	
Mailing Address (Number and Street, Apt. No., P.O. Box, or Rural Route) _____	
City and State _____	Zip Code _____ Name of County _____
Residence Address (Number and Street, Apt. No., P.O. Box, or Rural Route) _____	
City and State _____	Zip Code _____ Name of County _____
Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.	
1. Signature of Witness _____ Address (Number and Street, City, State, and Zip Code) _____	2. Signature of Witness _____ Address (Number and Street, City, State, and Zip Code) _____
Form SSA-11-BK (2-2000) <span style="float: right;">Page 4</span>	

## Exhibit A (continued)

### SOCIAL SECURITY

#### Information for Representative Payees Who Receive Social Security Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant **DIES** (Social Security entitlement ends the month before the month the claimant dies);
- the claimant **MARRIES**, if the claimant is entitled to child's, widow's, mother's fathers's, widower's or parent's benefits, or to wife's or husband's benefits as a divorced wife/husband, or to special age 72 payments;
- the claimant's marriage ends in **DIVORCE** or **ANNULMENT**, if the claimant is entitled to wife's, husband's or special age 72 payments;
- the claimant's **SCHOOL ATTENDANCE CHANGES** if the claimant is age 18 or over and entitled to child's benefits as a full time student;
- the claimant is entitled as a stepchild and the parents divorce (benefits terminate the month after the month the divorce becomes final);
- the claimant is under age 70 and **WORKS** for more than the annual limit (as determined each year) or for more than the allowable time (for work outside the United States);
- the claimant receives a **GOVERNMENT PENSION** or **ANNUITY** or the amount of the annuity changes, if the claimant is entitled to husband's, widower's, or divorced spouse's benefits;
- the claimant leaves your custody or care or otherwise **CHANGE ADDRESS**;
- the claimant **NO LONGER HAS A CHILD IN CARE** if the claimant is entitled to benefits because of caring for a child under age 16 or who is disabled;
- the claimant is confined to jail, prison, penal institution or correctional facility for **CONVICTION OF A CRIME**;
- the claimant is confined to a public institution by court order in connection with **A CRIME**.

IF THE CLAIMANT IS RECEIVING **DISABILITY BENEFITS**, YOU MUST ALSO REPORT IF:

- the claimant's **MEDICAL CONDITION IMPROVES**;
- the claimant **STARTS WORKING**;
- the claimant applies for or receives **WORKER'S COMPENSATION BENEFITS**, **Black Lung Benefits** from the Department of Labor, or a public disability benefit;
- the claimant is **DISCHARGED FROM THE HOSPITAL** (if now hospitalized).

IF THE CLAIMANT IS RECEIVING **SPECIAL AGED PAYMENTS**, YOU MUST ALSO REPORT IF:

- the claimant or spouse becomes **ELIGIBLE FOR PERIODIC GOVERNMENTAL PAYMENTS**, whether from the U.S. Federal government or from any State or local government;
- the claimant or spouse receives **SUPPLEMENTAL SECURITY INCOME** or **PUBLIC ASSISTANCE CASH BENEFIT**;
- the claimant or spouse **MOVES** outside the United States (the 50 States, the District of Columbia and the Northern Mariana Islands).

In addition to these events about the claimant, you must also notify us if:

- **YOU** change your address;
- **YOU** are convicted of a crime.

**BENEFITS MAY STOP** IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

#### REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed;
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault;
- you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to tell us as soon as you know you will no longer be able to act as representative payee or the claimant no longer needs a payee.

Keep in mind that benefits may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

## Exhibit A (continued)

A REMINDER TO PAYEE APPLICANTS			
TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	BEFORE YOU RECEIVE A DECISION NOTICE	SSA OFFICE	DATE REQUEST RECEIVED
	AFTER YOU RECEIVE A DECISION NOTICE		

**RECEIPT FOR YOUR REQUEST**

Your request for Social Security benefits on behalf of the individual(s) named below has been received and will be processed as quickly as possible.

You should hear from us within \_\_\_\_\_ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you change your address, or if there is some other change that may affect the benefits payable, you—or someone for you—should report the change. The changes to be reported are listed on the reverse.

Always give us the claim number of the beneficiary when writing or telephoning about the claim.

If you have any questions about this application, we will be glad to help you.

BENEFICIARY	SOCIAL SECURITY CLAIM NUMBER

**THE PRIVACY ACT**  
We are required by section 552 and 552(a) of the Social Security Act to ask you to give us the information on this form. This information is needed to determine if you are qualified to serve as representative payee. Although responses to these questions are voluntary, you will not be named representative payee unless you give us the answers to these questions.

Sometimes the law requires us to give out the facts on this form without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audits needed to administer or improve our representative payee program.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualified for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**PAPERWORK REDUCTION ACT STATEMENT**  
The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10.5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

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Form SSA-11-BK (2-2000) Page 6

## Exhibit A (continued)

### SUPPLEMENTAL SECURITY INCOME Information for Representative Payees Who Receive SSI Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant or any member of the claimant's household **DIES** (SSI eligibility ends with the month in which the claimant dies);
- the claimant's **HOUSEHOLD CHANGES** (someone moves in/out of the place where the claimant lives);
- the claimant **LEAVES THE U.S.** (the 50 states, the District of Columbia, and the Northern Mariana Islands) for 30 consecutive days or more;
- the claimant **MOVES** or otherwise changes the place where he/she actually lives;
- the claimant is **ADMITTED TO A HOSPITAL**, skilled nursing facility, nursing home, intermediate care facility, or other institution;
- the **INCOME** of the claimant or anyone in the claimant's household **CHANGES**;
- the **RESOURCES** of the claimant or anyone in the claimant's household **CHANGE**;
- the claimant or anyone in the claimant's household **MARRIES**;
- the marriage of the claimant or anyone in the claimant's household ends in **DIVORCE** or **ANNULMENT**;
- the claimant **SEPARATES** from his/her spouse;
- the claimant is confined to jail, prison, penal institution or correctional facility for **CONVICTION OF A CRIME**;
- the claimant is confined to a public institution by court order in connection **WITH A CRIME**.

IF THE CLAIMANT IS RECEIVING PAYMENTS DUE TO **DISABILITY** OR **BLINDNESS**, YOU MUST ALSO REPORT IF:

- the claimant's **MEDICAL CONDITION IMPROVES**;
- the claimant **GOES TO WORK**;
- the claimant's **VISION IMPROVES**, if the claimant is entitled due to blindness;

In addition to these events about the claimant, you must also notify us if:

- You **change your address**;
- You are **convicted of a felony**.

**PAYMENTS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR.** You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

#### REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed. (Savings are considered resources and may affect the claimant's eligibility to payment.);
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault;
- you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee;
- you will be asked to help in periodically redetermining the claimant's continued eligibility or payment. You will need to keep evidence to help us with the redetermination (e.g., evidence of income and living arrangements).
- you may be required to obtain medical treatment for the claimant's disabling condition if he/she is eligible under the childhood disability provision.

Keep in mind that payments may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

**Exhibit A (continued)**

<b>A REMINDER TO PAYEE APPLICANTS</b>			
TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	BEFORE YOU RECEIVE A DECISION NOTICE	SSA OFFICE	DATE REQUEST RECEIVED
	AFTER YOU RECEIVE A DECISION NOTICE		
<b>RECEIPT FOR YOUR REQUEST</b>			
<p>Your request for SSI payments on behalf of the individual(s) named below has been received and will be processed as quickly as possible.</p> <p>You should hear from us within ____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.</p> <p>In the meantime, if you change your address, or if there is some other change that may affect the benefits</p>		<p>payable, you—or someone for you—should report the change. The changes to be reported are listed on the reverse.</p> <p>Always give us the claim number of the beneficiary when writing or telephoning about the claim.</p> <p>If you have any questions about this application, we will be glad to help you.</p>	
<b>BENEFICIARY</b>		<b>SOCIAL SECURITY CLAIM NUMBER</b>	
<p><b>THE PRIVACY ACT</b></p> <p>We are required by section 2051 and 2052(a) of the Social Security Act to ask you to give us the information on this form. This information is needed to determine if you are qualified to serve as representative payee. Although responses to these questions are voluntary, you will not be named representative payee unless you give us the answers to these questions.</p> <p>Sometimes the law requires us to give out the facts on this form without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audits needed to administer or improve our representative payee program.</p> <p>We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.</p> <p>Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.</p>			
<p><b>PAPERWORK REDUCTION ACT STATEMENT</b></p> <p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10.5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.</p>			
Form SSA-11-BK (2-2000)		Page 8	

## Exhibit A (continued)

### BLACK LUNG BENEFITS Information for Representative Payees Who Receive Black Lung Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant DIES;
- the claimant receives STATE WORKER'S COMPENSATION based on the miner's disability, or the amount of such compensation changes;
- the miner receives UNEMPLOYMENT INSURANCE;
- the claimant IS WORKING or RETURNS TO WORK;
- the claimant MARRIES or REMARRIES, if the claimant is entitled to child's, widow's, brother's or sister's benefits;
- the claimant begins to RECEIVE SUPPORT PAYMENTS from another spouse, if the claimant is entitled to brother's or sister's benefits;
- the claimant is ADOPTED, if the claimant is entitled to child's benefits;
- the claimant's MEDICAL CONDITION IMPROVES, if the claimant is entitled to disabled child's brother's or sister's benefits;
- the claimant is age 18 to 23 and STOPS ATTENDING SCHOOL, if the claimant is entitled to child's, sister's or brother's benefits.

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony.

BENEFITS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

#### REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed;
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault;
- you must account for benefits when requested by the Social Security Administration. You will keep records of how benefits were spent as you can provide us with a correct accounting;
- to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee.

Keep in mind that benefits may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

## Exhibit A (continued)

A REMINDER TO PAYEE APPLICANTS			
TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	BEFORE YOU RECEIVE A DECISION NOTICE	SSA OFFICE	DATE REQUEST RECEIVED
	AFTER YOU RECEIVE A DECISION NOTICE		
<b>RECEIPT FOR YOUR REQUEST</b>			
<p>Your request for Black Lung benefits on behalf of the individual(s) named below has been received and will be processed as quickly as possible.</p> <p>You should hear from us within ____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.</p> <p>In the meantime, if you change your address, or if there is some other change that may affect the benefits</p>		<p>payable, you—or someone for you—should report the change. The changes to be reported are listed on the reverse.</p> <p>Always give us the claim number of the beneficiary when writing or telephoning about the claim.</p> <p>If you have any questions about this application, we will be glad to help you.</p>	
BENEFICIARY		SOCIAL SECURITY CLAIM NUMBER	
<p><b>THE PRIVACY ACT</b></p> <p>We are required by section 206(a) and 206(b) of the Social Security Act to ask you to give us the information on this form. This information is needed to determine if you are qualified to serve as representative payee. Although responses to these questions are voluntary, you will not be named representative payee unless you give us the answers to these questions.</p> <p>Sometimes the law requires us to give out the facts on this form without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audits needed to administer or improve our representative payee program.</p> <p>We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.</p> <p>Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.</p>			
<p><b>PAPERWORK REDUCTION ACT STATEMENT</b></p> <p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10.5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.</p>			
Form SSA-11-BK (2-2000)		Page 10	

## Exhibit A (continued)

### SPECIAL BENEFITS FOR WORLD WAR II VETERANS Information for Representative Payees Who Receive Special Benefits for WW II Veterans

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant DIES (special veterans entitlement ends the month after the claimant dies);
- the claimant returns to the United States for a calendar month or longer;
- the claimant moves or changes the place where he/she actually lives;
- the claimant receives a pension, annuity or other recurring payment (includes workers' compensation, veterans benefits or disability benefits), or the amount of the annuity changes;
- the claimant is or has been deported or removed from U.S.;
- the claimant left a jurisdiction within the U.S. to avoid prosecution or custody or confinement after conviction for a crime that is a felony, or in New Jersey, a high misdemeanor;
- the claimant is in violation of a condition of probation or parole.

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony.

BENEFITS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You can make your reports by telephone, mail or in person. You can contact any U.S. Embassy, Consulate, Veterans Affairs Regional Office in the Philippines, or any U.S. Social Security Office.

#### REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed;
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault;
- you must account for benefits when required by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee.

## Exhibit A (continued)

A REMINDER TO PAYEE APPLICANTS			
TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	BEFORE YOU RECEIVE A DECISION NOTICE	SSA OFFICE	DATE REQUEST RECEIVED
	AFTER YOU RECEIVE A DECISION NOTICE		

**RECEIPT FOR YOUR REQUEST**

Your request for Special Benefits for WW II Veterans on behalf of the individual(s) named below has been received and will be processed as quickly as possible.

You should hear from us within \_\_\_\_ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you change your address, or if there is some other change that may affect the benefits payable, you—or someone for you—should report the change. The changes to be reported are listed on the reverse.

Always give us the claim number of the beneficiary when writing or telephoning about the claim.

If you have any questions about this application, we will be glad to help you.

BENEFICIARY	SOCIAL SECURITY CLAIM NUMBER

**THE PRIVACY ACT**  
We are required by section 205 and 552(a) of the Federal Privacy Act to ask you to give us the information on this form. This information is needed to determine if you are qualified to serve as representative payee. Although responses to these questions are voluntary, you will not be named representative payee unless you give us the answers to these questions.

Sometimes the law requires us to give out the information this form without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audits needed to administer or improve our representative payee program.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**PAPERWORK REDUCTION ACT STATEMENT**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10.5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

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Exhibit B

# Social Security Administration Representative Payee Report

Please complete the enclosed Representative Payee Report and return it to us. You must complete this report if you wish to continue to receive Social Security or Supplemental Security Income (SSI) payments for another person. The facts you give us help us determine if you are using the payments properly.

**What You Need  
To Do**

Please read the instructions before you complete the report. Then, complete the report and send it to us using the enclosed envelope within 30 days. If you do not return it promptly, we may stop sending payments to you.

**General  
Instructions**

To help us process your report, please follow these instructions:

1. Use black ink or a #2 pencil.
2. Keep your numbers and "0's" inside the boxes.
3. Try to make your numbers look like these:



4. Do not use dollar signs.
5. Show money amounts in dollars only. Do not show cents. For example, show \$140.30 like this:



6. Use the REMARKS section on the back of the report to provide additional information as requested.
7. Keep records of how you use the payments you receive, but do not submit receipts or any other records with this report. Retain these records for two years from the time you complete this report. If we need proof, we will contact you.

**Some  
Definitions  
To Help You**

**Benefits** - The Social Security or SSI money you receive.

**Payee** - You. The person who receives Social Security or SSI benefits for someone else.

**Beneficiary** - The person for whom you receive Social Security or SSI benefits.

**Legal Guardian** - The person or organization appointed by a court to handle a beneficiary's legal matters.

**Report Period** - The 12-month period shown on the report for which you must account for the benefits you received.

**Total Accountable Amount** - The amount of benefits paid to you during the report period plus any amount you reported as saved on last year's report.

## Exhibit B (continued)

<b>HOW TO FILL OUT THE FORM</b>	
<b>QUESTION 1 - Payee Felony Convictions</b>	Place an "X" in the "YES" box if during the report period, you (the payee) were convicted of a crime considered to be a felony, and explain the type of crime under REMARKS. Otherwise, place an "X" in the "NO" box.
<b>QUESTION 2 - Beneficiary Custody Changes</b>	Place an "X" in the "YES" box if the beneficiary continued to live alone, or with the same person, or in the same institution during the entire report period. Place an "X" in the "NO" box if different people or different institutions took care of the beneficiary during any part of the report period. Explain the change and provide the beneficiary's current address under REMARKS.
<b>QUESTION 3 - Accounting For Benefits</b>	The total accountable amount includes the benefits you received during the report period plus any benefits you reported as saved on last year's report.
<b>A. Who Decided How Benefits Were Used?</b>	Place an "X" in the "YES" box if you (the payee) decided how the benefits were to be spent or saved. Place an "X" in the "NO" box if the beneficiary or someone else decided how to use the money, and explain under REMARKS.
<b>B. Food And Housing</b>	Show the total amount of benefits spent for food and housing for the beneficiary during the report period. If the beneficiary lives in an institution or nursing home and you pay monthly charges, multiply the monthly charge by 12 and show this total amount.
<b>C. Personal Items</b>	Show the total amount of benefits spent on clothing, medical/dental care, education, and recreational items like toys, movies, cameras, radios, candy, stationery, grooming aids, etc. during the report period. <b>Note:</b> If the beneficiary lives in an institution or other care facility, you must spend at least \$360 a year for the beneficiary's personal needs. If you spent less than \$360, explain under REMARKS.
<b>D. Unused Benefits</b>	Show the total amount of benefits you had saved for the beneficiary at the end of the report period, including any interest earned. Show zeroes if you did not save any of the benefits.

## Exhibit B (continued)

<b>QUESTION 4 - Savings Information</b>	Answer this question if you showed an amount in 3.D.
<b>A. Type Of Account</b>	Place an "X" in the box which shows how you are saving the benefits. Place an "X" in the "Other" box if your method of saving the benefits is not listed.
<b>B. Account Title</b>	Place an "X" in the box which most accurately describes the wording of the account title you have on the beneficiary's savings. Place an "X" in the "Other" box if the account title is different or if you have not placed the savings in any type of account. <b>Note:</b> A savings or checking account title should always show that the money belongs to the beneficiary, but the beneficiary should not have direct access to the funds. If you are not sure whether the account title is correct, check with your bank.
<b>QUESTION 5 - Other Savings/ Account Titles</b>	Answer this question only if you checked "OTHER" in 4.A. or 4.B.
<b>A. Type Of Account</b>	Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment.
<b>B. Title Of Account</b>	Show the title of the account if the savings are in an account or other investment. Show "None" if the savings are not in an account or investment.
<b>6. Payee's Signature</b>	Sign your name in this block. If you sign by mark ("X"), please have two witnesses sign their names and show the date. If the payee is an institution or agency, the form <u>must</u> be signed by an authorized person.
<b>7. Relationship To The Beneficiary</b>	Show your relationship to the beneficiary. Some examples include, "parent, brother, friend, legal guardian." If you represent a bank, institution or agency, show your job title (e.g., caseworker, bookkeeper, administrator, etc.).
FORM SSA-623-F6 (10-2000) EF (1-2001) 3	

## Exhibit B (continued)

### Your Job As A Representative Payee

We appreciate your services as representative payee. As payee, you must use the Social Security and SSI benefits you receive for the care and well-being of the beneficiary. You need to know about the beneficiary's needs so that you can use the money properly.

You must also tell us about any changes which may affect the checks you receive. For example, you should tell us if the beneficiary:

- moves (especially if he/she enters or leaves a hospital or institution),
- marries,
- goes to work,
- is imprisoned,
- dies,
- is adopted, or
- does not need a payee any longer or you are no longer responsible for the beneficiary.

In addition, if you are payee for a child receiving SSI benefits, we may ask you for proof that the child is receiving medical treatment for his/her disabling condition. We may ask for this information at the time we review the child's case. If we do ask for this information, you must give it to us.

### The Privacy Act Statement

We are required by sections 2054(b) and 1631(a) of the Social Security Act to ask you to complete this report. The information provided by you on a voluntary basis enables SSA to account for the beneficiary's payments, and ensures that beneficiary needs are being met. If you do not complete and return this report, we may not be able to continue sending the beneficiary's payments to you.

The law sometimes requires us to give out the facts on this form without your consent. The information must be released to another person or government agency if Federal law requires the information for research and audits in order to administer or improve our representative payee program.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**PAPERWORK REDUCTION ACT:** This information collection meets the clearance requirements of 5 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 15 minutes to read the instructions, gather the necessary facts, and answer the questions.

### If You Have Any Questions

If you have any questions, please call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please use the 800 number and we will give you the address and telephone number of the office nearest you. Please take this report with you if you visit an office.

**Exhibit B (continued)**

## Representative Payee Report

FORM APPROVED  
OMB NO. 0980-0068

PAYEE'S NAME AND ADDRESS	REPORT PERIOD FROM:	TO:	SOCIAL SECURITY NUMBER	
	BENEFICIARY			
	FP	ID	PIC	BIC
	D	TP	CC	DOC
				MBC
			CF	TAA

**This report is about the benefits you received for the beneficiary during the report period shown above. Please read the enclosed instructions before completing this form to help you answer each question.**

1. Were you (the payee) convicted of a crime considered to be a felony during the report period shown above? If YES, please explain in REMARKS on the back of this form.
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
  
2. Did the beneficiary continue to live alone, or with the same person, or in the same institution during the report period shown above? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
  
3. Benefits paid to you during the report period = \$  
 Benefits you reported as saved on last year's report = \$  
 Total Accountable Amount = \$  
 Did you (the payee) decide how the total accountable amount was spent or saved? If NO, please explain in REMARKS on the back of this form.
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

**DOLLAR AMOUNT (NO CENTS)**

**A.** How much of the total accountable amount did you spend for the beneficiary's food and housing during the report period? → ,

**C.** How much of the total accountable amount did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items during the report period? → ,

**D.** How much, if any, of the total accountable amount did you save for the beneficiary as of the last month in the report period? If none, show zeroes. → ,
  
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 OR OWNERSHIP		
Savings/ Checking Account	U.S. Savings Bonds	Certificates of Deposit	Collective Savings/ Checking Account	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"/>

FORM SSA-623-F6 (10-2000) EF (1-2001) Continued on the Reverse



**Exhibit C**

## Representative Payee Report of Benefits and Dedicated Account

Form Approved  
OMB No. 0960-0576

PAYEE'S NAME AND ADDRESS	<b>REPORT PERIOD</b> FROM: _____ TO: _____ <hr/> SOCIAL SECURITY NUMBER <hr/> BENEFICIARY <hr/>
--------------------------	---

This report is about the benefits you received for the beneficiary and those which were deposited in the dedicated account **during the report period shown above**. It also includes any money you reported as saved from a prior report period. **Please read the enclosed instructions before completing this form to help you answer each question.**

**1. Were you (the payee) convicted of a crime considered to be a felony during the report period shown above?** YES  NO

**If YES, please explain the type of crime:** \_\_\_\_\_

**2. Did the beneficiary continue to live alone, or with the same person, or in the same institution during the report period shown above?** YES  NO

**If NO, please explain and provide the beneficiary's current address:** \_\_\_\_\_

**3. Benefits paid to you during the report period** = \$ \_\_\_\_\_  
**Benefits you reported saved from prior years** = \$ \_\_\_\_\_  
**Total Accountable Benefit Amount** = \$ \_\_\_\_\_

**A. Did you (the payee) decide how the total accountable amount was spent or saved?** YES  NO

**If NO, please explain:** \_\_\_\_\_

**Exhibit C (continued)**

3. B. How much of the total accountable amount did you spend for the beneficiary's food and housing during the report period?

DOLLAR AMOUNT  
(NO CENTS)  
  ,

C. How much of the total accountable amount did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items during the report period?

DOLLAR AMOUNT  
(NO CENTS)  
  ,

If the beneficiary lives in an institution or other care facility and you spent less than \$360 a year for the beneficiary's personal needs, please explain how his/her needs were met:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. How much, if any, of the total accountable amount did you save for the beneficiary as of the last month in the report period? If none, show zeroes.

DOLLAR AMOUNT  
(NO CENTS)  
  ,

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 OR OWNERSHIP		
Savings/Checking Account	U.S. Savings Bonds	Certificates of Deposit	Collective Savings/Patient's Fund	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"/>

5. A. If you answered "Other" in 4.A., show the type of account or investment in which the benefits are saved:

\_\_\_\_\_  
 \_\_\_\_\_

B. If you answered "Other" in 4.B., show the title of the account in which the benefits are saved:

\_\_\_\_\_  
 \_\_\_\_\_



Exhibit C (continued)

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## Social Security Administration Representative Payee Report of Benefits and Dedicated Account

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**Why You  
Received  
This Form**

We must regularly review how representative payees used the benefits they received on behalf of Social Security and/or Supplemental Security Income (SSI) beneficiaries.

When you were appointed representative payee, you were required to establish a separate (we refer to it as a **dedicated**) account in which we direct deposited certain past-due SSI monthly benefits. We must regularly review this account for additional deposits and to ensure that purchases made with funds from the account are in compliance with the law.

As part of this review, you need to answer the questions on the enclosed form. It is called **Representative Payee Report of Benefits and Dedicated Account, SSA-6233-BK**.

**What You  
Need To Do**

Please read the instructions below before you complete the report. Then, **complete the report and send it to us in the enclosed envelope within 30 days**. If you do not return it promptly, we may stop sending payments to you.

**General  
Information**

1. Do not use dollar signs.
2. Show money amounts in dollars only. Do not show cents. For example, show \$1,540.30 like this:

**DOLLAR AMOUNT**

,

3. Keep records of how you use the payments you receive, including deposits into the **dedicated account**. Keep receipts for the items and services you bought with money from this account. Do not submit receipts or any other records with this report. Maintain these records for two years from the time you complete this report. If we need proof, we will contact you.

**Some  
Definitions  
To Help You**

**Benefits** - The Social Security and/or SSI money you receive.

**Payee** - You. The person who receives Social Security and/or SSI benefits for someone else.

**Beneficiary** - The person for whom you receive Social Security and/or SSI benefits.

**Legal Guardian** - The person or organization appointed by a court to handle a beneficiary's legal matters.

Form SSA-6233-BK (10-97)

Continued on the Reverse →

**Exhibit C (continued)**

**Some Definitions To Help You (Continued)**

**Report Period** - The 12-month period shown on the report for which you must account for the benefits you received and report on the dedicated account.

**Total Accountable Benefit Amount** - The amount of benefits paid to you during the report period plus any amount you reported as saved on last year's report. **Note:** This amount does not include any SSI past-due benefits SSA deposited into the dedicated account.

**Dedicated Account** - This is the savings, checking or money market account you were required by law to establish for certain past-due SSI monthly benefits. We call it a **dedicated account** because the law also restricts the items and services you can buy with money from the account.

**Total Dedicated Account Amount** - The amount of past-due SSI benefits SSA direct deposited into the dedicated account plus the account balance as you reported on last year's report.

**HOW TO COMPLETE THE SSA-6233-BK**

**Question 1 - Payee Felony Convictions**

Place an "X" in the "YES" box if during the report period, you (the payee) were convicted of a crime considered to be a felony, and explain the type of crime. Otherwise, place an "X" in the "NO" box.

**Question 2 - Beneficiary Custody Changes**

Place an "X" in the "YES" box if the beneficiary continued to live alone, or with the same person, or in the same institution during the entire report period. Place an "X" in the "NO" box if different people, or different institutions took care of the beneficiary during any part of the report period. Explain the change and provide the beneficiary's current address.

**Question 3 - Accounting For Benefits**

The total accountable benefit amount includes the benefits you received during the report period plus any benefits you reported saved on last year's report. **Note:** It does not include the money that was deposited by SSA or you into the dedicated account.

**A. Who Decided How Benefits Were Used?**

Place an "X" in the "YES" box if you (the payee) decided how the benefits were to be spent or saved. Place an "X" in the "NO" box if the beneficiary or someone else decided how to use the money, and explain in the space provided.

**B. Food And Housing**

Show the total amount of benefits spent for food and housing for the beneficiary during the report period. If the beneficiary lives in an institution or nursing home and you pay monthly charges, multiply the monthly charge by 12 and show this amount.

**Exhibit C (continued)**

<b>C. Personal Items</b>	Show the total amount of benefits spent for the beneficiary on clothing, medical/dental care, education, and recreational items like toys, movies, cameras, radios, candy, stationery, grooming aids, etc. during the report period. <b>Note:</b> If the beneficiary lives in an institution or other care facility, you should spend at least \$360 a year for the beneficiary's personal needs. If you spent less than \$360, explain in the space provided.
<b>D. Unused Benefits</b>	Show the total amount of benefits you had saved for the beneficiary at the end of the report period, including any interest earned. Show zeroes if you did not save any of the benefits. <b>Note:</b> Do not include the money saved in the dedicated account.
<b>Question 4 – Savings</b>	Answer this question if you showed an amount in 3.D.
<b>A. Type Of Account</b>	Place an "X" in the box which shows how you are saving the benefits. Place an "X" in the "Other" box if your method of saving the benefits is not listed.
<b>B. Account Title</b>	Place an "X" in the box which most accurately describes the wording of the account title you have on the beneficiary's savings. Place an "X" in the "Other" box if the account title is different or if you have not placed the savings in any type of account. <b>Note:</b> A savings or checking account title should always show that the money belongs to the beneficiary, but the beneficiary should not have direct access to the funds. If you are not sure whether the account title is correct, check with your bank.
<b>Question 5 – Other Savings/ Account Titles</b>	Answer this question only if you checked "Other" in 4.A. or 4.B.
<b>A. Type of Account</b>	Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment.
<b>B. Title of Account</b>	Show the title of the account if the savings are in an account or other investment. Show "None" if the savings are not in an account or investment.
<b>Question 6 – Total Dedicated Account Amount</b>	The total dedicated account amount includes the past-due SSI benefits SSA deposited into the account during the report period plus the balance in the account as you reported on last year's report.
<b>Deposits Into Dedicated Account</b>	Place an "X" in the "YES" box if you deposited any money into the dedicated account during the report period. Show the date and amount of each deposit. Place an "X" in the "NO" box if you did not deposit any money into the account.
Form SSA-6233-BK (10-97)	3

**Exhibit C (continued)**

<b>Question 7 – A. Money Taken Out Of Dedicated Account</b>	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.
<b>B. How Is Purchase Related To Impairment?</b>	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, or education or job skills training. 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).
<b>Question 8 – Dedicated Account Balance</b>	Show the balance in the dedicated account at the end of the report period, including any interest earned. Show zeroes if there is no money in the account.
<b>Payee's Signature</b>	Sign your name in this block. If you sign by mark ("X"), please have two witnesses sign their names and show the date. If the payee is an institution or agency, the form must be signed by an authorized person.
<b>Relationship To The Beneficiary</b>	Describe your relationship to the beneficiary. Some examples include: parent, brother, friend, legal guardian. If you represent a bank, institution or agency, show your job title (e.g., caseworker, bookkeeper, administrator, etc.).
<b>Your Job As A Representative Payee</b>	<p>As a payee, you must use the Social Security and SSI benefits you receive for the care and well-being of the beneficiary. You need to know about the beneficiary's needs so that you can use the money properly.</p> <p>You must also tell us about any changes which may affect the checks you receive. For example, you should tell us if the beneficiary:</p> <ul style="list-style-type: none"><li>● moves (especially if he/she enters or leaves a hospital or institution),</li><li>● marries,</li><li>● goes to work,</li><li>● is imprisoned,</li><li>● dies,</li><li>● is adopted, or</li><li>● does not need a payee any longer or you are no longer responsible for the beneficiary.</li></ul>

Form SSA-6233-BK (10-97) 4

## Exhibit C (continued)

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### **The Privacy And Paperwork Reduction Acts**

We are required by section 205(j) and 1631(a) of the Social Security Act to ask you to complete this report. The information provided by you on a voluntary basis enables SSA to account for the beneficiary's payments, and ensures that beneficiary needs are being met. If you do not complete and return this report, we may not be able to continue sending the beneficiary's payments to you.

The law sometimes requires us to give out the facts on this form without your consent. The information must be released to another person or government agency if Federal law requires the information for research and audits in order to administer or improve our representative payee program.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not collect or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

### **Time It Takes To Complete This Form**

We estimate that it will take you about 20 minutes to complete this report. This includes reading the instructions, looking through the records you have kept all year and filling out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Building, Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.

### **If You Have Any Questions**

If you have any questions, please call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please use the 800 number and we will give you the address and telephone number of the office nearest you. Please take this report with you if you visit an office.

**Exhibit D**

SOCIAL SECURITY ADMINISTRATION <span style="float: right;"><input type="checkbox"/> TEL</span>		FORM APPROVED OMB No. 0960-0145		
<b>STATEMENT FOR DETERMINING                  CONTINUING ELIGIBILITY FOR SUPPLEMENTAL                  SECURITY INCOME PAYMENT</b>		For Official Use Only		
If the name and address below are not correct, please cross out the part that is wrong and write in the correct information.		EI SSN		
		Spouse's Name		
		Spouse's SSN		
		Check the Ones That Apply <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> FS-APP <input type="checkbox"/> FS-REF		
		DO CODE		
		Interviewer's initials	Date Received	
WHEN ANSWERING THESE QUESTIONS, REFER TO THIS DATE <span style="float: right;">→</span>				
1. <b>SINCE THE DATE ABOVE</b> , have you moved to a new address? <span style="float: right;">→</span>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
If "YES," please give your new address: ADDRESS (Number, Street, City, State, ZIP Code) <span style="float: right;">DATE YOU MOVED</span>				
2. <b>SINCE THE DATE ABOVE</b> , have you spent a full calendar month in a hospital, nursing home or any place other than where you live? (Also, include trips outside of the United States that lasted 30 days or more.) <span style="float: right;">→</span>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
If "YES," please give the following information: NAME(S) OF PLACE(S) WHERE YOU STAYED <span style="float: right;">ADDRESS(ES) street, City State, ZIP CODE</span> DATE(S) FIRST STAYED (month/year) <span style="float: right;">DATE(S) LEFT (month/year)</span>				
3. <b>SINCE THE DATE ABOVE</b> , has anyone moved into or out of the place where you live (also report births and deaths of people living with you)? <span style="float: right;">→</span>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
If "YES," please explain in the REMARKS section on pages 3 and 4 of this form.				
4. <b>SINCE THE DATE ABOVE</b> , has anyone given you (or your spouse living with you) any money, food, or a free place to live, or helped you pay your bills or your rent? <span style="float: right;">→</span>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES, please give the following information: TYPE OF HELP <span style="float: right;">HOW OFTEN YOU RECEIVED HELP</span> <span style="float: right;">AMOUNT OF HELP</span>				
5. <b>SINCE THE DATE ABOVE</b> , have you (or your spouse living with you) earned money from working or do you expect to earn money from working in the next 14 months? (DO NOT COUNT earnings from self-employment). <span style="float: right;">→</span>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you have earned money from working, please give the following information: a. Amount(s) of Earning for Past Months:				
Name of Worker	Employer's Name, Address, and Phone Number	Gross Wages		Dates of Employment
		Amount	How Often Paid	From:
				To:
				From:
				To:

**Exhibit D (continued)**

5. **b. Estimates of Earnings for this Month and Future Months**

	Month _____						
Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Month _____						
Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

6. **SINCE DATE ON PAGE 1, have you (or your spouse living with you) been self-employed or expect to be self-employed in the current taxable year?**  YES  NO  
**If YES, please give the following information:**

Name of Self-Employed Person	Type of Income	Last Year's		This Year's Estimated		Dates of Self-Employment
		Gross Income	Net Income (or Loss)	Gross Income	Net Income (or Loss)	
						From: _____ To: _____
						From: _____ To: _____

7. **SINCE DATE ON PAGE 1, have you (or your spouse living with you) received any of the following payments?**  YES  NO

- Support (alimony, child support)
- Interest/dividends (from bank accounts)
- Any other cash payments or checks (gifts, sick benefits, unemployment, or worker's compensation)
- Rental Income
- Pension/Annuities
- Temporary Assistance for Needy Families
- Other

**DO NOT COUNT** — Social Security, Old Age Stamps, Federal Civil Service Pensions, Railroad Retirement, Temporary Assistance for Needy Families or Veterans' Benefits

**If you (or your spouse living with you) RECEIVED ANY OF THE PAYMENTS LISTED ABOVE, please give the following information:**

TYPE OF PAYMENT RECEIVED	PAYMENT AMOUNT	HOW OFTEN RECEIVED

8. **a. Do you (or your spouse living with you) have any checking or savings accounts or any other funds in the bank or through any accounts where you have direct deposit of any money?**  YES  NO  
**If YES, please give the following information:**

Name and Address of Financial Institution	Type of Account	Account Balance

**b. Does your name (or the name of your spouse living with you) appear on any other account that you do not consider your own? Include any accounts where you have direct deposit of any money.**  YES  NO  
**If YES, please give the following information:**

Name and Address of Financial Institution	Type of Account	Account Balance

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**Exhibit D (continued)**

9.	Do you (or your spouse living with you) have any cash at home, stocks, bonds, notes, or certificates of deposit? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give the following information:		
WHAT YOU HAVE		THE VALUE OF WHAT YOU HAVE
10.	Do you (or your spouse living with you) own any land or buildings or does your name appear on a deed or mortgage of any land or building where <b>YOU DO NOT LIVE</b> ? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
This includes inherited property, property outside the United States and/or any property your name is on with other members of your family.		
11.	<b>SINCE THE DATE ON PAGE 1</b> , have you (or your spouse living with you) had any change in health insurance coverage or other insurance that pays for medical bills? _____ → <b>DO NOT INCLUDE</b> -- Medicare or Medicaid <b>DO INCLUDE</b> -- Insurance, such as accident, automobile, or casualty if it covers medical bills for any reason.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF YOU LIVE IN CALIFORNIA, PLEASE DO NOT ANSWER QUESTIONS 12 BELOW.</b>		
12. a.	Are you currently receiving food stamps? _____ → If YES, go on to question 13. If NO, answer part "b."	<input type="checkbox"/> YES <input type="checkbox"/> NO
b.	Have you filed a food stamp application within the past 60 days in which you have not received a decision? _____ → If YES, go on to question 13. If NO, answer part "c."	<input type="checkbox"/> YES <input type="checkbox"/> NO
c.	Do you want to apply for food stamps? _____ → (Go on to question 13.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Please answer the following questions:	
a.	Are you age 62 or older? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
b.	If you are age 60 or older, are you a widower? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
c.	If you are age 50 or older and divorced, is your divorced spouse deceased? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
d.	If you were disabled before age 62, do you have a parent who is age 62 or older, or disabled, or deceased? _____ →	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the address where you live is different from the address where you get your mail, please give the address where you live: Address (Number, Street, City, State, ZIP Code)		
PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 11 minutes to read the instructions, gather the necessary facts, and answer the questions.		
REMARKS		
Form SSA-8202-F6 (3-1998) EF (1-2001)		PAGE 3



**Exhibit D (continued)**

<b>KEEP THIS PAGE FOR YOUR RECORDS</b>		
<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b> ____ / ____ / ____	<b>DATE</b>
<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b> ____ / ____ / ____	
Telephone Number (include area code) to call if you have a question or something to report.  ( ____ )	<b>Social Security Office you may visit in person or mail things to:</b>	
<b>Paperwork Reduction/ Privacy Act Notice</b>	<p>The Social Security Administration is authorized to collect the information on this statement under 1611(c) of the Social Security Act and regulations 20 CFR 416.204. While it is not mandatory except in the circumstances explained below, for you to furnish the information on this statement to Social Security, no benefits can continue unless a periodic review of eligibility is completed by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.</p> <p>The information on this statement is needed to enable Social Security to determine if you continue to be eligible for supplemental security income (SSI) payments. Failure to provide all or part of the information could prevent an accurate and timely decision on your continuing eligibility for benefits.</p> <p>Although the information you furnish on this statement is almost never used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to an agency as authorized to make a third party or agency to assist Social Security in determining continuing eligibility to SSI payments, and to comply with Federal law regarding the release of information from Social Security records (e.g., to the Department of Veterans Affairs).</p> <p><b>COMPUTER MATCHING</b> - We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. This law allows us to do this even if you do not agree to it.</p> <p>Explanations about times and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.</p>	
<b>You Must Report Certain Changes</b>	<p>The amount of your SSI check is based on the information you tell us. To continue getting the right payment amount, you must report certain changes that happen to you.</p> <p>You must tell us about changes within 10 days after the month they happen. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks you receive.</p> <p>You must also report changes in income for your ineligible spouse or children who live with you, or your sponsor or sponsor's spouse if you are an alien. You must also report if any of these people buy or sell anything of value.</p> <p>Remember, changes could make your check bigger or smaller. <b>A List of Most of the Changes You Must Report is On The Next Page.</b></p>	
<b>How To Report Changes</b>	<p>There are several ways you can report changes:</p> <ul style="list-style-type: none"> <li>• Call us, toll free, at 1-800-772-1213.</li> <li>• Call your local Social Security Office at the number above.</li> <li>• By mail or in person -- see the address above.</li> </ul>	
<b>Are You Working or Would You Like to work</b>	<p>If you would like to work or if you are already working and would like to earn more, you should know about SSI rules known as work incentives. These rules can help you keep your Medicaid and help you keep getting some SSI even though you are working.</p> <p>If you want to know more about these rules, call us, toll free, at 1-800-772-1213 or write or visit any Social Security office.</p> <p>If you call or visit, ask to speak to someone about work incentives.</p>	
Form SSA-8202-F6 (3-1998) EF (1-2001)		PAGE 5

## Exhibit D (continued)

<b>CHANGES TO REPORT</b>	
<input checked="" type="checkbox"/> <b>WHERE YOU LIVE</b> - You must report to Social Security if: <ul style="list-style-type: none"> <li>• You move.</li> <li>• You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.</li> </ul>	<ul style="list-style-type: none"> <li>• You leave the United States for 30 days or more.</li> <li>• You enter a jail, prison, or other penal institution.</li> <li>• You are released from a hospital, nursing home, etc.</li> <li>• You are no longer a legal resident of the United States.</li> </ul>
<input checked="" type="checkbox"/> <b>HOW YOU LIVE</b> - You must report to Social Security if: <ul style="list-style-type: none"> <li>• If someone moves into or out of your household.</li> <li>• If the amount of money you pay toward household expenses changes.</li> <li>• Births and deaths of any people with whom you live.</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in your marital status:               <ul style="list-style-type: none"> <li>- You get married, separated, divorced, or your marriage is annulled.</li> <li>- You separate from your spouse or start living together again after a separation.</li> <li>- You begin living with someone as husband and wife.</li> </ul> </li> </ul>
<input checked="" type="checkbox"/> <b>INCOME</b> - You must report to Social Security if: <ul style="list-style-type: none"> <li>• The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).</li> </ul>	<ul style="list-style-type: none"> <li>• You start work or stop work.</li> <li>• Your earnings go up or down.</li> </ul>
<input checked="" type="checkbox"/> <b>HELP YOU GET FROM OTHERS</b> - You must report to Social Security if: <ul style="list-style-type: none"> <li>• The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.</li> </ul>	<ul style="list-style-type: none"> <li>• Someone stops helping you.</li> <li>• Someone starts helping you.</li> </ul>
<input checked="" type="checkbox"/> <b>THINGS OF VALUE THAT YOU OWN</b> - You must report to Social Security if: <ul style="list-style-type: none"> <li>• The value of your resources goes over \$2,000 when you add them all together (including if you are married and live with your spouse).</li> </ul>	<ul style="list-style-type: none"> <li>• You sell or give any things of value away.</li> <li>• You buy or are given anything of value.</li> </ul>
<input type="checkbox"/> <b>YOU ARE BLIND OR DISABLED</b> - You must report to Social Security if: <ul style="list-style-type: none"> <li>• Your condition improves or your doctor says you can return to work.</li> <li>• You go to work.</li> </ul>	<ul style="list-style-type: none"> <li>• You stop going to or refuse any vocational rehabilitation services.</li> <li>• You stop going to or refuse treatment for drug addiction or alcoholism.</li> </ul>
<input type="checkbox"/> <b>YOU ARE REMARRIED AND UNDER AGE 22</b> - You must report to Social Security if: <ul style="list-style-type: none"> <li>• You are under age 18 and live with your parent(s); ask your parents to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.</li> <li>• You start or stop school.</li> </ul>	<ul style="list-style-type: none"> <li>• You get married.</li> <li>• There are changes in the income, school attendance (if between the ages of 18 and 21), or marital status of ineligible children who live in your household.</li> </ul>
<input type="checkbox"/> <b>YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES</b> - You must report any changes to Social Security.	
<input type="checkbox"/> <b>YOU ARE A REPRESENTATIVE PAYEE</b> - You must report to Social Security if: <ul style="list-style-type: none"> <li>• The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)</li> <li>• You will no longer be able or no longer wish to act as the person's representative payee.</li> </ul>	

**Exhibit E**

**Income and Expenses Worksheet**

<b>Month and Year</b>	<b>Amount of payments received</b>	<b>Expenses for food and housing</b>	<b>Expenses for clothing, medical/dental, personal items, recreation, miscellaneous</b>
<b>Totals for Report period</b>	\$ _____	\$ _____ Put this figure on line 3B of the Representative payee Report	\$ _____ Put this figure on line 3C of the Representative payee Report

Show the total amount of any benefits you saved including any interest earned. \$ \_\_\_\_\_  
Put this figure on line 3D of the Representative payee Report.

**This form is optional. You are free to design your own form or use another record keeping method. Make copies for your own use.**

**Exhibit F**

# *Social Security*

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*What You Should Know  
When A Representative Payee  
Manages Your Money...*



SOCIAL SECURITY ADMINISTRATION



## Exhibit F (continued)

If you're reading this leaflet, you probably are one of several million people who receive monthly Social Security benefits or Supplemental Security Income (SSI) payments and need help in managing your personal money affairs. In that case, Social Security has carefully selected a person, or an organization, to help you by being your "Representative Payee."



The information you read here should help you better understand why you have a payee and how the payee helps you. We have included some frequently asked questions and answers. If, after reading this leaflet, you still have questions, be sure to contact us.

### Why Do I Have A Payee?

There can be many reasons why Social Security decides someone needs a payee. However, it's usually because we have information that indicates you need help in managing your money and meeting your current needs.

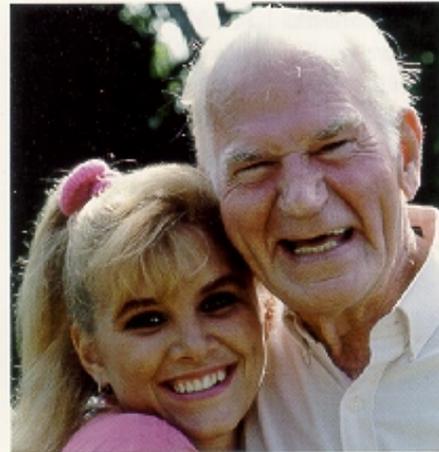
### What Does A Payee Do For Me?

Your payee receives your payments on your behalf and must use the money to pay for your current needs, which include:

- housing and utilities;
- food;
- medical and dental expenses;
- personal care items;
- clothing; and
- rehabilitation expenses (if you're disabled).

After those expenses are paid, your payee can use the rest of the money to pay any past-due bills you may have, support your dependents or provide entertainment for you. If there is money left over, your payee should save it for you.

The payee must keep accurate records of your payments and how they are spent and regularly report that information to Social Security. Your payee also should share that information with you.



## Exhibit F (continued)



If you live in an institution, such as a nursing home or hospital, the payee should pay the cost of your care and provide money for your personal needs.

### What Should I Tell My Payee?

Be sure to tell your payee if you:

- get a job or stop working;
- move;
- get married;
- get money from another source;
- take a trip outside the United States;
- go to jail or prison;
- are admitted to a hospital;
- save any money;
- apply for help from a welfare department or other government agency; and
- are no longer disabled, if your benefits are based on a disability.

If you or your payee fail to report any of the above actions to us, you may be paid more money than you are due. You may have to pay back any money you were not due, and your payments may stop.

### How Did You Select My Payee?

We try to select someone who knows you and wants to help you. Our main concern is that your payee is someone who can see you often and who knows what your needs are. For that reason, if you're living with someone who helps you, we usually select that person to be your payee.

In most cases, someone who knows the beneficiary asks us if he or she can be the beneficiary's payee. It may be a family member, a friend, a legal guardian or a lawyer.

Sometimes, however, social service agencies, nursing homes or other organizations offer to serve as payees. If there's someone you would like to have as your payee, you can tell a Social Security representative and we will consider your request.

### What If I Disagree With Social Security's Decision To Send My Benefits To A Payee?

We will send you a letter telling you that we have decided to pay your benefits to a payee. If you don't agree that you need a payee, or if you want a different payee, you have 60 days to appeal that decision by sending us a letter.

If you're already receiving Social Security benefits and have a payee, you can ask

## Exhibit F (continued)

someone else to be your payee. You should tell your present payee that you plan to ask someone else to help you. The person you want to become your new payee must file an application at a Social Security office.

### **What If I Don't Think My Payee Gives Me Enough Spending Money?**

You and your payee should talk about how your money is being spent. Your payee should show you how much money you get from Social Security and how much he or she spends on your needs. Then you should talk with your payee about how you want to use your money.



### **My Payee Received A Large Check For My Past Benefits. How Should That Money Be Spent?**

Sometimes Social Security benefits take a while to be approved. When this happens, your back benefits may be paid all at once in a large payment. If that happens, your payee must spend the money on your current needs such as rent and a security deposit, food or furnishings. The rest of the money can be used to pay for medical services, your education, improvements to your home or your debts. If your back payment is for more than one year of benefits, your benefits will be sent to you in several small payments.

If you receive SSI, you cannot have more than \$2,000 in cash and property (other than your home and car). You must spend your back payment within six months so that your total resources are below \$2,000. If you don't, you may receive more than you are supposed to and your SSI payments may stop.

## Exhibit F (continued)



### If You Have Questions About Having A Payee

Call Social Security's toll-free number, 1-800-772-1213, between 7 a.m. and 7 p.m. on business days. If you are deaf or hard of hearing, you may call our toll-free TTY number, 1-800-325-0778, between 7 a.m. and 7 p.m. on business days or call your local Social Security office between 9 a.m. and 4 p.m. on business days. You also can visit us on the Internet at [www.ssa.gov](http://www.ssa.gov).

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## If You Have Questions

For more information, visit or write any Social Security office. Or phone our toll-free number, **1-800-772-1213**. You can speak to a service representative between the hours of 7 a.m. and 7 p.m. on business days. Whenever you call, have the beneficiary's Social Security number handy.

People who are deaf or hard of hearing may call our toll-free TTY number, 1-800-325-0778, between 7 a.m. and 7 p.m. on business days. If you need a foreign language interpreter, we will provide one free of charge upon request.

You can also reach us on the Internet. Type <http://www.ssa.gov/payee> to access Representative Payment Program information.

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Office of Program Benefits  
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