

Representative Payee Report of Benefits and Dedicated Account

Form Approved
OMB No. 0960-0576

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

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)

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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)

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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)

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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:

6. Past-due SSI benefits deposited by SSA in dedicated account = \$ _____
 Balance in dedicated account as you reported on a prior report = \$ _____
Total Dedicated Account Amount = \$ _____

Did you deposit any money into the dedicated account during the report period? YES NO

If YES, please provide the date and amount of each deposit:

7. A. Did you take any money out of the dedicated account during the report period? YES NO

If YES, please explain what items and/or services you purchased and the amount of each purchase:

B. Were these purchases for medical treatment, or education or job skills training? YES NO

If NO, please explain how they benefited the beneficiary and are related to his/her impairment(s):

8. What is the balance, including any interest earned, in the dedicated account as of the last month in the report period? DOLLAR AMOUNT (NO CENTS)
 If none, show zeroes. ,

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE. (A PERSON WHO CONCEALS OR FAILS TO TELL SSA ABOUT EVENTS ASKED ABOUT ON THIS FORM WITH THE INTENT TO FRAUDULENTLY RECEIVE BENEFITS MAY BE FINED, IMPRISONED OR BOTH.)

PAYEE'S SIGNATURE (If signed by mark (X), two witnesses must sign below.)	DATE
RELATIONSHIP TO BENEFICIARY OR TITLE	TELEPHONE NUMBER (including area code)

Witness Signatures Are Required Only If The Payee's Signature Above Has Been Signed By Mark (X).

SIGNATURE OF WITNESS	DATE
SIGNATURE OF WITNESS	DATE

Social Security Administration Representative Payee Report of Benefits and Dedicated Account

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.

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.

C. Personal Items

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. **Note:** 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.

D. Unused Benefits

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. **Note:** Do not include the money saved in the dedicated account.

Question 4 – Savings

Answer this question if you showed an amount in 3.D.

A. Type Of Account

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. Account Title

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. **Note:** 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.

Question 5 – Other Savings/ Account Titles

Answer this question only if you checked "Other" in 4.A. or 4.B.

A. Type of Account

Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment.

B. Title of Account

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.

Question 6 – Total Dedicated Account Amount

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.

Deposits Into Dedicated Account

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.

**Question 7 –
A. Money Taken
Out Of
Dedicated
Account**

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. How Is
Purchase
Related To
Impairment?**

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).

**Question 8 –
Dedicated
Account
Balance**

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.

**Payee's
Signature**

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.

**Relationship
To The
Beneficiary**

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.).

**Your Job
As A
Representative
Payee**

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.

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.

**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.