# Representative Payee Report

FORM APPROVED OMB NO. 0960-0691

PAYEE'S NAME AND ADDRESS			REPOR	REPORT PERIOD						SOCIAL SECURITY NUMBER		
			FROM:	FROM: TO:								
			BENEF	FICIARY							FP	
			ID	BIC	D	TP	CC	GS	PC	DOC		
			CF	TAA	PF	BSSN		FFS	DAA	MFA		
Please re	view the ab	ove address and correct if necessary.					4					
showr	eport is above question	s about the benefits you received f . Please read the enclosed instruct 1.	or the b ions bef	eneficiar fore comp	y durin oleting t	g the rehis forn	port j 1 to h	period elp you	anwer			
1.	same i	e beneficiary continue to live alone, nstitution during the report period s ovide the beneficiary's current addr rm.	hown ab	ove? If N	O, plea	e explai	R		YPS		NO	
2.	Benefi	ts paid to you during the report period ts you reported as <b>saved</b> on last year's Accountable Amount			= \$ = \$ = \$						2	
	A.	Did you (the payee) decide how the spent or saved?  If NO, please explain in REMARI			1			-	YES		NO	
	В.	Did you (the payee) charge the berguardianship services you provide						-	YES		NO	
		ollect from the beneficiar report period?	otal acco	ountable a	mount des during	lid you g the	-11	-		R AMOU CENTS)		
	C.	How much of the total accountable beneficiary's four and housing du				or the		-		, 🗌		
	D.	How much of the total accountable other things for the beneficiary sumedical and dental expenses, recreduring the report period?	ch as clo	thing, ed	ucation,	n		_		, _		
	E.	How much, if any, of the total acc the beneficiary as of the last mont show zeros.						-		, _		

eclare under penalty of pertury that I have examined all the information on this form, and on any companying statements of forms, and it is true and correct to the best of my knowledge. I understand it anyone who knowingly gives a false or misleading statement about a material fact in this information, causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, both.  YEE'S SIGNATURE  DATE  7.  LATIONSHIP TO BENEFICIARY OR JOB TITLE  DAYTIME TELEPHONE NUMBER(S) (Include area code and extension)  Remainder  Extension		PC FO ASSISTANCE WBDOC
Sovings/ Checking Account U. S. Savings Account U. S. Savings Of Deposit  If you answered "Other" in 3A. or 3B. above, show the type of account or investment or the full  of the account in which the benefits are saved.  A. TYPE OF ACCOUNT  B. TITLE OF ACCOUNT  CMARKS:  Callective Savings Other  B. TITLE OF ACCOUNT  B. TITLE OF ACCOUNT  CMARKS:  Companying statements or the savings of the period of the savings of the saving	If you showed an amount in <b>2.E.</b> (front page), place saving the benefits. If you have more than one account.	e an "X" in the boxes below to show how you are ount, you may mark more than one box in each section.
A. TYPE OF ACCOUNT  B. TITLE OF ACCOUNT  MARKS:  Coclare under penalty of perjury that I have examined all the information on this form, and on any companying statements or lorms, and it is true and correct to the best of my knowledge. I understand at anyone who knowledge yes a false or misleading statement about a material fact in this information, both.  DATE  LATIONSHIP TO BENEFICIARY OR JOB TITLE  DAYTIME TELEPHONE NUMBER(S)  (Include area code and extension)  B. TITLE OF ACCOUNT  B.	Savings/ Checking U. S. Savings Certificates Collective Savings/	Beneficiary's Name Your Name for by Your Name Beneficiary's Name
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Tationship to beneficiary or job title  Daytime telephone number(s) (Include area code and extension)  Area Code  Extension	eclare under penalty of perjury that I have examined companying statements or forms, and it is true and contain anyone who knowingly gives a false or misleading scauses someone else to do so, commits a crime and moboth.	all the information on this form, and on any orrect to the best of my knowledge. I understand statement about a material fact in this information, asy be sent to prison, or may face other penalties,
(Include area code and extension)  8 - Area Code Extension	YEE'S SIGNATURE	7.
EXIGHSION	LATIONSHIP TO BENEFICIARY OR JOB TITLE	
	RM SSA-6234-F6 (2-2005)	8 Area Code Extension

FOR SSA USE ONLY

# **Social Security Administration** Representative Payee Report

# Why You ceived This Form

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

When you or your organization was appointed representative payee, you were informed of the duties and responsibilities of a representative payee including keeping records and reporting on the use of benefits. You should use these records to answer the questions on the enclosed reporting form and must complete this form if you received any Social Security and/ossil payments during the 12-month report period shown on the form. You must also complete the form if you wish to continue to receive payments for another person at is called Representative Payee Report, SSA-6234-F6.

You should keep these records (e.g., bank statements and canceled checks, receipts for rent, etc.) for two years from the you complete the form not submit any records with the completed form. If we have any questions or require proof, we will contact you.

# What You Need To Do

Please read the instructions below before completing the form. The complete the form and send it to us in the enclosed envelope within 30 days.

#### General Instructions

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

- Use black ink or a #2 pencil.
   Keep your numbers and \*\* inside the boxes.
- Do not use dollar signs.
- 4. Show money amounts in dollars only. Do no show cents. For example, show \$1,540 70 like his:

# DOLLAR AMOUNT



- Use the REMAR section on the back of the form to provide additional information as requested.
- Review the payee marking address and correct if necessary.
- 7. Be sure you, the representative payee, sign the form.

# Some Definition To Help You

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

Pavee You. The person or organization (e.g., institution, agency) that receives ial 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 State court to manage the affairs of a beneficiary.

Fees – Money collected from a beneficiary for payee or guardianship services.

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.

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Reverse		-

#### HOW TO FILL OUT THE FORM

# QUESTION 1 -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 under REMARKS.

#### QUESTION 2 -Accounting For Benefits

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.

# A. Who Decided How Benefits Were Used?

Place an "X" in the "YES" box if **you** (the payee) decided how the benefits were 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. Did You Charge A Fee? And How Much Did You Collect?

Place an "X" in the "YES" box if you charged the beneficiary a fee for payee or guardianship services you provided during the report period and show the total amount of benefits you collected from the beneficiary. If you did not charge the beneficiary a fee, place an "X" in the "NO" box and go to 2.C. below.

# C. Food and Housing

Show the total amount of benefits spent for food and housing for the beneficiary during the report period.

### D. Personal Items

Show the total amount of benefits spent on clothing, medical/dental care, education, and recreational items like toys, movies, cameras, radios, candy, stationary, 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 under REMARKS.

# L. Unused Benefits

Show the total amount of benefits you have 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.

# QUESTION 3 -Savings Information

Answer this question if you showed an amount in 2E.

#### 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.

#### QUESTION 4 -Other Savings/ Account Titles

Answer this question only if you checked "OTHER" in 3A. or 3.B.

# . Type Of Account

Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment such as mutual funds. For mutual funds, be sure to show the name of the fund in your response (e.g., "XYZ Growth" mutual fund).

# 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.

# 5. Payee's Signature

**Sign your name in this block.** If the payee is an organization, an anthorized person must sign the form. This includes the signature of those employees designated to complete the report on behalf of the payee.

### 6. Relationship To The Beneficiary

Show your relationship to the beneficiary. If you are the beneficiary's court-appointed legal guardian, show "legal guardian." If you represent an organization, show your job title (e.g., administrator, bookkeeper, etc.).

# Your Responsibilities As Representative Payee

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

In addition to reporting on the use of benefits, you must report any changes which may affect the beneficiary's eligibility for benefits, or the payment amount. You should report the changes as soon as possible by calling SSA at 1-800-772-1213, or by calling or writing your local SSA office. For example, you must tell us if the beneficiary:

dies,
moves (especially if he/she enters or leaves
a hospital or other institution),
marries,
starts or stops working,
is imprisoned,
is adopted,
no longer needs a payee, or
you are no longer responsible for the
beneficiary.

f you are payee for a child receiving SSI enefits, we may ask you for proof that the hild is receiving medical treatment for his/her disabling condition. We may ask for his information at the time we even hild's case. If we do ask for the information was give it to us.

# The Privacy Act And Paperwork Reduction Act Statements

We are required by sections 203 (a) and 631(a) of the Social Security Are to ask you to complete this report. The intermation you rovide enables SSA to account for the eneficiary's payments, and ensures that eneficiary needs are being met. If you do not complete and return this report, we may not be able to continue sending the beneficiary's ayments 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 or 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 may that a person qualifies for benefits part 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 our 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.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 195. You do not need to answer these questions unless we display a valid Office of the paperwork and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the necessary facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235. Send only comments relating to our time estimate to this address, not the completed form.

# 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.