

Social Security Administration

Representative Payee Report

Why You Received 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 were 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. You must complete this form if you received any Social Security and/or SSI 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. It is called Representative Payee Report, SSA-623-F6.

You should keep these records (e.g., bank statements, canceled checks, receipts for rent, etc.) for two years from the time you complete the form. Do 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. **Then, 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:

1. Use black ink or a #2 pencil.
2. Keep your numbers and "X's" inside the boxes.
3. Do not use dollar signs.
4. Show money amounts in dollars only. Do not show cents.

For example, show \$1,540.70 like this:

DOLLAR AMOUNT

		1	,	5	4	0
--	--	---	---	---	---	---

5. Use the REMARKS section on the back of the form to provide additional information as requested.
6. Review the payee mailing address and correct if necessary.
7. **Be sure you, the representative payee, sign the form.**

Some Definitions To Help You

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

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.

HOW TO FILL OUT THE FORM

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 under REMARKS. 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 under REMARKS.

QUESTION 3 - 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 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. 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 total amount.

C. Personal Items

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. **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.

D. 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 4 -
Savings Information**

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 such as mutual funds, or property. 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.

**6. 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.

**7. Relationship
To The
Beneficiary**

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., administrator, bookkeeper, caseworker, 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),
- marries,
- starts or stops working,
- is imprisoned,
- is adopted,
- no longer needs a payee, or
- you are no longer responsible for the beneficiary.

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 And Paperwork Reduction Act Statements

We are required by sections 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.

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 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.

Representative Payee Report

FORM APPROVED
OMB NO. 0960-0068

PAYEE'S NAME AND ADDRESS	REPORT PERIOD FROM: _____ TO: _____		SOCIAL SECURITY NUMBER		
	BENEFICIARY				
	ID	BIC	FP	PC	DOC
	D	TP	CC	GS	
	CF	TAA			
	PF	BSSN			

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 <input type="checkbox"/>	NO <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.	<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 = \$ _____		
	A.	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 <input type="checkbox"/>	NO <input type="checkbox"/>
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) <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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? _____	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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. _____	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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 OF ACCOUNT		
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"/>

FOR SSA USE ONLY

FO ASSISTANCE ☐**5.A.**

If you answered "OTHER" in 4.A. on the front page, show the type of account or investment in which the benefits are saved. →

TYPE OF ACCOUNT

B.

If you answered "OTHER" in 4.B. on the front page, show the title of the account in which the benefits are saved. →

TITLE OF ACCOUNT

REMARKS

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)

6.

RELATIONSHIP TO BENEFICIARY OR TITLE

DATE

8.DAYTIME TELEPHONE NUMBER(S)
(Include area code)**7.****9.**

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 Online
Publications Home

Electronic Booklet



A Guide For Representative Payees

SSA Publication No. 05-10076, January 2009, ICN 468025 [View .pdf]
(En Español) [Audio.mp3]



Contacting Social Security

Our website is a valuable resource for information about all of Social Security's programs. There are a number of things you can do online.

In addition to using our website, you can call us toll-free at **1-800-772-1213**. We treat all calls confidentially. We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide information by automated phone service 24 hours a day. (You can use our automated response system to tell us a new address or request a replacement Medicare card.) If you are deaf or hard of hearing, you may call our TTY number, **1-800-325-0778**.

We also want to make sure you receive accurate and courteous service. That is why we have a second Social Security representative monitor some telephone calls.

Contents

Introduction

Helping you manage your new responsibility

How you must use monthly benefits

How to handle a large payment of past benefits

Income and Expenses Worksheet

How funds should be held

Changes to report

Introduction

More than seven million people who get monthly Social Security or Supplemental Security Income (SSI) benefits need help managing their money.

After a careful investigation, we appoint a relative,

friend or other interested party to serve as the “representative payee.” This means that, if you agree to be a representative payee, we pay you the person’s benefits to use on his or her behalf.

In agreeing to serve as a representative payee, you have taken on an important responsibility (one that can make a positive difference in both the beneficiary’s life and your life).

With certain exceptions, a payee may not collect a fee for services provided to the beneficiary. Unless Social Security authorizes you to collect a fee for providing services, or you are the legal guardian who has been authorized by a court to charge a guardian fee, you may not collect a fee from the beneficiary.

This booklet provides basic information on how to be a representative payee and is not intended to answer all questions. For specific information about your situation, you should talk with a Social Security representative at your local Social Security office.

[\[Back to top\]](#)

Helping you manage your new responsibility

As a representative payee, you must know what the beneficiary’s needs are so you can decide how benefits can best be used for his or her personal care and well-being. This is especially important if the beneficiary does not live with you.

Each year, Social Security will ask you to complete a form to account for the benefits you have received. Social Security will mail you a form. You can either fill out the form and return it to Social Security or go online at www.socialsecurity.gov/payee to file the report. You can use the [worksheet](#) in the center of this booklet to keep track of what you spend.

As a representative payee, you will also need to tell Social Security about changes that may affect the beneficiary’s eligibility. [The changes are listed](#)

below.

Remember, the law requires representative payees to use the benefits properly. If a payee misuses benefits, he or she must repay the misused funds. A payee who is convicted of misusing funds may be fined and imprisoned.

NOTE : *A payee is appointed to manage Social Security funds only. A payee has no legal authority to manage non-Social Security income or medical matters.*

Family members often use a "power of attorney" as another way to handle a family member's finances. For Social Security purposes, a "power of attorney" is not an acceptable way to manage a person's monthly benefits. Social Security recognizes only a representative payee for handling the beneficiary's funds.

A special note about children who get Supplemental Security Income (SSI) payments

If you are a payee for a child receiving SSI payments, you will be required to obtain treatment for the child's medical condition when treatment is determined to be medically necessary. If you do not obtain medical treatment for the child, Social Security may appoint a new representative payee.

[\[Back to top\]](#)

How you must use monthly benefits

First, you must make sure the beneficiary's day-to-day needs for food and shelter are met. Then, the money can be used for any of the beneficiary's medical and dental care that is not covered by health insurance, and for personal needs, such as clothing and recreation. If there is money left after you pay for the beneficiary's needs, it must be saved, preferably in an interest-bearing account or U.S. Savings Bonds.

If the beneficiary is in a nursing home or other institution, you should use the benefits to pay the usual charges for care. In this case, you should set

aside a minimum of \$30 each month to be used for the beneficiary's personal needs.

Also, if the beneficiary lives in an institution and is eligible for Medicaid or is a member of a family that receives payments from the Temporary Assistance for Needy Families program, you should contact your local Social Security office about using the beneficiary's Social Security benefits to support the family.

As a general rule, you may not take a fee from the beneficiary's funds for your services as a representative payee. If you have questions about this, contact your local Social Security office.

[\[Back to top\]](#)

How to handle a large payment of past benefits

Sometimes benefits take a while to be approved. When this happens, back benefits may be paid all at once, in a large payment. First, you must spend the money on the beneficiary's current needs such as rent and a security deposit, food or furnishings. After these expenses are paid, you may spend the money to improve the beneficiary's daily living conditions or for better medical care. It is important that you spend the money wisely. You should keep in mind that the money must be used in the beneficiary's best interests. If there is money still left over, it must be saved, preferably in U.S. Savings Bonds or an interest-paying bank account, insured under either federal or state law.

Improve daily living conditions

After you have provided for the beneficiary's basic needs, you may spend the money to improve the beneficiary's daily living conditions or for better medical care. You may decide to use the beneficiary's funds for major health-related expenses, if they are not covered by the beneficiary's health insurance. Examples of these expenses are reconstructive dental care, a motorized wheelchair, rehabilitation expenses or insurance premiums.

You could use the money to arrange for the - beneficiary to go to school or get special training.

You also could spend some of the money on the beneficiary's recreational activities, such as movies, concerts or magazine subscriptions.

Special purchases

You may want to make some of the following - special purchases for the beneficiary.

- A home—You can use funds as a down payment, and you can use some of the money to make payments on a house owned by the beneficiary.
- Home improvements—You can pay for renovations that make the beneficiary's home safer and more accessible; for example, installing a wheelchair ramp or widening doorways to accommodate a wheelchair.
- Furniture—You can buy furniture for the beneficiary's personal use, as well as items that may be shared with other members of the household, such as a television.
- A car—You can use funds as a down payment, and you can use some of the money to make monthly car payments as long as the car is used for and owned by the beneficiary.

If you are not sure whether it is okay to use the money for a specific item, (for example, paying a bill the beneficiary owed before you became payee), contact your local Social Security office before you spend the money.

A special note about beneficiaries (SSI)

To continue receiving SSI, a beneficiary must not have resources worth more than \$2,000 (\$3,000 for couples). Although not all resources are counted, some of the items you may buy with the money could be worth so much that the beneficiary would be ineligible for SSI benefits. Any money

you do not spend could also count as a resource. You should check with your local Social Security office before making a major purchase for an SSI beneficiary.

A special note about blind or disabled children receiving SSI

Sometimes, blind or disabled children will receive large, past-due SSI payments covering more than six months of benefits. Usually, these payments must go directly into a separate banking account. We call this a “dedicated account” because funds in this account may be used only for certain expenses, primarily those related to the child’s disability. The dedicated account must be kept separate from any other savings or checking account set up for the beneficiary. Except for certain subsequent past-due payments, no other funds may be commingled into the account, and money in the dedicated account is not countable as a resource. Interest earned on the money also is not counted as income or as a resource. Money in a dedicated account must be used only for the following expenses:

- Medical treatment and education or job skills training;
- Personal needs assistance related to the child’s disability—special equipment, housing modification and therapy or rehabilitation; or
- Any other item or service related to the child’s disability that we determine to be appropriate, such as legal fees incurred in establishing the child’s claim for benefits.

You should first get approval from us for these kind of expenses.

You must keep a record of all money taken from this account and receipts for all items or services bought, because we will review these records at least once a year. If you knowingly use money from the dedicated account for anything other than the expenses shown above, you must repay us from your own funds. If you have questions about dedicated accounts, contact us.

[\[Back to top\]](#)

How funds should be held

It is a good idea to ask us to directly deposit monthly benefits into a bank account. We recommend that you hold benefits in a checking or savings account to protect against loss or theft. Also, do not mix the beneficiary's funds with your own or other funds.

If any money is left after meeting the beneficiary's day-to-day and personal needs, it must be saved. The preferred ways of saving is U.S. Savings Bonds or an interest-paying bank account that is insured under either federal or state law. Interest earned belongs to the beneficiary.

To protect the beneficiary's funds, the checking or savings accounts title must reflect the beneficiary's ownership of the funds and your relationship as a fiduciary (financial agent). 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. Any account title (under state law) that shows beneficiary ownership of the account with you as fiduciary is acceptable. Do not use joint accounts. Here are two ways we recommend to title the accounts:

- "(Beneficiary's name) by (your name), representative payee."
- "(Your name), representative payee for (beneficiary's name)."

Your bank will provide help if you have additional questions.

An exception for parents who are representative payees

A common checking account for all family members living in the same household who receive benefits may show a parent as the owner of the account. Children's savings, however, must be held in a separate savings account for each child, with the child's name shown as the owner of the account.

Keeping records

As a representative payee, you are responsible for keeping records and reporting on how you spend the benefits by completing a *Representative Payee Report* (Form SSA-623, SSA-6230 or SSA-6233). The appropriate form will be mailed to you about once a year. You also can file the report online at www.socialsecurity.gov/payee.

You must complete the report even if you are the beneficiary's legal guardian.

You may choose to use the worksheet in the center of this booklet to help you keep track of the money you spend. When you need to fill out the *Representative Payee Report*, you can add the amounts in each column of your worksheet and put the totals on the accounting form. If you need additional worksheets, call **1-800-772-1213** (TTY **1-800-325-0778**).

Paying income tax

Some people who get Social Security will have to pay federal income tax on their benefits. At the beginning of each year, Social Security will mail you a *Social Security Benefit Statement* (Form SSA-1099) that shows the amount of benefits paid during the previous year. Give this statement to the person who prepares the beneficiary's tax returns to use in figuring out if any tax must be paid on the beneficiary's Social Security benefits.

Organizations that serve as payees

Sometimes nursing homes or other organizations place funds for several beneficiaries in a single checking or savings account. This is called a "collective account." This is usually acceptable, but special rules apply to these accounts:

- The account title must show that the funds belong to the beneficiary and not the representative payee;
- The account must be separate from the organization's operating account ;

- Any interest earned belongs to the beneficiaries;
- There must be clear and current records showing the amount of each beneficiary's share and proper procedures for documenting credits and debits; and
- The account and supporting records must be made available to us when we ask for them.
- Some examples of collective account titles are: "Sunnydale Nursing Home, representative payee for Social Security beneficiaries." "Sunnydale patients' fund for Social Security beneficiaries."

If you have any questions about collective accounts, contact us.

If your organization is serving as a representative payee and you are considering charging the beneficiary for past care and maintenance costs, you will need to get approval from us first. We also need to approve any decision to "pool" the personal funds of several beneficiaries for an item such as a television that will benefit the group.

More information about being a payee is available in the *Guide For Organizational Representative Payees* (Publication No. 17-013) that is available at www.socialsecurity.gov/payee or from any local Social Security office. You also can order a copy by calling 1-800-772-1213 (TTY 1-800-325-0778).

A special note about beneficiaries receiving SSI

If Medicaid is paying more than half the cost of an SSI beneficiary's care, or private health insurance is paying for the care, the SSI payment is usually limited to \$30 per month, plus any additional money paid by the state. This entire payment must be used for the beneficiary's personal needs or saved on his or her behalf if personal needs have been met.

[\[Back to top\]](#)

Changes to report

You need to tell Social Security about any changes that may affect benefit payments. As payee, you are responsible for repaying money you received on behalf of the beneficiary if any of the events listed below occur and you do not report them. For example, tell us if:

- The beneficiary moves;
- The beneficiary starts or stops working, no matter how little the amount of earnings;
- A disabled beneficiary's medical condition improves;
- The beneficiary starts receiving another government benefit or the amount of the benefit changes;
- The beneficiary will be outside the United States for 30 days or more;
- The beneficiary is imprisoned for a crime that carries a sentence of more than one month;
- The beneficiary is committed to an institution by court order for a crime committed because of a mental impairment;
- Custody of a child beneficiary changes or a child is adopted;
- The beneficiary is a stepchild, and the parents divorce;
- The beneficiary gets married;
- The beneficiary no longer needs a payee; or
- The beneficiary dies.

You also must tell us if:

- You are no longer responsible for the

beneficiary;

- You move;
- You no longer wish to be payee;
- You are convicted of a felony; or
- You are violating a condition of your probation or parole imposed under federal or state law.

In addition, you must tell us if you or the beneficiary have an outstanding arrest warrant for a crime that is a felony under the laws of the state in which you or the beneficiary live; or a crime punishable by death or imprisonment for more than one year in states that do not classify crimes as felonies.

A special note about SSI benefits

In addition to the events listed above, the following changes must be reported if the beneficiary is getting SSI benefits:

- The beneficiary moves to or from a hospital, nursing home, correctional facility or other institution;
- A married beneficiary separates from his or her spouse, or they begin living together again after a separation;
- Someone moves into or out of the beneficiary's household; or
- The beneficiary or the spouse has a change in income or resources.

A child's SSI benefit amount may change if there are any changes in the family's income or resources.

As a payee, if you fail to report any of the actions to Social Security, the beneficiary may be paid too much money. In that case, you may have to return the money the beneficiary was not due and the

payments may stop. If Social Security determines you intentionally withheld information in order to continue to receive payments, you may be criminally prosecuted. Criminal penalties can include fines and imprisonment.

If you are a representative payee for a person who gets SSI, you should be aware that savings and other resources are limited to \$2,000 (\$3,000 for a couple) under the SSI program. Interest earned on savings counts toward that limit. In determining a child's resources, money in the child's dedicated savings account does not count toward the resource limit. For more information, ask for *What You Need To Know When You Get Supplemental Security Income (SSI)* (Publication No. 05-11011).

Medicare and Medicaid

As a representative payee, you may need to help the beneficiary get medical services or treatment. This assistance is required by law for children - receiving SSI. You should keep a record of medical services and medical expenses not covered by Medicare and Medicaid. For information about Medicare coverage, ask for *Medicare* (Publication No. 05-10043).

If the beneficiary has low income and few resources, the state may pay Medicare premiums and some out-of-pocket medical expenses. A person may qualify even if his or her income or resources are too high for SSI. For information, contact the state or local medical assistance (Medicaid) agency, social service office or welfare office.

The beneficiary also may be able to get extra help paying for the annual deductibles, monthly premiums and prescription co-payments related to the Medicare prescription drug program (Part D). The beneficiary may qualify for extra help if he or she has limited income and resources. These income and resource limits change each year. For information about current income and resources limits, ask for *Getting Help With Medicare Prescription Drug Plan Costs* (Publication No. 05-10115).

If the beneficiary has both Medicaid with

prescription drug coverage and Medicare, Medicare and Supplemental Security Income, or if the state pays for his or her Medicare premiums, they automatically will get this extra help and don't have to apply.

For more information about getting extra help with Medicare prescription drug plan costs, call Social Security's toll-free number or visit our website. You also can help the beneficiary apply for extra help online at Social Security's website.

If you stop being a payee

If you will no longer be the payee, you must notify Social Security immediately. This is important because a new payee will have to be selected as soon as possible. When you are no longer responsible for the beneficiary, you must return any benefits, including interest and cash on hand, to Social Security. The funds will then be reissued to the beneficiary or to a new payee.

If the beneficiary dies

If the beneficiary dies, any saved benefits belong to his or her estate. They must be given to the legal representative of the estate or otherwise handled according to state law. If you need information about state law, contact the probate court or an attorney.

When a person who receives Social Security benefits dies, no check is payable for the month of death, even if he or she dies on the last day of the month. Any check received for the month of death or later must be returned. An SSI check, however, is payable for the month of death. But you must return any SSI checks that come after the month of death.

[\[Back to top\]](#)

INCOME AND EXPENSES WORKSHEET			
Month and year	Amount of Social Security or SSI	Expenses for food and housing	Expenses for clothing, medical/dental, personal

	benefits received		items, recreation, miscellaneous
Totals for Report Period	\$ _____ _____	\$ _____ Put this figure on line 3B of the Form SSA- 623	\$ _____ Put this figure on line 3C of the Form SSA-623
Show the total amount of any benefits you saved for the beneficiary, including any interest earned.			\$ _____ Put this figure on line 3D of the Form SSA-623

**For additional worksheets, please copy this
page before you use it or contact your local
Social Security office to obtain copies.**

[\[Back to top\]](#)

FUNCTION REPORT - ADULT - THIRD PARTY Form SSA-3380-BK

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can and call the phone number provided on the letter sent with the form, or contact the person who asked you to complete the form. If you need the address or phone number for the office that provided the form, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

HOW TO COMPLETE THIS FORM

The information that you give on this form will be used to make a decision on the disabled person's claim. You can help by completing as much of the form as you can. When a question refers to the "disabled person," it refers to the person who is applying for or receiving disability benefits.

It is important that you tell us what you know about the disabled person's activities and abilities.

DO NOT ASK THE DISABLED PERSON TO GIVE YOU ANSWERS

- Print or type.
- **DO NOT LEAVE ANSWERS BLANK.** If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- Do not ask a doctor or hospital to complete this form.
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If you need more space to answer any questions, use the "REMARKS" section on Page 8, and show the number of the question being answered.

**REMEMBER TO GIVE US THE NAME AND ADDRESS OF THE PERSON
COMPLETING THIS FORM ON PAGE 8**

Privacy Act and Paperwork Reduction Act Statements

Sections 205(a), 1631(d)(1) and 1631(e)(1) of the Social Security Act, as amended, authorize us to collect this information. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. We generally use the information you supply for the purpose of making decisions regarding claims. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and (4) to facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs. We may also use the information you provide in computer matching programs. Matching programs compare our records with those kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.socialsecurity.gov or any local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C., §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 61 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO THE OFFICE THAT REQUESTED IT. If you do not have that address, you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

**PLEASE REMOVE THIS SHEET BEFORE RETURNING
THE COMPLETED FORM.**