PHYSICIAN'S/MEDICAL OFFICER'S STATEMENT OF PATIENT'S CAPABILITY TO MANAGE BENEFITS

PAPERWORK REDUCTION ACT:		In replying, use this address: SOCIAL SECURITY ADMINISTRATION	
This information collection meets the clearan amended by Section 2 of the Paperwork Reductions answer these questions unless we display a control number. We estimate that it will instructions, gather the necessary facts, and are			
•			
			TELEPHONE NUMBER (Include Area Code)
			DATE
			SSA CONTACT
Privacy Act: This report is authorized by section Act, as amended (42 U.S.C. 405(a) and 405 your cooperation will help us decide whether a should be paid directly to the patient or to succeed to the patient or to succeed the patient of the patient or to succeed the patient of the	IDENTIFYING INFORMATION (SSA Only) If different from patient		
We may also use the information you give underching programs compare our records with	NAME OF WAGE EARNER OR SELF- EMPLOYED PERSON		
government agencies. Many agencies may use person qualifies for benefits paid by the Federa even if you do not agree to it. Explanation information you provide may be used or given If you want to learn more about this, contact a	SOCIAL SECURITY NUMBER / /		
PATIENT'S NAME	PATIENT'S ADDRESS (N Code)	umber and Street, City, State, and ZIP	
PATIENT'S SOCIAL SECURITY NUMBER	PATIENT'S DATE OF BIRTH		
/ /			

YOUR HELP IS NEEDED

The patient shown above has filed for or is receiving Social Security or Supplemental Security Income payments. We need you to complete the back of this form and return it to us in the enclosed envelope to help us decide if we should pay this person directly or if he or she needs a representative payee to handle the funds. **Please Note:** This determination affects how benefits are paid and has no bearing on disability determinations. Thank you for your help.

WHO IS A REPRESENTATIVE PAYEE

A representative payee is someone who manages the patient's money to make sure the patient's needs are met. The payee has a strong and continuing interest in the patient's well-being and is usually a family member or close friend.

WHO NEEDS A REPRESENTATIVE PAYEE

Some individuals age 18 and older who have mental or physical impairments are not capable of handling their funds or directing others how to handle them to meet their basic needs, so we select a representative payee to receive their payments. Examples of impairments which may cause incapability are senility, severe brain damage or chronic schizophrenia. However, even though a person may need some assistance with such things as bill paying, etc., does not necessarily mean he/she cannot make decisions concerning basic needs and is incapable of managing his/her own money.

PLEASE COMPLETE THE INFORMATION ON THE REVERSE OF THIS FORM

1.	Date you last examined the patient	·						
2.	Do you believe the patient is capable of	of managing or directing th	ne management of	benefits in his or	her own best interest?			
	 By capable we mean that the patient: Is able to understand and act on the ordinary affairs of life, such as providing for own adequate food, housing, clothing, etc., and Is able, in spite of physical impairments, to manage funds or direct others how to manage them. 							
	Yes		o		Unsure			
	If "Yes", please omit question 3, but be sure to sign and date the form.	If "No", please provide of the findings that led Also, complete question	to this conclusion.	lf "uns please				
3.	Do you expect the patient to be able to	o manage funds in the fut	ure (for example, th	ne patient is tem	porarily unconscious)?			
	If yes, please explain.							
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INA	AME OF PHYSICIAN/MEDICAL OFFICER	k (Please print.)	TITLE					
A	DDRESS (Number and street, City, Stat	e, and ZIP Code)		TELEPHONE NUI	MBER (Include Area Code)			
fo m	declare under penalty of perjury that I horms, and it is true and correct to the isleading statement about a material factor to prison, or may face other penaltic	nave examined all the info e best of my knowledge act in this information, or es, or both.	rmation on this for . I understand the causes someone	m, and on any a at anyone who else to do so, co	ccompanying statements or knowingly gives a false or ommits a crime and may be			
	IGNATURE OF PHYSICIAN/MEDICAL OI				DATE			