

Representative Payee Report of Benefits and Dedicated Account

Payee's Name and Address	Report Period	
	From:	To:
	Social Security Number	
	Beneficiary	

Please review the above mailing address and correct if necessary.

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.

NOTE: If you are a payee who is exempt from the annual accounting process, only complete questions 6 through 8.

1.	Were you (the payee) convicted of a crime considered to be a felony during the report period shown above?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)

- 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:

SAMPLE

SAMPLE

- 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 zeros.

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

- ☐ Savings/Checking Account ☐ U.S. Savings Bond ☐ Certificates of Deposit ☐ Collective Savings/Checking Account ☐ Other

B. TITLE OF ACCOUNT

- ☐ Beneficiary's Name by Your Name ☐ Your Name for Beneficiary's Name ☐ Other

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 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

B. Were these purchases for medical treatment, education, job training, or other purchases that benefit the beneficiary and relate to their impairment? ☐ Yes ☐ No

If No, please explain what you purchased and the amount of each purchase.

Important: Remember to keep all records and receipts of purchases for at least two years. If we have questions, you will need to explain why or how the other item or service relates to the impairment(s) of the beneficiary.

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 zeros.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

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

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. We do this to ensure the benefits are used properly.

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 benefits. You were informed of the duties and responsibilities of a representative payee, including keeping a record of all the money taken from the dedicated account and receipts for all the items and/or services purchased. We must regularly review this account for additional deposits and to ensure that the items and/or services purchased 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.

Effective April 13, 2018, the following representative payees are only required to complete questions 6 through 8 of the Representative Payee Report of Benefits and Dedicated Account, SSA-6233-BK:

- natural or adoptive parents of a minor child who reside in the same household;
- legal guardians of a minor child who reside in the same household;
- natural or adoptive parents who reside in the same household with an adult child who has a disability; and
- spouses.

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

What You Need To Know

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

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

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

(No cents)

\$1,540

3. Be sure you, the representative payee, sign the form.

Some Definitions To Help You

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

Payee - You. The person (or organization) 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 State court to manage the affairs of a beneficiary.

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 Benefits. We call it a dedicated account because the law also restricts the items and/or services you can buy with money from the account.

Total Dedicated Account - 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 as 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 have saved for the beneficiary at the end of the report period, including any interest earned. Show zeros if you did not save any of the benefits. **Note:** Do not include the money saved in the dedicated account.

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.

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. Place an "X" in the "No" box if no money was removed from the account.

B. Is The Purchase Related To The 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, education, job skills training, or other purchases that benefit the beneficiary and relate to their impairment. Place an "X" in the "No" box if the purchases were for something else and explain what you purchased and the amount of each purchase.

Question 8 - Dedicated Account Balance

Show the balance in the dedicated account at the end of the report period, including any interest earned. Show zeros 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

Show your relationship to the beneficiary. Some examples include: parent, brother, friend. If you are the beneficiary's legal guardian, show "legal guardian". If you represent a bank, institution or agency, show your job title (e.g., administrator, bookkeeper, etc.).

Your Responsibilities As Representative Payee

As representative 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 and the dedicated account, you must report any changes which may affect the beneficiary's eligibility for benefits, or the payment amount. You should report these 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:

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

As 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.

Privacy Act Statement Collection and Use of Personal Information

Sections 205(j) and 1631(a) of the Social Security Act, as amended, allow us to collect your information, which we will use to account for the use of benefits, payments and to ensure the beneficiary's needs are met. Providing the information is voluntary, but not providing all or part of the information may result in the termination of benefits or payments. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice (SORN) 60-0222, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

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 (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235,6401.***

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.

SAMPLE

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