Exhibit 1 – Sample SSA-6234 Representative Payee Report

Representative Payee Report
Social Security Administration, P.O. Box 6230, Wilkes-Barre, PA 18767-9956

If change of address, check box and enter new address on back of form.

This report is about the benefits you received between ______ and ______ for the beneficiary ______. Please read the enclosed instructions before completing this form to help you answer each question.

1. Did the beneficiary continue to live alone or with the same person or in the same institution from ______ to ______? 
   (Yes) [ ] (No) [ ]

   If (No), please explain and provide the beneficiary's current address in REMARKS on the back of this form.

2. Benefits paid to you between ______ and ______
   Benefits you reported as saved on last year's report ______
   Total Accountable Amount ______
   (Yes) [ ] (No) [ ]

   Did you (the payee) decide how the $ ______ was spent or saved? 
   (Yes) [ ] (No) [ ]

   If (No), please explain in REMARKS on the back of this form.

   Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided between ______ and ______? 
   (Yes) [ ] (No) [ ]

   If (Yes), how much of the $ ______ did you collect from the beneficiary? 
   (Yes) [ ] (No) [ ]

   How much of the $ ______ did you spend for the beneficiary's food and housing between ______ and ______? 
   (Yes) [ ] (No) [ ]

   How much of the $ ______ did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between ______ and ______? 
   (Yes) [ ] (No) [ ]

   (Yes) [ ] (No) [ ]

   How much, if any, of the $ ______ did you save for the beneficiary as of ______? If none, show zeros. 
   (Yes) [ ] (No) [ ]
3. If you showed an amount in 2.E. (front page), 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 Bonds
- Certificate of Deposit
- Individual Retirement Account (IRA)
- Retirement Plan
- Other

### B. TITLE OF ACCOUNT
- Beneficiary's Name
- Your Name
- Name of Person
- Other

4. Answer this question only if you answered "OTHER" in 3.A. or 3.B. above. If you answered "OTHER" in 3.A. or 3.B., show the type of account or investment, or the title of the account in which the benefits are saved.

### A. TYPE OF ACCOUNT

### B. TITLE OF ACCOUNT

**REMARKS**

**NEW ADDRESS**

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 or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

5. **PAYEE'S SIGNATURE**

6. **PRINT JOB TITLE**

7. **DATE**

8. **DAYTIME TELEPHONE NUMBER(S)**
   - (Include area code and extension)

**Area Code**

**Extension**

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FORM SSA-6234-OCR-SM (02-2012)