

STATEMENT OF CARE AND RESPONSIBILITY FOR BENEFICIARY

NAME AND ADDRESS OF CUSTODIAN	In replying, use this address: SOCIAL SECURITY ADMINISTRATION
	TELEPHONE NUMBER
	DATE
	SSA CONTACT

Sections 205(a) and 205(j) of the Social Security Act allow us to ask for the information on this form. Although responses to these questions are voluntary, the information you provide is needed to establish an applicant's suitability to serve as representative payee. 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.	IDENTIFYING INFORMATION (If different from patient)
	NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON
	SOCIAL SECURITY NUMBER

APPLICANT'S NAME AND ADDRESS	BENEFICIARY NAME
	BENEFICIARY SOCIAL SECURITY NUMBER
	APPLICANT'S RELATIONSHIP TO BENEFICIARY

YOUR HELP IS NEEDED
 The applicant shown above has applied to be appointed representative payee for the above beneficiary. We need you to complete this form and return it to us in the enclosed envelope. The information you provide will help us decide if we should pay this person directly or if he or she needs a representative payee to handle funds. If a representative payee is needed, you will help us to determine the responsibility assumed by the applicant for the beneficiary's well-being. Thank you for your help.

1. DATE BENEFICIARY BEGAN LIVING WITH YOU (month/day/year)	HOW LONG WILL BENEFICIARY LIVE WITH YOU?	REASON BENEFICIARY DOES NOT LIVE WITH THE APPLICANT
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2. If the beneficiary is not living with you, where and with whom is the beneficiary living and when did he or she leave your care?

3. Do you believe the beneficiary is capable of managing or directing the management of benefits in his or her own best interest?

By capable we mean the beneficiary:

- Is able to understand and act on the ordinary affairs of life, such as providing for own food, housing, clothing, etc., and
- Is able, in spite of physical impairments, to manage funds or direct others how to manage them.

YES NO UNSURE

If "NO" or "Unsure," please provide a brief explanation.