

Exhibit 1 – Sample SSA-6234 Representative Payee Report

6234

Representative Payee Report

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

FORM APPROVED
OMB NO. 0960-0691

PAYEE'S NAME AND ADDRESS		REPORT PERIOD		SOCIAL SECURITY NUMBER	
		FROM	TO		
		BENEFICIARY			
ID	BIC	D	TE	CC	GS
PF	DOC	CF	TAA	PF	BSEN
				PPS	DAA
				MFA	

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

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 _____? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.	YES	NO
2. Benefits paid to you between _____ and _____ Benefits you reported as saved on last year's report: _____ Total Accountable Amount: _____	YES	NO
A. Did you (the payee) decide how the \$ _____ was spent or saved? If NO, please explain in REMARKS on the back of this form.	YES	NO
B. Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided between _____ and _____? If YES, how much of the \$ _____ did you collect from the beneficiary for these services between _____ and _____?	YES	NO
C. How much of the \$ _____ did you spend for the beneficiary's food and housing between _____ and _____?	DOLLAR AMOUNT (NO CENTS)	
D. 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 _____?	DOLLAR AMOUNT (NO CENTS)	
E. How much, if any, of the \$ _____ did you save for the beneficiary as of _____? If none, show zeros.	DOLLAR AMOUNT (NO CENTS)	

