Form Approved OMB No. 0960-0024

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

In replying, use this address: SOCIAL SECURITY ADMINISTRATION	TELEPHONE NUMBER (Including Area Code)		
	DATE		
	DATE		
SSA CONTACT			
IDENTIFYING INFORMATION (SSA Only)			
If different from patient			
NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER		
PATIENT'S NAME			
PATIENT'S SOCIAL SECURITY NUMBER	PATIENT'S DATE OF BIRTH		
PATIENT'S ADDRESS (Number and Street, City, State, and ZIP	Code)		

#### 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; SSA will NOT pay for this information. 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

PATIENT'S NAME				
PATIENT'S SOCIAL SECURITY NUMBER PATIENT'S DATE OF BIRTH			TE OF BIRTH	
PATIENT'S ADDRESS (Number a	nd Street, City, State, and ZIP	Code)		
Date you last examined the pati	ent			
Do you believe the patient is cap By capable we mean the patient		the managemer	nt of benefits in his or l	her own best interest?
<ul> <li>Is able to understand and act of and</li> </ul>	on the ordinary affairs of life, so	uch as providing	for own adequate foo	d, housing, clothing, etc.,
Is able, in spite of physical imp	airments, to manage funds or	direct others how	w to manage them.	
☐ Yes	□ No		Unsure	
If "Yes", please omit question 3, but be sure to sign and date the form.	If "No", please provide a b of the findings that led to the Also, complete question 3.	nis conclusion.	If "Unsure", please explain.	
3. Do you expect the patient to be	able to manage funds in the fu	ture (for exampl	e, the patient is tempo	orarily unconscious)?
Yes No				
If yes, please explain.				
NAME OF PHYSICIAN/MEDICAL	OFFICER (Please print.)	TITLE		
ADDRESS (Number and street, Ci	ty, State, and ZIP Code)		TELEPHONE NUMB	ER ( <i>Include Area Code)</i>
I declare under penalty of perjur statements or forms, and it is tru gives a false statement about a may be subject to a fine or impri	ie and correct to the best of material fact in this informat	mv knowledge.	. I understand that ar	nvone who knowingly
SIGNATURE OF PHYSICIAN/MED	DICAL OFFICER			DATE
				l .

# Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 205(j) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to make a determination regarding the beneficiary's need for a representative payee.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to make a determination regarding management of benefits. However, we may use the information for the administration of our programs including sharing information:

- 1. To comply with Federal laws requiring the release of information form our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
- 2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0089, entitled Claims Folders Systems; and, 60-0222, entitled Master Representative Payee File. Additional information about these and other system of records notices and our programs is available online at <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> or at your local Social Security office.

We may also use the information you provide in our computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent 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 control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a>. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.