

State Mental Hospital Review – Beneficiary Form

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|-------------------|--------------------|
| Beneficiary Name: | Contact No.        |
| Beneficiary SSN:  | Facility Name:     |
| Payee Name:       | Address:           |
| Reviewer Name:    | Date of Interview: |

- A) Does the beneficiary know how much spending money is available to him or her for each month? *(E.g. Receives a statement, is told by staff (how often), are they able to save money, etc.).*
- B) How does he or she get the spending money? For example, does the beneficiary sign a withdrawal ticket on a daily, weekly, or monthly basis?
- C) If a beneficiary's records show a large purchase, such as television, furniture or personal listening device, etc., is the item available for the beneficiary to use and is it marked to reflect the beneficiary's ownership (if not a group purchase). Note item(s):
- D) The general cleanliness of the beneficiary's living area. *(Please include # residents in a room.)*
- E) Is the payee responsive to the beneficiaries needs?
- F) Is the beneficiary having any problems with staff or other residents?
- G) Would the beneficiary like Social Security to contact them directly? *(If yes, explain reason.)*
- H) Would the beneficiary like the P&A to contact them directly? *(If yes, have beneficiary sign release form.)*
- I) Document explanation if unable to interview. *(E.g. Medically inadvisable, Bene uncooperative, etc.)*