

## State Onsite Mental Institution Representative Payee Review Findings Checklist

<b>Reports of Health or Safety, Beneficiary Need or Financial Exploitation</b>	<b>Yes</b>	<b>No</b>
1. Health or Safety with immediate danger or beneficiary identified need	<input type="checkbox"/>	<input type="checkbox"/>
2. Health or safety with no immediate danger or financial exploitation	<input type="checkbox"/>	<input type="checkbox"/>
<b>Representative payee reporting responsibilities discussed</b>	<b>Yes</b>	<b>No</b>
1. P&A Grantee discussed the representative payee reporting responsibilities with the State agency and/or mental institution	<input type="checkbox"/>	<input type="checkbox"/>
<b>SSA notification</b>	<b>Yes</b>	<b>No</b>
1. P&A Grantee believes the beneficiary is capable of managing or directing the management of his or her own benefits	<input type="checkbox"/>	<input type="checkbox"/>
2. P&A Grantee believes a more suitable representative payee is available	<input type="checkbox"/>	<input type="checkbox"/>
3. Collective account appears to meet requirements for re-approval	<input type="checkbox"/>	<input type="checkbox"/>
4. State agency or mental institution Requested SSA Contact	<input type="checkbox"/>	<input type="checkbox"/>
5. Beneficiary Requested SSA Contact Him or Her	<input type="checkbox"/>	<input type="checkbox"/>
6. The representative payee reported a change in phone number or address and the P&A grantee has not previously notified SSA	<input type="checkbox"/>	<input type="checkbox"/>