

Representative Payee Social Security Benefits Worksheet

Beneficiary Information

Beneficiary's Full Name: _____

Date of Birth: _____

Social Security Number (Last 4 digits): _____

Period Covered (Month/Year): _____

Payee Information

Representative Payee's Name: _____

Relationship to Beneficiary: _____

Phone Number: _____

Organization Name (if applicable): _____

Social Security Benefits Received

Total Monthly Benefit Received: _____

Total Benefits Received This Period: _____

Funds Used on Behalf of Beneficiary

Category	Amount (\$)
Food & Groceries	_____
Housing (Rent/Mortgage)	_____
Utilities	_____
Clothing & Personal Items	_____
Medical & Healthcare	_____
Transportation	_____
Education or Training	_____
Recreation or Miscellaneous	_____

Total Amount Spent: _____

Savings / Remaining Balance

Amount Saved for Beneficiary: _____

Remaining Balance (if any): _____