

6. Past-due SSI benefits deposited by SSA in **dedicated account** = \$ _____
 Balance in dedicated account as you reported on a prior report = \$ _____
Total Dedicated Account Amount = \$ _____

Did you deposit any money into the dedicated account during the report period? YES NO

If YES, please provide the date and amount of each deposit:

7. A. Did you take any money out of the dedicated account during the report period? YES NO

If YES, please explain what items and/or services you purchased and the amount of each purchase:

B. Were these purchases for medical treatment, or education or job skills training? YES NO

If NO, please explain how they benefited the beneficiary and are related to his/her impairment(s):

8. What is the balance, including any interest earned, in the dedicated account as of the last month in the report period? If none, show zeroes. DOLLAR AMOUNT (NO CENTS) ,

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE. (A PERSON WHO CONCEALS OR FAILS TO TELL SSA ABOUT EVENTS ASKED ABOUT ON THIS FORM WITH THE INTENT TO FRAUDULENTLY RECEIVE BENEFITS MAY BE FINED, IMPRISONED OR BOTH.)

PAYEE'S SIGNATURE (If signed by mark (X), two witnesses must sign below.)	DATE
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RELATIONSHIP TO BENEFICIARY OR TITLE	TELEPHONE NUMBER (including area code)
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Witness Signatures Are Required Only If The Payee's Signature Above Has Been Signed By Mark (X).

SIGNATURE OF WITNESS	DATE
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SIGNATURE OF WITNESS	DATE
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