REQUEST FOR ASSISTANCE - REPRESENTATIVE PAYEE ☐ PRIORITY ☐ REGULAR

☐ TO: _____ (DO City and State) ☐ DO CODE _____

REPORT PERIOD FROM: _____ TO: _____

PAYEE NAME: _____

SSN: _____ BIC: _____

BENEFICIARY NAME: _____

THE SYSTEM DIARY HAS BEEN UPDATED IN WBDOC - FO DEVELOPMENT IS NEEDED

☐ **DEVELOP FOR:** ☐ FURNISH STATUS:
☐ NO RESPONSE FROM PAYEE
☐ UNDELIVERABLE - DEVELOP ENTIRE FORM
☐ TXVI - Conserved FUNDS $2000 OR OVER
AMOUNT SHOWN IN 3D IS $
☐ PAYEE NAME CHANGE - SEE REMARKS
☐ RESPONSE TO 3B AND 3C NOT EQUAL TO 90% OF TAA
TAA IS $_____ 3B IS $_____ 3C IS $_____
☐ RESPONSE TO 3B, 3C AND 3D NOT EQUAL TO 90% OF TAA
TAA IS $_____
3B IS $_____ 3C IS $_____ 3D IS $_____
☐ NOT LISTED ON PRECEDENT FILE
☐ POSSIBLE PAYEE CHANGE - QUESTION 2 ANSWERED "NO"
☐ SIGNATURE (MAIL TO WBDOC AFTER DEVELOPMENT)
☐ REMARKS ON 623/6230
☐ SEE 5002
☐ POSSIBLE CODING CHANGE - TP IS _____ CC IS _____ - SEE REMARKS
☐ MANNER IN WHICH CONSERVED FUNDS ARE HELD - REFER TO GN 00605.068.G.1
☐ ACCOUNT TITLE - REFER TO GN 00605.068.H
☐ INCONSISTENT PAYEES ON MBR/SSR
☐ BENEFICIARY RESIDES IN AN INSTITUTION - PERSONAL NEEDS EXPENDITURES ARE LESS THAN $30 PER MONTH OR THE TAA (IF < $360). TAA IS $_____

☐ FORM 623/6230 WAS RETURNED TO WBDOC UNSIGNED BY THE PAYEE

DEVELOP QUESTION(S):	SHOWN ON FORM:	
☐ 1 ----->	☐ YES	☐ NO
☐ 2 ----->	☐ YES	☐ NO
☐ 3A ---->	☐ YES	☐ NO
☐ 3B		
☐ 3C		
☐ 3D		
☐ 4A		
☐ 4B		
☐ 5		
☐ 5A		
☐ 5B		
☐ SEE REMARKS		

REMARKS: _____

☐ PROCEDURAL REFERENCES (LIST) ☐ ATTACHMENTS (LIST) ☐ FORM 623 ☐ FORM 6230
☐ **FROM: WBDOC** ☐ FORM 6231 ☐ FORM 5002

☐ BY: _____
☐ FTS NUMBER **(570)** _____ ☐ FAX NUMBER **(570)** _____ ☐ DATE OF REQUEST _____ ☐ DIARY DUE DATE _____

UPON COMPLETION FAX / MAIL TO: WBDOC PO BOX 8500 WILKES-BARRE PA 18767-8500

Form SSA-5527-U3 (8-2004)