**NC DSS Foster Care Funding Manual 3.5 – Attachment B: Annual Federal Benefits Assessment and Management Tool for Children and Youth in Foster Care**

**Purpose and Instructions**

***This form is required only for children and youth who currently receive Social Security benefits or for those who may be eligible to receive benefits based on a potentially qualifying disability.***

This form is used to document the **annual review of Social Security and SSI benefits and representative-payee responsibilities** for a child or youth in foster care and to document any **change in circumstances** that may require reassessment of the child's benefits. The Initial Federal Benefits Assessment establishes the child's baseline information and individualized benefit-management determination. **This form is intended to update that assessment, not repeat it**.

**When to Complete**

The Annual Federal Benefits Review must be completed **at least annually in conjunction with the DSS-5120A**. The review must also be completed when a significant change in circumstances occurs that may affect the child's benefits or how those benefits are managed.
Examples include:

- A new benefit is identified or a benefit ends;
- The benefit amount changes significantly;
- The representative payee changes;
- The child's needs or foreseeable needs change;
- The child's other resources or funding sources change;
- Benefits begin to be used after previously being conserved;
- The amount or manner of conservation changes; or
- Information indicates that the existing benefit-management determination should be reassessed.

**General Instructions**

**Do not repeat information documented on the Initial Federal Benefits Assessment unless it has changed or requires review.**

The county DSS agency should review the Initial Assessment and prior updates and documents only:

1. Whether the child's circumstances have changed;
2. Whether the representative-payee requirements and financial management have been reviewed;
3. Whether the current use or conservation of benefits remains appropriate; and
4. Any action needed as a result of the review.

☐ **N/A – No change has occurred and no additional action is required.**

When N/A is selected for a section, the remaining questions within that section do not need to be completed unless otherwise indicated.

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## I. CHILD AND REVIEW INFORMATION

**County DSS Agency:** _____

**Child's Name:** _____

**DOB:** _____ **CNDS:** _____

**Date of Initial Assessment:** _____

**Date of Current Review:** _____

**Review Type:**

☐ Annual Representative Payee or Benefits Review
☐ Change in Circumstances

**DSS-5120A Date Completed:** _____

## II. CHANGE IN CIRCUMSTANCES

**Has anything changed since the Initial Assessment or most recent review?**

☐ No – circumstances remain substantially the same
☐ Yes – change requires review
☐ N/A – No change requiring reassessment

If **Yes**, check all that apply:

☐ New Social Security or SSI benefit
☐ Benefit amount changed
☐ Benefit ended or was suspended
☐ Representative payee changed
☐ Placement changed
☐ Child's needs changed
☐ Other resources/funding changed
☐ Benefits previously conserved are now being used
☐ Conservation arrangement changed
☐ Other: _____

**Briefly describe the change:**

_____

_____

**Date of Change:** _____
**Action Taken/Needed:** _____

## III. ANNUAL REPRESENTATIVE PAYEE REVIEW

☐ **N/A – Child does not receive Social Security or SSI benefits.**

As part of the annual review, confirm:

☐ Representative payee information remains current
☐ Representative payee continues to meet applicable requirements
☐ Benefits received during the review period were reviewed
☐ Use of benefits was reviewed, when benefits were used
☐ Conserved benefits were reviewed, when applicable
☐ Financial records/account information were reviewed, when applicable
☐ Any concerns regarding management of benefits were addressed

**Representative Payee:** _____

**Date of Payee/Financial Review:** _____

**Documentation Reviewed:** _____

**Concerns or Follow-Up Needed:**

_____

_____

## IV. REVIEW OF INDIVIDUALIZED BENEFIT DETERMINATION

☐ **N/A – No Social Security or SSI benefits require management.**

Based on the annual review and the child's current circumstances:

**Has the child's need for benefits or the appropriate management of benefits changed?**

☐ No – current determination remains appropriate
☐ Yes – reassessment is needed
☐ Yes – determination has been changed
☐ N/A

**Current Determination**

☐ Continue current use of benefits
☐ Continue current conservation of benefits
☐ Modify use of benefits
☐ Begin conservation of benefits
☐ Modify conservation arrangement
☐ Additional assessment or information needed
☐ Other: _____

**Brief Basis for Determination:**

_____

_____

**If the determination changed, explain why:**

_____

_____

## V. CONSERVATION REVIEW

☐ **N/A – Benefits are not being conserved.**

If benefits are being conserved:

☐ Conservation arrangement remains appropriate
☐ Conservation arrangement changed
☐ Additional action needed

**Type of Conservation Arrangement:**

☐ Individual account
☐ Trust
☐ NC ABLE account
☐ Other: _____

**Amount Currently Conserved:** $_____

**Action/Follow-Up Needed:**

_____

_____

## VI. REQUIRED FOLLOW-UP

☐ **N/A – No follow-up action is required.**

☐ Update case documentation
☐ Obtain additional benefit documentation
☐ Representative payee follow-up
☐ Reassess use/conservation of benefits
☐ Establish or modify conservation arrangement
☐ SSA/SSI referral or follow-up
☐ Fiscal/eligibility review
☐ Other: _____

**Responsible Person:** _____
**Due Date:** _____

**Date Completed:** _____

## VII. CERTIFICATION AND SUPERVISORY REVIEW

**County Review –** I certify that the child's Social Security and/or SSI benefits and representative-payee arrangements were reviewed based on the child's current circumstances and that any necessary changes or follow-up actions have been identified.

**Completed By:** _____

**Date:** _____

**Supervisory Review**

☐ Annual review completed
☐ Representative-payee responsibilities reviewed
☐ Current benefit-management determination reviewed
☐ Changes in circumstances addressed, if applicable
☐ Follow-up actions identified, if applicable
☐ N/A

**Supervisor:** _____

**Date:** _____

**Supervisor Comments:** _____

**Fiscal Staff Review:** _____ **Date:** _____