
Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or
SSI Claimant

Social Security Number

Name of Beneficiary (if other than above)

Relationship to Wage
Earner, Self-Employed
Person or SSI Claimant

I understand and agree with the following.

Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

Choice of Representative Payee

SSA has selected _____ to be my representative payee.

My Right to Appeal

I understand that I have the right to appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else to help me.

I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

Signature

Date

Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)



**Helping Hearts Payee Service
A 501c3 Non-Profit**

REPRESENTATIVE PAYEE SERVICES APPLICATION

Client Information:

Name:

Address:

City: _____ State: _____ Zip Code _____

Daytime Phone #: _____

Evening Phone #: _____

Date of Birth: _____ Social Security #: _____

Marital Status: Married Single Divorced

Employment: Employed Unemployed Retired

Current Payee & Phone #:

Mother's Maiden & Father's Names:

Client's Place of Birth (City & State):

Emergency Contact: (Name, Phone # & Relationship to you):

Case Manager: (Name & Phone #)

Monthly Income

SSI: _____

SSA: _____

SSDI: _____

Other: _____

Total Income: _____

Additional Information:

Signature: _____ Date: _____



CONSENT TO HHPS' PROGRAM REQUIREMENTS

A. I am aware that this is a voluntary program. If I currently live in a board and care I agree to reside in a board and care home for at least three months and to remain on the Representative Payee Program for at least six months.

B. I am informed that I cannot move out of any living facility without giving 30 days' notice to the facility, my HHPS contact and my Mental Health Care Coordinator. I recognize that I am responsible for 30 days of payment. At the end of 30 days, I may move without penalty to another suitable living facility.

C. I understand that as part of this program, I will work with my HHPS Representative Payee contact to determine how my money will be spent.

D. I agree to accept Mental Health Services.

E. I agree to keep all appointments with my Mental Health Care Coordinator and/or other appointments as my HHPS contact or Mental Health Care Coordinator determine necessary.

F. I understand that in order to provide this service to me, the Social Security Administration allows a Representative Payee to collect a fee for serving as my Representative Payee. This fee shall be deducted from my monthly income.

G. Upon termination of my participation in the Representative Payee Program, I understand that any balance in my account with HHPS will be returned to Social Security Administration for determination of continuing eligibility.

Signed,

Client

Date

Legal Representative (Guardian, Conservator, etc.)

Date

Client Monthly Bills Worksheet

	Amount	Who is Paid/Address	Phone #, Account # & Description				
Rent/Landlrd:	<input style="width: 80px; height: 25px;" type="text"/>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 100px;"></td></tr> </table>	
Due Date->	_____						
Utility - Elec:	<input style="width: 80px; height: 25px;" type="text"/>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 100px;"></td></tr> </table>	
Due Date->	_____						
Utility - Gas:	<input style="width: 80px; height: 25px;" type="text"/>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 100px;"></td></tr> </table>	
Due Date->	_____						
Phone:	<input style="width: 80px; height: 25px;" type="text"/>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 100px;"></td></tr> </table>	
Due Date->	_____						
Cable/Sat TV:	<input style="width: 80px; height: 25px;" type="text"/>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 100px;"></td></tr> </table>	
Due Date->	_____						

	Amount	Who is Paid/Address	Phone #, Account # & Description
Food:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Due Date->	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Due Date->	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Due Date->	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Due Date->	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Due Date->	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Total Expenses:	<input type="text"/>		