

Representative Payee Service Application

-A 501(c)(3) Non-Profit-

Client Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security: _____ Date of Birth: _____

Daytime Phone #: _____ Evening Phone# _____

Marital Status: Married Single Divorced Employment: Employed Unemployed Retired

Have you ever served in the Military? Y / N

Do you live alone?: _____ If not, name of person you live with /relationship _____

Landlord Name: _____ Landlord Phone Number: _____

Do you have a guardian? _____ If yes, guardian name & contact information _____

Current Payee Contact Information: _____

Mother's Maiden & Father's Names: _____

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

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

Case Manager: (Name & Phone #): _____

I give Community Crossroads Payee Services permission to discuss my financial matters with my case worker, until written permission is given by me to cease the communication. _____

Referred by:

Organization: _____ Case Worker: _____

Phone #: _____

For more information, please contact Dee Johnson at (603) 893-4588 ext. 323 djohnson@communitycrossroadsnh.org

Client Monthly Bills Worksheet (1 of 2)

	Amount	Who is Paid /Address	Phone #, Account # & Description
<u>Housing:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/>	
Rent/Mortgage/Lot Rent		<input style="width: 180px; height: 25px;" type="text"/>	
Due Date: _____		<input style="width: 180px; height: 25px;" type="text"/>	
<u>Electric:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/>	
		<input style="width: 180px; height: 25px;" type="text"/>	
Due Date: _____		<input style="width: 180px; height: 25px;" type="text"/>	
<u>Gas:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/>	
		<input style="width: 180px; height: 25px;" type="text"/>	
Due Date: _____		<input style="width: 180px; height: 25px;" type="text"/>	
<u>Cell:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/>	
		<input style="width: 180px; height: 25px;" type="text"/>	
Due Date: _____		<input style="width: 180px; height: 25px;" type="text"/>	
<u>Phone/Home:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/>	
		<input style="width: 180px; height: 25px;" type="text"/>	
Due Date: _____		<input style="width: 180px; height: 25px;" type="text"/>	
Expenses from this Page:	<input style="width: 180px; height: 25px;" type="text"/>		

Client Monthly Bills Worksheet (2 of 2)

	Amount	Who is Paid /Address	Phone #, Account # & Description
<u>Cable:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/>	
Due Date:	-----		
<u>Food:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/>	
Due Date:	-----		
<u>Other:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/>	
Due Date:	-----		
Other:	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/>	
Due Date:	-----		
<u>Other:</u>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/> <input style="width: 180px; height: 25px;" type="text"/>	
Due Date:	-----		
Total Monthly Expenses:			
<input style="width: 180px; height: 25px;" type="text"/>			

Representative Payee Contract

I, _____ hereby appoint Community Crossroads to be my designated Representative Payee for my Social Security benefits, (SSI, SSDI) or other income including State cash assistance, VA benefits, and payroll. Community Crossroads shall receive my benefits and/or paychecks and be responsible to pay my financial obligations to the extent that there are available funds in my account to do so. Client agrees to pay a FEE of \$25.00 per month. * Paid to Community Crossroads.

Community Crossroads will pay rent and utilities (or room & board) and all bills directly to the service provider. Community Crossroads will provide weekly/bi-weekly/monthly personal spending check or direct deposit to the client or designated individual as long as the client funds are available. Community Crossroads shall provide all designated Representative Payee services as prescribed by law or regulation.

The client agrees to the following:

1. Community Crossroads will make all payments by direct deposit or by check.
2. All monthly checks will be mailed by the 5th of each month. (Exceptions: Holidays & Emergencies)
3. The client must notify Community Crossroads in writing of any changes in address. If the client fails to do notify Community Crossroads in writing of any changes in address at least 10 days before the change or move, Community Crossroads shall not be held responsible by the client for any rent, room & board or other payments made by Community Crossroads on the client's behalf.
4. The client must notify Community Crossroads in writing of any changes in employment. This includes new employment and loss of employment. If the client fails to notify Community Crossroads in writing of any changes in employment within 5 days of the change, Community Crossroads shall not be held responsible by the client for any loss of benefits that this may cause.
5. Special funds request will be mailed or direct deposit within 5 business days.
6. Community Crossroads will make no advances on loans.

This agreement shall remain in force for a period of 12 months from the date of the execution and shall be automatically renewed unless cancelled by the Client with a written 30 day notice. Community Crossroads reserves the right to provide a Client cancellation notice to Social Security at any time.

Client: _____ Date: _____

Rep. Payee Manager: _____ Date: _____

* Client fees are regulated by Social Security and subject to change with 30 day notice.

Benefits Checklist

Beneficiary: _____

- Federal Benefits:
- SSDI Monthly Amount :
 - SSI Monthly Amount :
 - VA Monthly Amount :
 - Medicare Part: A B C D (circle)

- State Benefits:
- Medicaid: APTD MEAD TANF
 - Cash Assistance Monthly Amount :
 - Food Stamps Monthly Amount :
 - Cost Of Care Monthly Amount :
 - Spend Down Monthly Amount :
 - Mead Premium Monthly Amount :

Other Benefits & Assistance Programs

- Fuel Assistance Monthly Amount :
- Electric Assistance Monthly Amount :
- Housing Subsidy Monthly Amount :

Please include current award letters for Fuel and/or Electric Assistance

Do you have an ACTIVE housing voucher? Y/N Section 8: Y/N Public Housing: Y/N (circle)

Voluntary Consent/Authorization & Request for Change of Payee Application

Client Name: _____ Social Security #: _____

Authorization

I, _____, hereby give Community Crossroads my authorization to file an application to be my payee. I understand this means that Community Crossroads will receive any SSI and/or SSA funds that I am eligible for. I understand that Community Crossroads will administer my benefits for me. I was referred to Community Crossroads by _____, who is my _____.

My Need For A Payee And My Selection For My Payee

The Social Security Administration has determined that I need assistance in managing my benefits. This means that my benefits will be sent to a representative payee who is responsible for managing my benefits in my best interest. I choose to have Community Crossroads as my representative payee.

My Rights

1. I understand that I have the right to appeal Social Security's decision as to who will be my representative payee. I will contact a social security office if I want to appeal.
2. I understand that I have the right to appeal the determination of social security that I need a payee. If I choose to appeal, I understand that I have the right to review the information in my file and that I can submit new evidence for consideration that if I do not file my appeal within 60 days.
3. I understand that if I do not file my appeal within 60 days that I must have a good reason for being late. I understand that I must ask for the appeal in writing and I will contact a social security office if I want to appeal.

If you receive Social Security benefits and you are asking Community Crossroads to take over this responsibility and you currently do not have a Rep Payee, the next two pages need to be brought to your doctor for their signature. Once signed, please return to us with your packet.

If you receive Medicaid benefits and you are asking Community Crossroads to take over this responsibility of being your representative payee for Medicaid as well, please sign the next page and return to us with the packet. This will allow us to take care of your NH Medicaid.