

Application for Representative Payee Program

1. PLAN of PA will put an applicant on the waiting list once the application with original signatures is received in the office.
2. An application is in good order and ready to be sent to SSA when the following are completed with original signatures:
 - a. **PLAN of PA application** form
 - b. SS form 4164, **Advance Notification of Representative Payment**
 - c. If no current Rep Payee, the two page **Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits (SSA-787)**
3. The application and all necessary forms with the original signatures are to be mailed to:

PLAN of PA
P.O. Box 154
Wayne, PA 19087
4. PLAN of PA will contact the Case Manager/Client Representative or the client if no Case Manager when they have reached the top of the waiting list to ensure the client still agrees to having PLAN of PA become their Rep Payee.
5. PLAN of PA charges the allowable Social Security fee, currently \$37.00 per month.
6. Refer to the **PLAN of PA Representative Payee Services-Basic Policies** for additional information on our program.

Creating a Budget for a New Representative Payee Client

Please use a separate **“Request for Funds”** sheet for each item on the budget and fill the form out completely.

PLAN of PA fee - Deduct our monthly fee. For 2009, the fee will be \$37.00 per month.

Rent – Clearly state to whom to make the check payable and where to mail.

Personal Expenses - The client’s personal expenses can be sent out monthly, twice a month, or weekly. Expenses are paid by check unless the client needs to receive a money order. (There is an extra USPS fee of \$1.05 charged for each money order.) If the client decides to have his personal expenses paid out weekly, please compute all months as five-week months. The extra money will accumulate as savings in his account, and can be requested by filling out a “Request for Funds” form when needed.

Ongoing Bills – For bills that are the same amount each month (e.g. paying off a fine or an outstanding bill at a set amount each month), you may wish to fill out one Request for Funds form, fill in the amount you wish to pay each month, send us a copy of the bill if possible, and make sure we have a total amount due so we can calculate when the bill is paid off.

Telephone, cable, gas, electric, and similar bills – Monthly bills that vary in amount can be sent directly to us. Please do a change of address and have the bill sent directly to us. For the first month, please send us the whole bill if a change of address has not yet been done. Let us know if the client wants us to do a change of address. We can do a change of address on the outgoing bill. **Please insure that the client’s name remains on all billing statements, i.e. John Smith, PLAN of PA, P.O. Box 154, Wayne, PA 19087.**

PLAN OF PA

Representative Payee Services-Basic Policies

1. Requests for emergency funds will be evaluated by PLAN staff and, when available, in conjunction with the client's treatment team member. It will be at PLAN's availability to expedite these requests.
2. All requests must be submitted to the PLAN office in writing – either via fax or US mail.
3. When fully staffed, typical turnaround time for non-emergency requests for funds can take 4-7 business days.
4. Please be aware that the last and first weeks of the month are our busiest times as we are verifying Social Security deposits and paying rents. Requests submitted around these times may take longer to be processed.
5. Account balances will be available after the 5th of each month.
6. Weekly expense checks and money orders are always mailed on Tuesdays unless Tuesday is a holiday in which case they are mailed the day before.
7. Checks and money orders are not available to be picked up at the PLAN of PA office.
8. In order to continue to provide this valuable service to you, please bear in mind that our production is frequently interrupted by the sheer volume of calls we receive. As much as we enjoy talking to each of you, please keep your calls to a minimum.

Thank you for your attention to these policies.

Sincerely,

PLAN of PA Staff

Updtd. 12/08

Date of request _____/_____/_____

PLAN of PA Application for Representative Payee Services

*Please note that an original signed application must be mailed to PLAN of PA in order to be placed on our waiting list.

Client Information

Name _____

Address - (No P.O. Box) _____

Telephone (_____) _____ County _____

SS# _____ DOB _____/_____/_____

Sources of Income – SSD \$ _____ SSI \$ _____ VA \$ _____ Payroll/Other: \$ _____

Married _____ Single _____ Children Yes _____ No _____

Rent _____ Live with Relative/Friend _____ Group Home _____ Shelter _____ Homeless _____

Other (please explain) _____

Does Client have a court appointed legal guardian? Yes _____ No _____

Does the Client currently have a representative payee? Yes _____ No _____

If yes, please explain why this change is being requested. _____

PLAN of PA only provides representative payee services to adults (18+) who have been diagnosed with a mental disability (mental illness, mental retardation, brain injury, autism.) Please provide form SSA - 787 (Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits.)

I am requesting that PLAN of PA serve as representative payee for my Social Security benefits. I understand that my benefits will be deposited into a checking account and that **I will not have direct access** to the funds. I also understand that there will be a fee for this service of \$37 per month in accordance with Social Security Administration rules and regulations. I also give permission for PLAN of PA to talk and share relevant information with the Social Security Administration, financial institutions, mental health/residential staff and other appropriate resources working with and on behalf of me. That permission will remain in effect during the time that PLAN of PA is holding my funds.

Signature of Client: _____

Signature of Case Manager: _____

Name of Case Manager _____

Phone # and agency of case manager (_____) _____

Other signature (specify) _____

Other phone number (_____) _____