



Representative Payee Intake Application Packet

Please complete all sections marked required and attach supporting documentation where applicable.

Documents to attach: completed application, SSA-787 if required, Current Representative Payee Request for Termination, if applicable, signed policies, consent to release information, preference waiver if applicable, and copies of identification/card documents when required.

Client / Beneficiary Summary		
Client/Beneficiary Name:	Date of Birth:	Social Security Number:
Primary Contact Name:	Phone:	Email:
Referral Source:	Date Submitted:	Submitted By:



Representative Payee Application

Personal Information - Required for Processing	
Client/Beneficiary Name:	Social Security Number:
Street Address:	Date of Birth:
City / State / ZIP+4:	Birthplace:
Mailing Address, if different:	Mother's Maiden Name:
Mailing City / State / ZIP+4:	County:
Phone:	Email:
Gender:	Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed
Diagnosis / Disability: ☐ Mental Health ☐ Intellectual Disability ☐ Both ☐ Other	Explain:
Additional notes:	

Current Payee - Required for Processing	
Current status:	☐ Own Payee ☐ Have Payee ☐ New Claim - SSA deemed necessary
Current Payee Name:	Current Payee Address:
Current Payee Phone:	Relationship:
Current payee is no longer willing or able to serve:	

Note: A Physician/Medical Officer Statement (SSA-787) may be required for representative payee processing. Attach the completed SSA form when required.

Emergency Contact / Family - Next of Kin Required for Processing		
Name:	Relationship:	Phone:
Address:	Email:	
Name:	Relationship:	Phone:
Address:	Email:	

Guardianship Information	
Court appointed legal guardian?	☐ Yes ☐ No
Name of Guardian:	Date of Appointment:
Address:	Phone:
Email:	
If client/beneficiary is a minor, is there a living or adoptive parent? ☐ Yes ☐ No	
Parent/Guardian Name:	Email:
Address:	Home Phone / Cell Phone:
Parent/Guardian Name:	Email:
Address:	Home Phone / Cell Phone:

Note: Attach final decree for Social Security processing, if applicable.

Household Information	
Type of Residence:	☐ Owns Home ☐ Apartment/House Rental ☐ Nursing Home ☐ Group Home/CLA ☐ Institution ☐ Other
Mortgage Company / Landlord / Provider / Facility Name:	Phone:
Mailing Address:	Account Number / Room & Board or Rent Amount:
Additional residence notes:	

Benefits Receiving - Check All That Apply		
Benefit Type	Amount	Claim Number
☐ Social Security Administration (SSDI)		
☐ Supplemental Security Income (SSI)		
☐ Railroad Retirement (RR)		
☐ Veterans Administration (VA)		
☐ Black Lung (BL)		
☐ Other:		
☐ Cash Assistance		
☐ Food Stamps		
☐ Pension		
☐ Annuity		
☐ Other Public Benefits		

Health Insurance		
Coverage	ID / Claim Number	Effective Date
☐ Medical Assistance	Access #:	
☐ Medicare	Part A Claim #:	
	Part B Claim #:	
	Part D Provider / Claim #:	
☐ Other	Name / Claim #:	

Referral Source	
☐ Social Security Administration	Name / Address / Relationship / Phone:
☐ Case Manager / Agency	Name / Address / Relationship / Phone:
☐ Friend / Relative	Name / Address / Relationship / Phone:
☐ Other	Name / Address / Relationship / Phone:

Employment Information	
Employment Status:	☐ Not Employed ☐ Full Time ☐ Part Time
Employer Name:	Phone:
Address:	Hours per Week / Hours per Day / Rate of Pay:
Second Employer Name:	Phone:
Address:	Hours per Week / Hours per Day / Rate of Pay:

Asset Information			
Asset Type	Institution / Location	Account or Policy #	Value
☐ Savings Account	Bank Name:		\$
☐ Checking Account	Bank Name:		\$
☐ Burial Account	Bank Name:		\$
☐ Burial Plot	Plot Location:		\$
☐ Life Insurance	Insurance Company:	Policy #:	\$
☐ ABLE			\$
☐ Trust (Special Needs Trust/Pooled Trust)			\$
☐ Other			\$

Utility Information				
Type	Company Name	Company Address	Account #	Amount
Electric				
Heat				
Water				
Refuse				
Sewer				
Telephone				
Internet/ Cable				
Fine				
Other				

Personal Needs / Spending Funds	
Preferred spending schedule:	☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other
Preferred method:	☐ Check ☐ Debit Card ☐ Other
If card is selected:	Photo ID and Social Security card copy should be submitted separately, preferably as JPEG images when possible.
Notes / special instructions:	



Current Representative Payee Request for Termination

This form may be used with the CSA Representative Payee Application to request a change in representative payee for the beneficiary named below.

Current Payee Name:	Agency/Organization:
Address:	Phone:
Email:	Client/Beneficiary Name:
Reason current payee is no longer suitable:	☐ Agency closed ☐ Death of Payee ☐ Payee moved out of area ☐ Not able due to health ☐ Beneficiary moved out of area ☐ Misuse of funds
Explanation:	
Current Payee Signature:	Date:
CSA Staff Member / Representative:	Date:

I understand this request does not automatically terminate my responsibility as representative payee. Confirmation from the Social Security Administration is required.



Representative Payee Policies and Procedures

I, _____, enter into this agreement with Community Solutions Alliance (CSA) for the purpose of managing my Social Security and/or SSI benefits as Representative Payee. I have read, or had read to me, this agreement and agree to the following terms and conditions.

1. CSA will disburse funds in accordance with Social Security regulations and the agreed budget. Basic needs such as shelter, utilities, food, and medical expenses are prioritized first.
2. Special requests will generally be completed within 24 hours unless an emergency exists. Emergencies may include death, rent deposit, or lack of food. Requests for extra money are not considered emergencies. Requests over the receipt threshold require documentation for Social Security purposes. Allow 7-10 business days for U.S. Postal Service delivery when applicable.
3. The client/beneficiary has the right to receive a copy of the account registration upon request.
4. CSA must maintain safe and courteous office and phone communication. Violence, threats, intoxication, drugs, alcohol, or profane language are not permitted. Violations may result in CSA returning funds to Social Security and discontinuing service as payee.
5. Questions or concerns may be directed to Representative Payee Services during regular business hours. Response time is generally within one business day. Please avoid duplicate calls regarding the same issue when possible.
6. CSA is responsible for completion and submission of representative payee reports. Other government or social service agencies needing income information may be directed to CSA. Other information remains the responsibility of the beneficiary unless separately agreed.
7. The client/beneficiary agrees to promptly report changes in address, living arrangements, earned income, or other information required by Social Security. Changes effective on the first of the month should be reported by the 25th of the preceding month.
8. Bills should be sent directly to Representative Payee Services. The beneficiary is responsible for making necessary address changes with vendors when vendors will not speak with anyone other than the account holder.
9. Failure to follow this agreement may result in termination of services and return of funds to the Social Security Administration. The beneficiary would then need to identify a new payee.
10. The client/beneficiary agrees to the monthly representative payee fee permitted by the Social Security Administration, currently up to 10% of monthly benefits or the SSA-approved monthly cap, whichever is less. This fee is subject to change based on Social Security regulation.

CSA strives to provide services in the best interest of clients/beneficiaries and must follow SSA guidelines and rules when making decisions.



Policy and Procedure Sign-Off Sheet

By signing below, I confirm that I received CSA Representative Payee Services policies and procedures. I attest that I have read them, or had them read to me, understand them, and agree to follow the guidelines they establish. If I am unclear about a policy or have questions, I will consult CSA Representative Payee Services for guidance.

I understand CSA is authorized to charge the monthly representative payee fee permitted by the Social Security Administration and that such fee will be deducted from my benefits in accordance with SSA regulations.

Client/Beneficiary Printed Name:	
Client/Beneficiary Signature:	Date:
Parent / Guardian / Representative Printed Name:	
Parent / Guardian / Representative Signature:	Date:
CSA Staff Witness Name:	Date:

Please return this signed page with the application.



Consent to Release Information

I authorize the person or organization named below to share documents and information with Community Solutions Alliance (CSA) Representative Payee Services for the purpose of planning for my well-being and/or assuring continued eligibility for Social Security benefits.

Client / Beneficiary Name:	
Authorized Person / Agency / Organization:	
Address:	Phone / Email:
Information authorized for release:	☐ Social Security Number ☐ Medicare/Medicaid ☐ Current monthly SSA/SSI ☐ Bank account ☐ Burial trust ☐ Creditors ☐ Wages/employment record ☐ Social history ☐ Utility bills ☐ Address/living arrangement ☐ Medical records ☐ Other
Other / limitations:	

I understand I may cancel this authorization at any time by notifying the above-named individual or entity in writing. Cancellation does not apply to information already shared before cancellation was received. This authorization may be revoked at any time except to the extent action has already been taken in reliance upon it. A copy of this authorization has the same authority as the original.

Signature of Client/Beneficiary or Legal Guardian:	Date:
Signature of CSA Staff Member:	Date:

SSA Preference List and Waiver of Preference

Social Security generally considers a preference list when selecting a representative payee. If the client/ beneficiary believes CSA is the most suitable payee and no one higher on the preference list is suitable, the client/beneficiary may complete the waiver below. Social Security makes the final determination.

1. Spouse, parent, or other relative with custody or strong concern
2. Legal guardian or conservator with custody or strong concern
3. Friend with custody
4. Public or nonprofit agency or institution
5. Federal or State institution
6. Statutory guardian
7. Voluntary conservator
8. Private, for-profit institution with custody and licensed under State law
9. Friend without custody who shows strong concern, including persons with power of attorney
10. Other qualified person willing and able to act as payee
11. Organization that charges a fee for service

Application Checklist

- ☐ Complete Representative Payee Application sections marked required for processing.
- ☐ Attach SSA-787 Physician/Medical Officer Statement when required.
- ☐ Have current representative payee complete the Request for Termination, if applicable.
- ☐ Read and keep the Policies and Procedures.
- ☐ Sign and date the Policy and Procedure Sign-Off Sheet.
- ☐ Sign the Consent to Release Information.
- ☐ Review the SSA Preference List statement.
- ☐ Sign the SSA 4164 Advance Notice for social security applicants.
- ☐ Submit required identification/card copies separately when needed for spending card setup.

Include copies of -- Birth Certificate, Social Security Card, Medical Insurance Card, Life Insurance Policy, Burial Account Information, Trust Account, Able Account, Guardianship Paperwork, Proof of Income.

CSA Representative Payee Services will review the application and contact the referral source or beneficiary if additional information is needed.