



Social Security Services of Arizona

A Non-Profit 501C-3 Organization

www.reppayee.org
info@reppayee.org

Intake Referral Form

Client Information:

Name: _____
SSN: _____ DOB: _____ Age: _____
Food Stamps: Y N Amount: _____

Address:

Type: ___ Residence ___ Facility ___ Group Home ___ Apartment
Address: _____ City _____
State _____ Zip _____
Phone: Home _____ Cell _____ Work _____
Marital Status: _____ Single ___ Married ___ Divorce ___ Separated ___ Widow
Language _____

Medical:

Primary Care Physician
Office/Business (name) _____ Physician: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____
Diagnosis _____

Case Manager:

Organization _____ Name _____
Number _____
Email _____

Emergency Contact:

Relationship: ___ Family ___ Friend ___ Case Manager ___ Care Giver ___ Social Worker
Name: _____
Phone: Work _____ Home _____
Cell _____ Address: _____
City _____ State _____ Zip _____

Representative Payment Contract

I _____ have discussed my needs with Social Security Services of Arizona and I agree to have Social Security Services of Arizona serve as my representative payee for Social Security or SSI payments.

I will:

- Be clean and sober when I come to conduct business,
- Treat Staff with courtesy and respect,
- I acknowledge that Social Security Services of Arizona will charge a monthly service fee of **\$52.00** if they receive a Social Security benefit on my behalf.
- It is my responsibility to provide a copy of my leasing agreement to Social Security Services of Arizona and to provide the payee with my monthly bills so that they can be paid in a timely manner.
- I must notify Social Security Services of Arizona immediately if I have a change of address, hospitalization, incarceration etc.
- Provide receipts when receive extra spending money
- Come to conduct business only on :
Monday, Tuesday, Thursday, Friday 8:00am-4:00pm
Wednesday 1:00pm-4:00pm
Close daily for lunch 12:00pm-1:00pm
- I understand that if I fail to comply with these rules, Social Security Services of Arizona may refuse to continue to serve as my representative payee.

Social Security Services of Arizona will:

- Treat me with courtesy and respect;
- Be available to meet with me:
Monday, Tuesday, Thursday, Friday 8:00am-4:00pm
Wednesday 1:00pm-4:00pm
Close daily for lunch 12:00pm-1:00pm
- Use funds received on my behalf to meet my current needs for shelter, food, clothing and medical care;
- Report to SSA any events that may affect my eligibility for payments or payment amount;
- Account to SSA on how my money had been spent or saved;
- Save any unspent funds saved for me (in the event of change in payee) or that were sent for my benefit but to which I am not entitled.

Beneficiary
Signature _____

Date _____

SSSofAZ
Signature _____

Date _____