



# Social Security Services of Arizona

A Non-Profit 501C-3 Organization

www.reppayee.org  
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## 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 **\$44.00** 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 \_\_\_\_\_