

Clients Name: _____

Representative Payee Services

Client Intake Packet



Stewards

107 17th Street

Bakersfield, Ca 93301

Phone Number: 661-631-1258 Fax Number: 661-859-1442

Website: www.webpayee.com



107 17th Street
Bakersfield, CA 93301
(661) 631-1258
(661) 859-1442 fax

Date: _____

Stewards Staff _____

Client Intake

_____	_____	_____	_____
Last Name	First	MI	Social Security Number
_____	_____	_____	_____
Date of Birth	_____		Place of Birth
_____	_____		_____
Gender	_____		Race
_____	_____		_____
Mother's Maiden Name	_____		Phone Number
_____	_____		_____
Diagnosed (Mental and/or Physical)	_____		Previous Payee

Incarceration

Jail/Prison Location: _____
Date In: _____ Date out: _____
Parole/Probation Office Name: _____
Office Telephone #: _____

Do you receive any other benefits?

<input type="checkbox"/> VA	<input type="checkbox"/> AFDC/GA/Foodstamps:
<input type="checkbox"/> Unemployment:	<input type="checkbox"/> Alimony: \$
<input type="checkbox"/> Child Support: \$	<input type="checkbox"/> Other: \$

Overpayment

Do you have an overpayment with Social Security? Yes No **Balance:**



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Client Agreement – Processes and Procedures

Supplemental Security Income (SSI) is a needs-based benefit. That means that the amount of money for which you are eligible is based on three things:

1. Your living arrangements
2. Other income/benefits you may receive
3. Your total resource, which are things you own. For example: bank accounts, stocks, bonds, homes, vehicles, etc.

Stewards will not be held responsible for any overpayments due to your failure to notify our office of changes. Notification of changes must be in writing. This can be done in person by visiting our office, by fax, email or by mailing a signed letter to Stewards.

It is very important to notify us within 10 days if any of items below occur.

Residence

- You move from your residence
- Someone permanently moves into or out of your residence
- You enter jail or prison (Stewards does not accept collect phone calls from jail or prison)
 - **Note: If you fail to notify us by phone, email or mail and money issued for rent, utilities and other expenses, Stewards is not responsible for any overpayment that occurs.**
- You change your phone number
- You enter or leave a hospital or skilled nursing facility
- You leave the state of California

Resources

- The amount of alimony or child support you receive changes
- You inherit or are given money
- You open or close a bank account, and if you receive interest on the account
- The amount of any benefit checks you receive directly changes
- You receive money from another source (VA. Railroad Retirement, or pension)
- Your benefits from another source stops
- You start or stop working
 - **Note: If you work, you must provide copies of your wage stubs to Stewards to submit to the Social Security Administration. If you do not provide copies of your wage stubs and are overpaid, Stewards will not be held responsible**



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- Purchase a burial plot or make burial arrangements
- Purchase a life insurance policy on yourself or someone else
- Buy or sell any auto, truck, boat, motorcycle, RV, etc.
- Buy or sell any real estate, including a house, condo or mobile home

I understand the above statements and I also understand the following:

1. Stewards is here to serve you and administer your benefits according to the Social Security Administration regulations. Stewards will terminate payee services if a client is physically or verbally abusive to a Stewards staff or other clients or damages to Stewards property. Any funds remaining in your account will be returned to the Social Security Administration. Stewards reserves the right to withhold a check or deposit from any client who appears to be intoxicated or under the influence of drugs. This policy is for our client's own protection.

I hereby acknowledge that I understand the Client Agreement and the Stewards procedures and received a copy for my records. I agree to abide by the reporting and procedure requirements to maintain my payee service with Stewards.

Client Signature

Date

Stewards Staff Member

Date



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Budget Worksheet - Proposed

Client Name: _____

SSI (T16): _____

SSN/Trust: _____

SSA (T2): _____

Effective Date: _____

Other: _____

Total: _____

Type	Amount	Date/Frequency	Vendor Name & Address
Rent			
Payee Fee	\$48-\$89	Monthly	Stewards
Electricity			
Gas			
Personal Income (P&I)			
Other/Misc			
Other/Misc			

Total: _____

Client Signature: _____ Date: _____



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Payee Program **Outline of Services**

Stewards promises to:

- Behave professionally:
 - Treat you with courtesy and respect.
 - Be available to meet with you during office hours
 - Maintain reasonable **Office hours** (Monday & Thursday: 7:30am-12pm Tuesday & Wednesday 7:30am-9am) **Phone hours** Monday – Thursday: 9am-4pm) **CLOSED FRIDAYS**

- Manage your finances responsibly:
 - Establish a restricted bank account for you at a respected financial institution.
 - Use income received on your behalf to meet your current needs for shelter, utilities, food, and clothing (in that order).
 - Create a consistent monthly budget suited to your individual needs and situation.
 - Save money monthly for emergencies and large purchases at your request.
 - Ensure your financial security by matching your check register with our financial institution's records every month.

- Represent you to the Social Security Administration
 - Account to the SSA how your funds are being distributed.
 - Report promptly to the SSA when we become aware of any situation affecting your benefits or your eligibility for benefits.
 - Return any funds to which you aren't entitled.
 - Assist you by completing necessary Social Security related paperwork on your behalf and notifying you whenever your participation is required. This includes doctor's appointments established by the SSA.

- Be accountable in our dealings:
 - Provide you with access to records showing the disbursement and management of your funds in the form of a check register printout at least once a month upon request
 - Follow California State law concerning proper landlord/tenant behavior.
 - Accurately summarize and report how your benefits were used each year to the Social Security Administration's HQ.
 - Meet requirements for Annual Certification as a qualified organizational payee service.
 - Request an onsite audit from the local Social Security office every year, not just once every three years as required.
 - Submit to random onsite inspections by the Social Security Administration.
 - Contract an independent accountant to perform extensive auditing annually.



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Privacy Statement & Fee Schedule

At Stewards we consider the protection of our client’s right to privacy essential to fulfilling our duties as a Representative Payee Agency. To better ensure the security of client information, it is official Stewards policy to deny all requests for access to client data without the express permission of the client involved. The following situations merit exception:

- Stewards always cooperates with law enforcement officials and their investigations.
- Stewards always cooperates with the Social Security Administration from which our agency receives authorization to act as an organizational payee service.
- Exchange of client information is frequently required when Stewards staff negotiates with utilities, service providers, creditors and landlords to serve our clients’ best interests. Information released in these cases is restricted to the matter of negotiation, from a financial perspective.
- Stewards generally cooperates with county, state and local government representatives including but not limited to Mental Health/Social Workers, Probation/Parole Officers, and Rehab Specialists, unless a client specifically requests a restriction to be applied. Requests of this nature can only be honored in cases where the client’s relationship with the restricted party is completely voluntary.
- Stewards will work with debt counselors on behalf of our clients, releasing any financial information necessary to establish a working budget fashioned to absolve past debts and credit disputes, but only at the request of our client.
- In the case of a client’s death, Stewards employees, at their own discretion, may release funds to appropriate entities after all necessary information is obtained to resolve the execution of the client’s estate, if applicable.

Monthly Fee Schedule

SSI/SocSec Payee Fee...	\$48
If the SSA has determined that a drug addiction or alcoholism condition is a contributing factor in your disability...	\$89

Stewards will never charge more than 10% of your income.



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Client Contract

Client Name

Social Security Number

Initial

_____ I understand that I will be charged a monthly service fee (see fee schedule).

_____ I will respect the office hours of the *Stewards* office and understand that should I arrive before or after those scheduled hours I will not be allowed to enter or conduct business.
Office hours (Monday & Thursday: 7:30am-12pm Tuesday & Wednesday 7:30am-9am)
Phone hours Monday – Thursday: 9am-4pm) CLOSED FRIDAYS

_____ I will be clean and sober when I am in the *Stewards* office and will treat each person, staff or client, with courtesy and respect.

_____ I understand that I may be required to bring receipts as proof of purchase for items not covered by my budget and agree to comply with these requests.

_____ I understand that I must provide an accurate and complete rental agreement in writing each time I change my residence in order for *Stewards* to issue funds for my rent.

_____ I understand that it is my responsibility to submit a written notice to my landlord at least 30 days before I intend to move to another residence, in accordance with California State Law. (Hotels are exempt.)

_____ I understand that *Stewards* does not loan money to its clients, nor is it their responsibility to provide me with any services not listed on the *Stewards Outline of Services* form. Also, *Stewards* will not repay funds I borrow through personal loans.

_____ I understand that failure to comply with this contract may result in the closure of my account and the return of my funds to the local Social Security office.

_____ I understand that failure to establish a bank account means that I will only be able to receive physical checks on the 1st and the 15th of each month, unless caseworker requires weeklies.

_____ I acknowledge that I have received the following documents:

- Stewards Outline of Services
- Stewards Privacy Statement/Fee Schedule

Client Signature

Date



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**Release of Information
& Appointment of Financial Representative**

Client Name

Social Security Number

Stewards, a non-profit charitable organization, has been appointed to serve as my representative payee by the Social Security Administration. The primary purpose of their agency is to manage my income, prepare my monthly budget and insure my expenses are paid regularly and fairly.

To assist them in their endeavors I hereby authorize any and all creditors, financial institutions, utilities, service providers and federal, state or local agencies to release all pertinent account/policy/service information relevant to my finances or programs I am involved in (including but not limited to service eligibility, account balances, payment history and service changes) to employees of *Stewards* by telephone, facsimile or written correspondence as needed.

In the future it may become necessary for monthly statements or correspondence intended for me to be directed to the office of *Stewards* for expedited processing. If a representative of *Stewards* contacts you for this purpose, please comply with any billing or mailing address changes they request, as it is they who will be making payments or responding to your queries on my behalf. Accordingly, if it becomes necessary to contact me regarding my account, policy, debt or any other reasonable concern, you are permitted to contact my representatives at *Stewards* alternatively. If further verification of this arrangement is needed please contact me or *Stewards*. For more information on the role of Representative Payee Agencies you may contact the Social Security Administration at (880) -772-1213 or visit them online at <http://www.ssa.gov/payee>

I understand that this release of information will become void at any time that I am no longer a client of *Stewards*.

Client Signature

Date

Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or SSI Claimant

Social Security Number

Name of Beneficiary (if other than above)

Relationship to Wage Earner, Self-Employed Person or SSI Claimant

I understand and agree with the following.

Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests

Choice of Representative Payee

SSA has selected _____ **Stewards** _____ to be my representative payee.
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My Right to Appeal

I understand that I have the right to appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else help me.

I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

Signature

Date

Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)



REPORT OF ADDRESS CHANGE

FROM: Stewards

TO: SSA

1.	Recipient Name:	Today's Date
2.	SSN of Recipient	
3.	Phone Number:	
4.	Recipient's Mailing Address:	Same as Residence Address
5.	Recipient's New Residence Address, if different:	
6.	Date of Move: If SSI involved, go to next item; otherwise, skip to item 18	
7.	Is the individual homeless/transient? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to item 19 to provide any comments needed; if no, go to next item	
8.	Is this a board and care facility or a medical/penal institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to item 20 to provide the name of the facility/institution; if no, go to next item	
9.	Is the SSA/SSI recipient buying or does he/she own the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, go to next item; if no, skip to item 11	
10.	What is the amount of the monthly mortgage payment? \$ Skip to item 16 after this question	
11.	Does the recipient have rental liability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, go to next item; if no, skip to item 13	
12.	Is this a room rental or room and board situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide appropriate documentation	
13.	How much is the rent? \$	

14.	Is anyone in the home related to the landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, go to next item; otherwise, skip to item 16
15.	Name/Relationship of household member related to the landlord
16.	Landlord's Name, Address, and Phone Number
17.	Does the individual live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to item 17; otherwise, go to next item
18.	What are the names, relationships, and birth dates of all the people in the home If you need more space, please use the "Comments" field below
19.	Does the recipient have adequate cooking and food storage facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, submit the California Restaurant Meals Allowance form
20.	Comments
	Name and phone number of person completing report _____ (661)631-1258 ext. _____

IMPORTANT REMINDER

Penalty of Perjury

You hereby declare under penalty of perjury that all the information provided on this form is true and correct to the best of your knowledge. Anyone who knowingly gives a false or misleading statement about a material fact in an application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

You must report any change within 10 days after the end of the month it occurs. If you don't, a penalty amount may be deducted from your benefit.

We will check your statements and compare our records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.

If you have a question or something to report, call 866-734-6226. For general information about Social Security, visit our web site at www.socialsecurity.gov on the Internet.