

**Social Security
Representative Payee Application
By
Payee Central Inc. - Private non-profit
EIN 54-2148-150 320-763-4943**

General Information:

Name: _____ SSN: _____

DOB: _____ County: _____

Name of Referral: _____ Phone # _____

Financial Worker: _____ Phone # _____

Social Worker: _____ Phone # _____

ACT Worker: _____ Phone # _____

Reason Claimant is unable to Manage Benefits:

If appointed payee, Payee Central will determine the claimant's needs by:

In this case, Payee Central Inc. May be the best representative payee because:

We are an organizational Rep Payee and we do this as a business.

Claimant's Financial Information:

RSDI _____ SSI _____ Other Income _____

Savings Account _____ Checking Account _____

Stock or Bonds _____ Annuities _____ Pensions _____

Employment _____ Yes _____ NO _____

Where _____ Address _____

Phone _____ Pay Rate _____

Claimant's Living Arrangements:

Claimant Lives: _____ alone _____ public institution _____ relative
 _____ with someone _____ private institution _____ group home
 _____ nursing home _____ board and care facility

Name and relationship of anyone who lives with the claimant: _____

Claimant's living address: _____

Date Claimant Moved to this address: _____

Claimant's Mailing address: _____

Claimant's phone number : _____ Cell _____

Will living arrangements change with in the next year? _____ Yes _____ No

If yes, explain: _____

Medical Information:

Doctor Name _____ Phone # _____

Address _____

Does the Claimant have a visual imparement? _____ Yes _____ No

Medicare # _____ **MCare A** _____ **MCare B** _____

MA # _____

Court Appointed Guardian: _____ Yes _____ No

If yes:

Name _____ Phone number _____

Address _____

Minor Child: _____ Yes _____ No

If yes:

Is there a natural or adoptive Parent _____ Yes _____ No

If yes:

Name _____ Phone number _____

Address _____

The Parent _____ does _____ does not show interest in the child.

Explain _____

Support Information:

List names and relationship of any (other) relatives or close friends who have provided support and / or show active interest with the claimant. Describe the type and amount of support and / or how interest is displayed.

Name _____ Address _____

Phone _____ Relationship _____

Describe Support / Interest _____

Payee Central, Inc. will charge the claimant a fee for service.

Please deposit funds directly into Neighborhood National Bank

Bank routing number _____ Acct # _____

John Widmark
Payee Central Inc.
700 Cedar Street, Suite # 7
Alexandria, MN 56308

Date

Payee Central Inc. Brochure Sent: _____