

**Social Security Representative Payee Application for
Payee Central, Inc.
EIN: # 54-2148-150**

General Information:

Name: Click here to enter text.

SSN:

DOB: Click here to enter text.

Minor Child: Choose an item.

County: Choose an item.

Name of Referral: Click here to enter text.

Phone: # Click here to enter text.

Financial Worker:

Phone: #

Social Worker:

Phone: #

Act Worker:

Phone: #

Reason Claimant is unable to Manage Benefits:

Click here to enter text.

Current Rep Payee: Yes No Name of Current Rep Payee:

Current Rep Payee is out of Field Office Range.

Zip Code: _____

Other Explain:

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

Speaking with claimant, social and financial workers & paying invoices received.

In this case, Payee Central Inc. May the best Representative Payee because:

We are an organizational Rep Payee, we do this as a business and we are within field office range.

Claimants Financial Information:

RSDI \$ _____ SSI \$ _____ Other Income: _____

Savings Account (Bank name and address): _____

Checking Account (Bank name and address): _____

Stock or Bonds: _____ **Annuities:** _____ **Pensions:** _____

Prepaid Burial: _____ **Life Insurance:** _____ **Other:** _____

EMPLOYMENT: Employed Unemployed Retired

Employer Name: _____ **Address:** _____

Phone: _____ **Pay Rate:** _____

Start Date:

Claimant's Living Arrangements:

Claimant Lives:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Public Institution | <input type="checkbox"/> Treatment Facility |
| <input type="checkbox"/> With Someone | <input type="checkbox"/> Private Institution | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Board & Care Facility | <input type="checkbox"/> Assisted Living Facility |

Name and relationship of anyone who lives with the claimant:

Landlord's Name and Phone Number:

Claimant's Living Address: _____

Date Claimant moved to this address: _____

Claimant's Mailing Address: _____

Claimant's Phone #: _____ **Cell #:** _____

Will living arrangement's change within the next year? Yes No

If yes, explain:

Medical Information:

Dr. Name:

Phone: #

Address:

Has the Claimant been declared legally blind? **Yes** **No**

Court Appointed Guardian? **Yes** **No**

If yes:

Name:

Phone: #

Address:

Is Claimant a Minor Child? **Yes** **No**

Is there a natural or adoptive Parent? **Yes** **No**

If yes:

Name:

Phone: #

Address:

The Parent:

Does show interest in the child.

Does not show interest in the child.

Explain:

Claimant's Place of Birth:

Mother's Maiden Name:

Claimant's Marital Status: **Never Married** **Single** **Divorced**

Spouses Name:

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: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Relationship:** _____

Describe Support / Interest:

Check list for the person/agency filling out the application.

- If the claimant has a court appointed guardian, please include the guardianship letters.
- Please provide a budget, ledger or list that shows the monthly bills paid, if possible.
- This application and any supporting documents can be faxed or emailed back to:
F: 320-763-5233
jenpayee@gmail.com

To be completed by Payee Central, Inc. office staff

Please deposit funds directly into:
Neighborhood National Bank

Bank Routing #: 091914202 Account #: 1100000627

John Widmark _____ Date _____
Payee Central Inc.
Alexandria, MN 56308