

## **Full Representative Payee (Online enrollment and 3 forms)**

### **Checklist**

\_\_\_\_\_ **Complete the online enrollment form.** If the person does not already have a representative payee please make sure to include the name address and phone number of the physician who will be completing the SSA 787 (medical justification for a rep-payee).

*If unable to complete an online enrollment form, an enrollment form can be printed, completed and then submitted with the other forms. We prefer an online enrollment form be completed.*

Once the online enrollment is complete we will have enough information to begin the process of applying to become the representative payee.

Once completed, the originals of all these forms need to be mailed to Help Me Budget inc.

\_\_\_\_\_ **Client Contract** and authorized representative for us to work with. Having an authorized representative is optional and not required.

\_\_\_\_\_ **Limited Durable Power of Attorney;** This gives us permission to manage your funds.

\_\_\_\_\_ **Advance Notice of Rep-payee** (for the SSA)



\_\_\_\_\_  
Client Name (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Guardian Name (If Applicable) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

I, or my advocate, have discussed my needs with a Help Me Budget inc. representative. I agree to have Help Me Budget inc. serve as my representative payee for my monthly SS, SSI, SSDI and/or any work related income. In return for a fee charged at/or below the SSA regulated rate.

I understand that if requested Help Me Budget inc. will provide the following services:

- Deposit, monitor and review all federal benefits received
- Ensure compliance with Federally mandated SSA regulations
- Develop budget plans to meet my financial goals
- Process payments and store records of my expenses
- Maintain up to date records with the SSA and provide annual reporting to the SSA
- Monthly account reconciliation
- Upon request issue reports outlining account activity and balances

I agree to:

- Pay Help Me Budget inc.'s monthly fee
- Treat staff with courtesy and respect
- Receive an agreed upon amount for spending every month when applicable
- Submit all wages earned.

\_\_\_\_\_  
Client/Guardian Signature Date

\_\_\_\_\_  
Witness Signature Date

**I would like to allow Help Me Budget inc. to work with the authorized person/agency outlined below to help manage my finances.**

I understand that I have a right to revoke the authorization at any time. If I revoke this authorization, I must do so in writing and present it to the person/facility/agency that was authorized to release the information. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that once the above information is disclosed, the recipient may re-disclose it and the information may not be protected by federal or state privacy laws or regulations. I understand that authorizing the use or disclosure of the information identified above is voluntary and that this authorization to release my information is considered active while Help Me Budget inc. remains my Representative Payee. I understand that I do not need to sign this form to continue to receive Representative Payee services from Help Me Budget inc.

\_\_\_\_\_  
Person / Agency Name (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Representative's Email Address

\_\_\_\_\_  
Client/Guardian Signature Date

\_\_\_\_\_  
Authorized Representative Signature Date

**Durable Power of Attorney For**

Help Me Budget Inc.  
689 Main Street  
Walpole, MA 02081

Know all men by these present

That \_\_\_\_\_  
Client's / Principal's Name

Of \_\_\_\_\_  
Client's / Principal's address

Hereby constitute and appoint Help Me Budget Inc. of 689 Main Street, Walpole Massachusetts 02081, true and lawful Attorney for me and in my name and stead to sell, transfer and deliver any and all of my personal property, including stocks, bonds and other documents of title; to sign, sell, execute and deliver any and all documents of instruments necessary for such transfer; to endorse any checks, notes, or drafts payable to me; to deposit, withdraw or transfer funds in my name; to collect any and all amounts due me and to defend any and all claims against me; and generally to do all acts and take all steps which are necessary, convenient or expedient in the management of my property and affairs. Specifically, a Trustee Account will be opened by Help Me Budget Inc. for the payment of bills as specified in our agreement dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

This Power of Attorney shall not be affected by my subsequent disability or incapacity. I shall indemnify any and all persons or institutions against any losses suffered as a result of Acting upon this Power prior to notice of its revocation.

I may revoke this Power of Attorney at any time by terminating services with Help Me Budget Inc. as specified in our agreement dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

Hereby granting unto I said Attorney full power and authority to act in and concerning the Premises as fully and effectively as I might do if personally present. For this, I agree to pay a monthly fee.

In witness whereof, I hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ in the  
Year \_\_\_\_\_  
Month Day

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature (not required)



# 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 Help Me Budget inc. 689 Main Street Walpole, MA 02081 to be my representative payee.

**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 to 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

Witness's 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 & Street, City, State and Zip Code)	Address (Number & Street, City, State and Zip Code)