



## **REP PAYEE SERVICES**

**Roads To Freedom** (RTF) is a **fee-for-service organizational Representative Payee** for Social Security Administration (SSA). The fee is up to 10% of the beneficiary's total monthly benefits, but no more than \$54 per month.

### **YOU QUALIFY FOR OUR REP PAYEE SERVICES IF YOU MEET THESE THREE REQUIREMENTS:**

- ✓ **You are an adult age 18 years or older**
- ✓ **You are receiving disability benefits**
- ✓ **You are required by SSA to have a Representative Payee**

As the **REPRESENTATIVE PAYEE**, we will develop a budget for you and involve you in financial decisions, assist you in understanding SSA letters and payments. As well as, report any changes to SSA that may impact your benefit.

In addition, an established budget will ensure your basic financial needs are being met by paying the following:

1. Primary expenses that are deemed necessities by Social Security which include: rent, utilities, food and medical/pharmacy bills. Spending money will be issued after these expenses have been met.
2. Secondary expenses that are not deemed necessities by Social Security which include: telephone, cable, transportation costs, and any other debt owed.
3. Monthly savings plan, if applicable.

If you would like more information or to schedule an appointment, **please contact us at (570) 601-1429**, Monday through Friday 9 am to 12pm or Afternoons 1pm to 3pm. You may also **contact us in the afternoons at 570-327-9070 Ext. 240**.

**ROADS TO FREEDOM**  
**22 East Third Street, Williamsport, PA 17701**



**Rep Payee Services**  
22 East 3<sup>rd</sup> Street, Williamsport, PA 17701  
570-327-9070 FAX: 570-327-8610

## Representative Payee Program

I, \_\_\_\_\_ hereby request help with my financial affairs from Roads to Freedom Representative Payee Program. This aid may include, but is not limited to, check writing, bill paying, bank deposits, and any other assistance that is determined necessary. Jersey Shore State Bank will be the bank designated to carry out checking services.

I understand that this service is provided with a charge in accordance with the attached fee schedule and that I may terminate services at any time by either finding another qualified representative payee, or having a physician complete the Physicians Statement of Capability to Manage Benefits form to acknowledge that I am able to manage my own financial affairs. This form can be provided to me by a Roads to Freedom Rep Payee employee.

\_\_\_\_\_

Consumer Signature

\_\_\_\_\_

Date

### Roads to Freedom Representative Payee Service Fee Schedule

Fee 1. Individual referred through county/other agencies (and has community supports) is charged \$\_\_\_\_\_ per month.

Fee 2. Individual with no referral source (and has no community supports) is charged \$\_\_\_\_\_ per month.

Fee 3. Individual who is under 18 years of age and whose parent(s) is enrolled in the representative payee program is charged \$\_\_\_\_\_ per month.

Ordering checks process fee: \_\_\_\_\_



*Empowering people with all disabilities by providing: Resources, Options, And Disability related Services needed to obtain individual Freedom in their lives.*

[www.cilncp.org](http://www.cilncp.org)

I, \_\_\_\_\_, here by enter into this Agreement with Roads To Freedom for the purpose of managing my finances as Representative Payee for my Social Security and/or SSI benefits. I have read (or had read to me) this Agreement and agree to the following terms and conditions.

1. My payee will disburse my funds following Social Security regulations and our agreed upon budget, **paying basic needs (shelter, utilities, food, and medical) first**, and other items (loans/credit cards, telephone, cable, and spending second). **Therefore, I will not deposit or withdrawal from the bank account without going through my Rep Payee.**
2. If a need arises, the payee will complete a special request within 3 business days, unless it is an emergency. Emergency is defined as: death, rent deposit, lack of food. Other exceptions will be decided at the discretion of the payee as they arise. Requesting 'extra' money is not an emergency. **Requests over \$100 require a detailed receipt for Social Security purposes. Please allow 7-10 business days for US Postal Service delivery.**
3. You, the consumer, have the right to requests copy of your account ledger at any time.
4. I understand that Roads To Freedom must maintain a safe and courteous office/phone communication, and that to ensure such an environment, **NO** violence, threats of violence, intoxication, drugs/alcohol, or profane language will be permitted in the office or during phone communication at any time. I understand that if these standards are violated, Roads To Freedom may return my funds to Social Security and refuse to serve further as my payee.
5. Questions and/or concerns can be directed to the Rep Payee during the hours of 9:00 am to 3:30pm Monday through Friday: response time will generally be within 1 business day. Please refrain from calling more than once a day.
6. The Representative Payee is responsible for completion and submission of representative payee reports. Other government or social service agencies that need financial information (i.e., housing, food stamps, medical assistance) can be directed to this office for income information. All other information will be the responsibility of the beneficiary.
7. **I agree to report promptly to my Payee any changes of address, living arrangements, or earned income (as required by Social Security regulation).**
8. **All bills must be sent directly to the Rep Payee. The beneficiary is responsible to make necessary address changes since vendors will not talk to anyone other than the person whose name is on the account.**
9. I understand that any failure to abide by the terms of this Agreement may result in the termination of the Agreement and the return of my funds to Social Security. I will then have to find a new payee for my benefits.
10. I agree to the monthly Payee fee of \$\_\_\_ for these services. This fee is subject to change in response to Social Security Regulation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Roads to Freedom CILNCP**  
24 East 3<sup>rd</sup> Street - Williamsport, PA 17701  
Voice: (570) 327-9070  
Toll Free Voice: (800) 984-7492  
Fax: (570) 327-8610



## REPRESENTATIVE PAYEE PROGRAM

Please return this form with supporting documents to:

Email:

Fax: 570-327-8610

Mail

Roads to Freedom

22 East 3<sup>rd</sup> Street

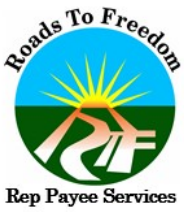
Williamsport, PA 17701

Program Fee: _____
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<b>PERSONAL INFORMATION (Required for Processing)</b>			
Client Name		SSN:	
Mailing Address:		Date of Birth:	
City:	State:	Zip:	Gender:
Phone Number:		Birthplace:	
Alternate Phone Number:		Marital Status:	
Email:			
Notes:			
<b>CURRENT PAYEE INFORMATION (If applicable):</b>			
If you are your own payee – Please provide Social Security Physicians Statement (SSA-787), see attached form.			
Current Payee Name:		Phone:	
Address:		City:	State:      Zip:
Reason for Leaving Current Payee:			
<b>Questions? Please call 570-601-1429 OR 570-327-9070 EXT: 240</b>			



<b>EMERGENCY CONTACT/FAMILY:</b>	
Name:	Relationship:
Address:	Telephone:
	Email:
Name:	Relationship:
Address:	Telephone:
	Email:
<b>GUARDIANSHIP INFORMATION:</b>	
Court appointed legal guardian - If yes, complete the following: <span style="float: right;">Yes <span style="margin-left: 100px;">No</span></span>	
Name of Guardian:	Date of Appointment:
Address:	Phone Number:
	Email:
If the client is a minor, is there a living or adoptive parent? <span style="float: right;">Yes <span style="margin-left: 100px;">No</span></span>	
Name:	Email:
Address:	Home Phone:
	Cell Phone:
Name:	Email:
Address:	Home Phone:
	Cell Phone:
<b>HOUSEHOLD INFORMATION:</b>	
Type of Residence	
<input type="checkbox"/> <b>Owns Home</b>	Mortgage Company:
	Mailing Address:
	Account #: <span style="float: right;">Payment Amount:</span>
<input type="checkbox"/> <b>Apartment/House Rental</b>	Landlord Name:
	Mailing Address:
	Rent Amount: <span style="float: right;">Phone:</span>
<input type="checkbox"/> <b>Group Home/CLA</b>	Provider Name:
	Address:
	Room and Board Amount: <span style="float: right;">Phone:</span>
<input type="checkbox"/> <b>Nursing Home</b>	Facility Name:
	Address:
	Room and Board Amount: <span style="float: right;">Phone:</span>
<input type="checkbox"/> <b>Institution</b>	Facility Name:
	Address:
	Room and Board Amount: <span style="float: right;">Phone:</span>
<input type="checkbox"/> <b>Other: (Please explain)</b>	Name:
	Address:
	Rent Amount: <span style="float: right;">Phone:</span>



<b>BENEFITS RECEIVING (Check all that apply):</b>		
Social Security Administration (SSA)	Amount:	Claim Number:
Supplemental Security Income (SSI)	Amount:	Claim Number:
Railroad Retirement (RR)	Amount:	Claim Number:
Veterans Administration (VA)	Amount:	Claim Number:
Black Lung (BL)	Amount:	Claim Number:
Other:	Amount:	Claim Number:
Cash Assistance Amount:	Food Stamps Amount:	
<b>HEALTH INSURANCE:</b>		
Medical Assistance	Access #	Effective Date:
Medicare	Part A Claim #:	Effective Date:
	Part B Claim #:	Effective Date:
	Part D Provider:	Claim #:
Other	Name:	Claim #:
What is your diagnosis/disability:		
<b>REFERRAL SOURCE:</b>		
Social Security Administration		Claim Representative:
Case manager/Agency	Name of Agency:	
	Address:	
	Name of Case Manager:	
	Phone:	Email:
Friend/Relative	Name:	
	Address:	
	Relation:	Phone:
Other	Name:	
	Address:	
	Relation:	Phone:
<b>EMPLOYMENT INFORMATION:</b>		
Not Employed - skip this section		
Employer Name:	Phone:	
Address:		Full Time
		Part Time
How many hours per week:	How many hours per day:	Rate of Pay:
Employer Name:	Phone:	
Address:		Full Time
		Part Time
How many hours per week:	How many hours per day:	Rate of Pay:



**ASSET INFORMATION:**

Savings Account	Bank Name:	Account #:	Value: \$
Checking Account	Bank Name:	Account #:	Value: \$
Burial Account	Bank Name:	Account #:	Value: \$
Burial Plot	Plot Location:		
Life Insurance	Ins. Company:	Policy #:	Value: \$

**UTILITY INFORMATION:**

Company Name:	Company Address:	Account #:	Amount:

**PLEASE PROVIDE ANY INFORMATION YOU FEEL WE MAY NEED TO BETTER SERVE YOU:**

**THE ROADS TO FREEDOM APPLICATION PROCESS:**

1. Roads to Freedom may take up to a week to process the **completed** application into our system.
2. We will then submit the application to the Social Security Administration (SSA). Their process may take up to three months to approve payeeship.
3. Once we are approved, we will receive a letter from SSA naming us payee.
4. We will then send the applicant a welcome letter giving further instruction.

**OTHER IMPORTANT INFORMATION:**

- The purpose of this form is to gather important information about your income and expenses and current money management practices. To ensure timely transition into the program, please complete, sign and return this form through delivery methods listed at the beginning of this application.
- Once we are payee, if you would like to make a large purchase, you must first get approval from us. This ensures you will have the funds available in your budget.
- We, at no time, repay personal loans. If you borrow money from a friend or relative, you must repay them from your spending check.
- You may request a monthly print out of your account at any time.

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## Advance Notification of Representative Payment

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

Social Security Number

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Name of Beneficiary (if other than above)

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

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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 \_\_\_\_\_ 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.

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Signature

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Date

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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.

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1. Signature of Witness

2. Signature of Witness

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

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