

Advance Selection of Representative Payee

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

Social Security Number: _____

Name of Beneficiary (if other than above): _____

Relationship to Wage Earner/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.

Fee for Representative Payee

I understand that on the 20th day of each month, Community Connections Partnership will automatically collect the \$37.00 fee currently approved by SSA for representative payee services.

Choice of Representative Payee

*I have selected **Community Connections Partnership** to be my representative payee.*

Signature

Date

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

Signature of Witness 1

Date

Signature of Witness 2

Date

Address (Street, City, State, Zip)

Address (Street, City, State, Zip)