

Representative Payee
Referral Form



Date: _____

Client Name: _____

SSN: _____

Contact Phone Number: _____

Referred by: _____

Phone: _____

Does the beneficiary have a current payee? YES NO

If yes, list current payee: _____

List reason for changing: _____

If no, please have the beneficiary's physician fill and sign SSA-Form 787 (Physician Form on our website)

Type of Benefits Received:

SSA

SSI

VA

Railroad Retirement

Client Situation Notes:

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| |
| |
| |

Level of Urgency? (1 being low, 10 being emergent) _____

Urgency about level 5, please print and complete our Representative Payee Intake Packet.

Client Signature

Date

Authorized Representative

Date

Reviewed by: _____

Date: _____