

Representative Payee
Request for Additional Funds



Date: _____

Client Name: _____

Last 4 digits of SSN: _____

Contact Phone Number: _____

Amount Requested: _____

Requested Funds Needed by: _____

Explanation of Need for Additional Funds:

Additional Information and Instructions: (Please read and initial by each of the following statements)

- _____ Additional funds being requested must be equal to or less than the total balance available
- _____ Additional funds request will be reviewed within 24 hours in receipt of this form
- _____ We will contact you if there are any issues with your request
- _____ Approved funds will be made available to you via check mailed to your address on file or directly to the vendor
- _____ Using additional funds to purchase firearms, weapons, drugs or alcohol is not permitted
- _____ All additional funds requested require receipts or proof of purchase
- _____ Please include any supporting documents with this form
- _____ Requests can be submitted via email or fax

Client Signature

Date

Authorized Representative

Date

Reviewed by: _____

Date: _____