



# Bright Futures Community Services

## Representative Payee Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State Zip Code*

Applicant Phone #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Does applicant have a current payee? YES NO

Current payee name and phone #: \_\_\_\_\_

Does applicant have a legal guardian? YES NO

Legal guardian name, address, phone #, and date of appointment of guardianship (if applicable): \_\_\_\_\_

**MUST BE COMPLETED**

**For Bright Futures Community Services to communicate by phone with the Social Security Administration (SSA) the following questions are required to verify their identity with the SSA.**

City of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

### Income

Does the applicant receive benefits from Social Security or currently have an application for benefits pending? YES NO

Type (i.e., SSI, SSDI, etc.): \_\_\_\_\_ Amount per month: \_\_\_\_\_

If there is an application pending, will the applicant be receiving IA benefits while the application is pending? YES NO N/A

Is yes, from which institution: \_\_\_\_\_ Amount per month: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Monthly Bills

**Please list all bills including rent, phone, cable, etc. If more space is needed use a separate page.**

Type of Bill: \_\_\_\_\_

Payable To: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Bill: \_\_\_\_\_

Payable To: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Bill: \_\_\_\_\_

Payable To: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Living Arrangement

Type of Living Arrangement: \_\_\_\_\_

Name of Agency or Institution (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Case Manager: \_\_\_\_\_

### Emergency Contact

Emergency Contact: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Disclaimer and Signature

*By completing this application, the applicant and/or case manager acknowledge that Bright Futures Community Services, Inc. is working as a fee for service business and will collect a fee set by the Social Security Administration each month that Bright Futures Community Services provides representative payee services. It is the responsibility of the representative payee to manage the applicant's benefits in their best interest. Bright Futures Community Services is authorized to manage the applicants benefits each month benefits are received by the agency.*

*\*\* To provide financial management services, Bright Futures Community Services, Inc., the applicant and/or case manager agree to provide the following information: current housing lease agreement or applicable substitute regarding housing expenses, copy of legal guardianship paperwork (if applicable), completed form SSA 787 doctor's statement of ability to manage benefits, all applicable monthly bills, and proof of all current income. If/when Bright Futures Community Services, Inc. is no longer acting as the applicant's representative payee or the applicant is deceased any funds remaining will be provided to the applicant or returned to the Social Security Administration. \*\**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_