Bright Futures Community Services

Representative Payee Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip Code* *Date of Birth*

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):

In order for Bright Futures Community Services to communicate by phone with the Social Security Administration (SSA) the following questions are required to verify your 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 ☐

Is yes, from which institution: _____ Amount per month: _____

Address: _____ Phone Number: _____

Bright Futures Community Services, inc.
941 Whitehorse Mercerville Road, Suite 3
Hamilton Twp., NJ 08610
Phone: (732) 570 - 2507 / Fax: (732) 579 - 5966

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: _____

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