RCAL REPRESENTATIVE PAYEE
at Resource Center for Accessible Living Inc

727 Ulster Avenue, Kingston, NY 12401 | www.rcal.org
TEL: 845.331-7039
FAX: 845.331.2076
reppayee@rcal.org

Please complete the attached form if you would like a check other than your weekly Personal Needs Allowance (PNA) or bill payments.

*****Requests are subject to fund availability and will take 2 weeks to be processed.*****

Representative Payee Additional Check Request Form

Date of Request: _____

Name:_____

Amount Requested: $_____

Reason for Request:_____

_____

_____

_____

_____

Signature: _____

For Office Use Only:

Date Request Received:_____

Approval: Yes No _____

If not approved, reason: _____

_____

_____

_____

Client Notified by: Mail_____ Phone_____ In Person_____ Date:_____