RCAL REPRESENTATIVE PAYEE
at Resource Center for Accessible Living Inc

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Agency to Agency Request and Update Form for Representative Payee

(Due to the high volume of request, there is a 5 business day turn around)

Date: _____

Case Manager Name: _____

Case Manager Phone #: _____

Individual's Name: _____

Individual's Phone #: _____

Requesting:

- ☐ Copy of:
  - ☐ Current Budget
  - ☐ Social Security Award Letter
  - ☐ Other_____
- ☐ Appointment: _____
- ☐ Change of:
  - ☐ Budget
  - ☐ Personal Needs Allowance $____weekly____ biweekly____ monthly
  - ☐ Rent: $ _____ (attach copy of lease or rental agreement)
  - ☐ Address: _____

    _____
  - ☐ Spenddown: $_____attach copy of letter from Medicaid and change form sent to trust, if applicable.
  - ☐ Other: _____

Documents attached? Yes No

Additional Information:_____

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