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www.rcal.org

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: _____

