



727 Ulster Avenue, Kingston, NY 12401 | www.rcal.org



TEL: 845.331-7039
FAX: 845.331.2076
reppayee@rcal.org

Please complete this form only if you would like a check other than your weekly Personal Needs Allowance (PNA) or bill payment.

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

Representative Payee 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: _____