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

Authorization to Share Information

Date: _____

I, _____, give my permission for the Resource Center for Accessible Living, Inc. (RCAL) to answer questions and fulfill requests on my behalf regarding my Representative Payee account and business with:

Name: _____

Address: _____

Phone number: _____

Email: _____

I understand that I have the right and responsibility to select **one individual** in addition to myself to ask questions and make requests on my behalf. I have selected the individual named above as my **one and only additional contact person** and authorize RCAL to share any information requested on my behalf with them. If I work with a team of professionals, I understand **it is my responsibility to speak to the team** and decide on my contact person based on who is most involved with my case and is ready to take on the responsibility and keep the others informed. Any response to an inquiry or request will **ONLY** be shared with the above named individual and me.

I understand that **I am responsible to share necessary information regarding my finances with anyone else** and understand that RCAL will not be contacting anyone else beside the above named individual and me with answers to requests and inquiries. **PHONE CALLS FROM UNAUTHORIZED PERSONS WILL NOT BE RETURNED.**

I also understand that I can change my mind regarding who I authorize at any time by making that request in writing.

Acknowledgement:

In signing this form, I have read and understand the above statements and understand how to select and change my one additional authorized individual to share information with.

_____

Printed Name

_____

Signature