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Please complete the attached form if you would like a check other than your weekly personal needs allowance or bill payments.

*****Request will only be processed the last 2 weeks of the month if funds are available.*****

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: _____