



Thank you for contacting our agency for assistance with representative payee services

It is our goal to provide a smooth transition to HTDI Payee Services. In order to ensure that each applicant will be appropriate for our agency, we have created a checklist of all forms listed in our application packet. It is our experience that having this information in place prior to being assigned as payee allows for a more positive experience for active clients.

FORMS REQUIRED PRIOR TO SUBMISSION:

HTDI Payee Services must receive all forms below, completed and signed, before an application will be submitted to the Social Security Administration.

- Intake Form: This form is required for all new applicants.
- Physician's Statement: This form is required for all new applicants not currently working with a payee.
- Disclosure Statement: Required for all new applicants.
- Housing Information: Required for all new applicants
- Service Guidelines: A copy of guidelines should be provided to applicant, and a signature page is required for all new applicants.

FORMS REQUIRED PRIOR TO PROVIDING PAYEE SERVICES:

After HTDI Payee Services has been notified of approval as payee, we will also require the following forms prior to establishing any payments.

- Communication Consent Form (required for all applicants)
- Alternate Mailing Address Form (required for homeless applicants)

These forms can be e-mailed to Shardaway@HTDI.org.org or faxed to 404-748-4976

Again, we thank you for considering our agency, and we look forward to building a beneficial relationship for all



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INTAKE FORM

Contact Information

NAME	SSN	DOB
ADDRESS		
City, State, Zip Code		
PHONE	EMAIL	

Legal Guardian, if applicable

NAME	PHONE
ADDRESS	

Payee Status

Does client have a current payee? YESNO

If applicant has a payee, please list the name of the payee, and the reason that a change of payee is being requested:

If applicant does not have a payee please complete Form SSA 787 and provide a detailed explanation for this referral:

Applicant's Signed Initials: _____
for all



DISCLOSURE STATEMENT

NAME OF APPLICANT	
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Thank you for considering this agency for your referral. In order to ensure that clients are fully aware of their rights and responsibilities, we require that either the applicant or the referring agent sign this form to confirm that all parties have been advised of the referral and intake process.

If the applicant is in agreement with the referral, he or she can provide his or her own initials and signature at the bottom. If the applicant is not in agreement with this referral, and chooses not to sign this form, it must be completed and signed by the referring agent.

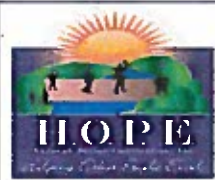
Please initial all sections below and complete the section at the bottom, and return with the intake packet for processing.

Applicant has been made aware that he or she is being referred to HTDI Payee Service.

Applicant has been provided with a copy of our Service Guidelines.

Applicant is aware that he or she must provide complete billing information and a signed Communication Consent form prior to receiving any payments.

PRINTED NAME	
RELATIONSHIP (If other than applicant)	
PHONE NUMBER	
SIGNATURE	



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HOUSING INFORMATION

Please complete the section most applicable and list any additional information requested for that section. If client lives independently, please provide the name

and phone number for the landlord

If client lives in a board and care home, please provide the name and phone number for the owner.

If client lives in a licensed group care setting, please provide the name of the care home and a phone number.

If client lives in an institution, please provide the name and phone number for the facility.

If client is homeless, please provide an address where we can mail weekly checks for personal care. Client will also need to request an alternate mailing address form.

ALL APPLICANTS NEED TO PROVIDE INFORMATION FOR THE CHART BELOW:

ITEM	BILLER NAME	AMOUNT/FREQUENCY	Has mailing address been changed?
Electricity			
Natural Gas			
Water			
Cable			
Home telephone			
Cell phone			
Bus pass			



SERVICE GUIDELINES

This document contains important information regarding the services provided by our organization. While we offer a great amount of flexibility for meeting the needs of our clients, we ask that you adhere to these guidelines as much as possible.

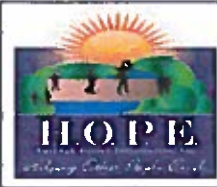
CONTACT INFORMATION

- General Questions?
 - Information Please Call: 520-395-1599
 - E-mail: info@HTDI.org
 - Visit our site at www.HTDI.org
- New Client Questions? Application?
 - E-mail: Shardaway@HTDI.org
 - FAX: 404-748-4976
- Housing Updates
 - ALL MUST be FAXED to: 404-7484976 or
- Payment
 - Will be given every Friday

PERSONNEL INFORMATION

- Selina Beene: Executive Director /Owner
 - Contact Phone: 678-754-5024
- Saroya Hardaway: Case
 - Manager/Housing Director
 - Contact Phone: 404-748-4375

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Operating Hours: 10 am -4 pm	Operating Hours: 10 am -4 pm	Operating Hours: 10 am -4 pm	Operating Hours: 10 am -4 pm	Operating Hours: 10 am -4 pm



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OPERATIONAL GUIDELINES

- ❑ Client should be aware that the decision to assign an individual to a payee rests with Social Security. A client who wishes to pursue the option of becoming his or her own payee must contact the Social Security Administration to obtain the appropriate information for such action.
- ❑ A representative payee account will be established by HTDI Payee Services and will be used for the sole purpose of paying expenses for the client. The clients are not provided with direct access to this account or these funds. If the account is misused in any way by the client or by an outside party, HTDI Payee Services will immediately close the account.
- ❑ If a client becomes homeless for a period of 30 days or longer, and chooses to remain so, he or she will be given the option of providing an alternate mailing address or working with another payee. HTDI Payee Services will provide any and all services possible before terminating the relationship, but it has been our experience that clients who do not have regular access to funds, or regular contact, are often better served by other agencies.

PAYMENT GUIDELINES

HTDI Payee Services has been assigned the responsibility of using client benefits for food, shelter and clothing **for the client**. All other bills will be paid in order of priority, and only as long as they do not interfere with the primary needs of the client.

- It is the responsibility of the client to make arrangements for all regular billing items (such as utilities, credit card bills, cell phone bills, etc.) to be sent to HTDI Payee Services. Our staff is not authorized to make these changes on your behalf. We can arrange a special meeting for those clients needing assistance with these changes.
- Our first priority is housing. If a client is unable or unwilling to provide verifiable housing information, he or she will be considered to be homeless and weekly checks will be restricted to no more than \$50 per week.
- ❑ It is strictly forbidden to use any client funds for expenses for any other individual, unless that individual is a legal dependent of the client.
- ❑ All clients must retain valid picture identification at all times
- ❑ Personal care funds will be distributed in one of the following three manners.
 - Regular payments: These are mailed to the address that you provide to us, and are scheduled on either a weekly or bi-weekly basis.
 - Emergency payments: These payments are made for housing emergencies only, and require a minimum of 24 hours to process.

Special Purpose Funds:

Clients may receive up to \$100 each month outside of regular budget without having to submit receipts. However, if client does not provide receipts, any further requests will be denied for that month.



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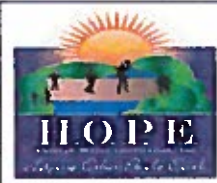


- All requests over \$100 will need to be submitted in writing, with details for the request and agreement to submit receipts within 30 days if approved.
 - Whenever possible, HTDI Payee Services will make efforts to pay a vendor directly for large purchases such as electronics, furniture, dental services, etc.
 - All receipts must be sent by fax or email.
 - Special payments required 5 business days for delivery.
- If a check is lost or missing, HTDI Payee Services can issue a stop-payment on that check, with a written request from the biller. Stop-payment requests must be submitted by 10:00 am each day, and account requires 48 hours for funds to be credited. If at any time a payment that is stopped is cashed by a client, the client will have full responsibility for the amount of the payment and any charges imposed by the agency that cashes the check.

REPORTING AND COMPLIANCE GUIDELINES

- Address Updates: As soon as a client changes residences, he or she must submit the following documentation. No changes are made to the account until we receive written information, which is to be faxed or emailed to us. Once information is received, HTDI Payee Services forwards the documents to the Social Security Administration to apply to the records.
- Notice of intent to move, and request to stop future rent payments.
 - Copy of signed lease of rental agreement
- Wages: HTDI Payee Services will report all wage activity to the Social Security Administration.
- HTDI Payee Services accepts physical checks for wages clients have earned, but it is not a requirement that they be sent to our office. If a client chooses to have them mailed to us, we will deposit to the representative payee account and will factor into the monthly budget. We will also fax copies of the check stubs to the Social Security Administration.
 - If a client chooses to receive his or her own check, he or she will be responsible for providing copies of the check stubs to our office, or to send directly to the Social Security Administration.

Resource Limit: For all clients receiving SSI or ALTCS benefits, HTDI Payee Services is required to keep the account balance below \$2000 each month. If we see that the account will be over resource, we will make contact with client or care provider to



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SERVICE GUIDELINES SIGNATURE FORM

Applicants in agreement with this referral should print, sign and date in the section below:

I have been provided a copy of the Service Guidelines. I understand that it is my responsibility to review the information, and to make contact with HTDI Payee Services to discuss any portion of the document. I am also free to request a separate meeting to go over that document in detail at a later date.

Client Printed Name

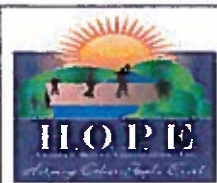
Signature/Date

If an applicant is not in agreement or is otherwise unable to sign, referring agency should write "Unable to obtain signature"

above, sign in place of applicant, and complete the section below:

NAME AND RELATIONSHIP OF REFERRING AGENT		
NAME OF AGENCY		
TELEPHONE AND EXTENSION	EMAIL	FAX

REASON THAT APPLICANT IS UNABLE OR UNWILLING TO SIGN



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COMMUNICATION CONSENT

APPLICANT NAME	SSN
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Payees Plus requires this form be completed and returned prior to an applicant receiving services from this agency.

FINANCIAL

Payees Plus requires permission to communicate with behavioral health agencies in order to ensure proper transfer of information and to have a secondary source of contact should we need to locate our client.

NAME AND ADDRESS OF BEHAVIORAL HEALTH AGENCY	NAME OF CASE MANAGER
	PHONE AND EMAIL FOR CASE MANAGER

MEDICAL

Payees Plus requires permission to communicate with behavioral health agencies and medical providers to ensure that we can meet all reporting obligations to Social Security Administration in relation to disability benefits.

NAME AND ADDRESS OF MEDICAL PROVIDER	OFFICE PHONE FOR PROVIDER
	TYPE OF TREATMEN PROVIDED

EMERGENCY CONTACT

NAME AND PHONE NUMBER	RELATIONSHIP
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APPLICANT SIGNATURE

If applicant is unable or unwilling to provide this information, please complete the section below to confirm that he or she has been given a copy of this form.

NAME	RELATIONSHIP
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This form **MUST** be completed for all homeless applicants, prior to receiving services.

**CLAIMANT
 INFORMATION**

PRINTED NAME	MAILING ADDRESS	SIGNATURE

- _____ (Please initial) By providing signature above claimant agrees that in order to receive checks at this location, he or she will behave in a responsible and respectful to the resident at all times.
- _____ (Please initial) Claimant is aware that this service is provided as a courtesy. If, at any time, claimant's behavior becomes inappropriate or unacceptable while retrieving or attempting to retrieve a weekly check, the case manager can immediately revoke consent, which HTDI Payee Services will process verbally. Claimant will then be required to provide an alternate mailing address, in writing, for future payments.

RESIDENT OR BEHAVIORAL HEALTH AGENCY

PRINTED NAME AND RELATIONSHIP	PHONE NUMBER	SIGNATURE FOR RESIDENT

By providing signature above, third party has agreed to accept weekly checks at this location, as claimant does not have a reliable address to otherwise receive



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ALTERNATE MAILING ADDRESS FORMS

This form **MUST** be completed for all homeless applicants, prior to receiving services.

CLAIMANT INFORMATION

PRINTED NAME	MAILING ADDRESS	SIGNATURE

- _____ (Please initial) By providing signature above claimant agrees that in order to receive checks at this location, he or she will behave in a responsible and respectful to the resident at all times.

RESIDENT OR BEHAVIORAL HEALTH AGENCY

PRINTED NAME AND RELATIONSHIP	PHONE NUMBER	SIGNATURE FOR RESIDENT

By providing signature above, third party has agreed to accept weekly checks at this location, as claimant does not have a reliable address to otherwise receive payments.