



Benefits Management Corporation and Living in Familiar Environments
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Request for Payee Service

Agency: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Client Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Current or Last Known Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Living Arrangements:

- House Apartment Hotel Board and Care
Room & Board Shelter Homeless

Income (Amounts): SSA: \_\_\_\_\_ SSI: \_\_\_\_\_ GA: \_\_\_\_\_ VA: \_\_\_\_\_

R/R: \_\_\_\_\_ AFDC: \_\_\_\_\_ Other: \_\_\_\_\_

Resources: Bank Account: \_\_\_\_\_ Vehicle: \_\_\_\_\_ House: \_\_\_\_\_

Previous Payee: \_\_\_\_\_

\*If client is currently his/her own payee, a SSA-787 must be signed by an MD indicating why the client needs a payee. In lieu of a doctor's statement, the testimony of 3 persons familiar with the client's situation can be submitted as evidence as to why the client needs a payee. Persons can be: family members, discharge planner, social worker, treatment team staff, neighbor, B&C operator or friend.

Comments: \_\_\_\_\_