



REPRESENTATIVE PAYEE AGREEMENT FOR SUPPLEMENTAL ASSISTANCE FOR PERSONAL NEEDS

State Form 51042 (R3 / 6-13) / OMPP 0046

Name of applicant / recipient	Social Security number	Case number
Address (number and street, city, state, and ZIP code)		
Name of caseworker		Date (month, day, year)

PART 1 - APPOINTMENT OF REPRESENTATIVE PAYEE

Type of appointment (check one) <input type="checkbox"/> New payee appointment <input type="checkbox"/> Change of payee appointment	Name of appointed representative payee
I hereby appoint the above named person to be the payee for my monthly Supplemental Assistance for Personal Needs payment.	
Signature	Date (month, day, year)

PART 2 – ACCEPTANCE AND AGREEMENT BY REPRESENTATIVE PAYEE

Name of representative payee	
Address of representative payee (number and street, city, state, and ZIP code)	
Relationship to recipient (check all that apply) <input type="checkbox"/> Payee for SSI <input type="checkbox"/> Spouse <input type="checkbox"/> Son or daughter <input type="checkbox"/> Court-appointed legal guardian <input type="checkbox"/> Other <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Friend <input type="checkbox"/> Other family member <input type="checkbox"/> Health care facility employee _____	
I hereby accept the responsibility of being representative payee for the above-named person's Supplemental Assistance for Personal Needs benefit payment. I understand the responsibilities and agree to the following: <ul style="list-style-type: none">• I will not withhold any portion of the benefit as a fee for my being a representative payee.• I will spend the monthly benefit solely for the personal needs of the recipient named above.• If I become unable to serve as representative payee, I will notify the Division of Family Resources local office immediately.• I understand that the recipient of Supplemental Assistance for Personal Needs may at any time revoke this appointment.• I understand that if the Division of Family Resources local office has documented proof that I have not expended the benefit properly, a new payee can be appointed.	
Signature of representative	Date (month, day, year)