

POLICY

The clients Social Security benefit(s) will be used to address needs in the following order:

1. Basic needs (i.e. food, clothing, shelter).
2. Medical and dental needs not covered by health insurance.
3. Personal needs (i.e. clothing, recreation, vehicles).

Note: Payments are limited to available funds.

Our Process

1. Conduct a complete and thorough intake assessment interview with the client and/or authorized representative of the client. This is done to get a clear picture of the needs of the client, their financial picture as is stands and any anticipated changes in the future. At this point a bank account will be established at First National Bank of Bemidji to deposit SSA checks. This account is an individual account not collective. Individuals will only be able to access account balance and not funds directly.
2. Develop a clear strategy on a bill payment plan that best meets the client's current and anticipated future needs. We then discuss this plan with the client and/or authorized representative and make any modifications necessary based on feedback.
3. Complete and submit all the necessary paperwork to the Social Security Administration to properly begin the Representative Payee service for the benefit of the client.
4. Provide ongoing monitoring of the account to assure accurate financial obligations of the client are met, and complete report accounting for the use of the funds. Perform monthly reconciliations of ledgers, conduct internal audits of financial and bank records to verify the accuracy and completeness of records.
5. Maintain ongoing communication with client and/or authorized representative.
6. Modify the bill payment plan on an ongoing basis to make sure the needs of the client are being met based on any changes that occur on the way.
7. Undergo annual audits of the financial and bank records directly with the Social Security Administration.

If the intake is completed before the Social Security Administration "cut off" date for the month (this is usually the second Friday of each month) Social Finance Services should receive your next month's benefit(s).

Social Finance Services has a voicemail box and email for you to contact them. They will return your voicemail or email message as soon as possible, please allow us 1-3 days to respond. It is important to leave full details on your voicemail message. Always leave your name, phone number where you can be reached, and a detailed reason for your call.

Transactions will not occur with voicemail requests only.

If possible, your budget is established at the time of the intake. Otherwise, your funds can not be released. Please provide a copy of your rental agreement and bills you would like Social Finance Services to pay.

You must have an appointment to meet with Social Finance Services. You can schedule an appointment by calling or emailing. Same day appointments will not be scheduled.

Once your budget is set for the month, you must follow the spending plan that is in place for that month. Any requests to change your budget for the following month must be submitted at least ten (10) days before the last day of the current month.

Personal funds are included in your monthly budget. If you have additional funds after your budgeted expenses are met, you may request to have a portion of those funds issued to you.

- You must complete an Expenditure Form if you are requesting funds in excess of \$250.00.
- You must give SFS at least 48 hours to process your request. It is not possible to approve requests immediately.

You will receive your personal spending money via check mailed to your address on file or if you would like direct deposit then funds will be provided on a trulink card which does cost 12\$ per month. Rent and vendor checks are mailed or paid via online payment if available for vendor.

Vendor checks will not be released to clients. Personal Needs checks can only be picked up in Emergency Situations.

I understand the above statements and I also understand the following:

1. If you do not receive your check, report it lost or stolen immediately. We will place a stop payment and reissue the check. It takes 45 days from the original check date to reissue another. The Stop Payment fee will be applied to your account.
2. IT IS VERY IMPORTANT TO NOTIFY SOCIAL FINANCE SERVICES BEFORE THE LAST DAY OF THE MONTH IF YOU ARE PLANNING ON MOVING THE FOLLOWING MONTH. IF YOU FAIL TO DO SO, YOUR RENT CHECK MIGHT NOT BE PAID CORRECTLY AND YOUR PERSONAL SPENDING CHECK MAY BE MAILED TO THE INCORRECT ADDRESS.
3. You are expected to be a good neighbor and responsible member of your community. We reserve the right to terminate payee services if we receive complaints that you've damaged property, are verbally or physically abusive to neighbors or other members of the community or appear to be chronically intoxicated or under the influence of drugs in public. Any funds remaining in your account will be returned to the Social Security Administration.
4. SOCIAL FINANCE SERVICES is here to serve you and administer your benefits according to the Social Security Administration regulations. SOCIAL FINANCE SERVICES will terminate payee services if a client is physically or verbally abusive to staff or other clients. Any funds remaining in your account will be returned to the Social Security Administration. SOCIAL FINANCE SERVICES reserves the right to withhold a check or deposit from any client who appears intoxicated or under the influence of drugs. This policy is for our client's own protection.
5. SOCIAL FINANCE SERVICES will not be held responsible for any overpayments due to your failure to notify our office of changes. Notification of changes must be in writing. This can be done in person, fax, email or by mailing a signed letter to SOCIAL FINANCE SERVICES.

I hereby acknowledge that I understand the Client Agreement and the SOCIAL FINANCE SERVICES procedures and received a copy for my records. I agree to abide by the reporting and procedure requirements to maintain my payee service with SOCIAL FINANCE SERVICES.

CLIENT SIGNATURE	DATE SIGNED	RELATIONSHIP IF NOT CLIENT

SOCIAL FINANCE SERVICES SIGNATURE: _____ DATE: _____

**SOCIAL FINANCE SERVICES
 REPRESENTATIVE PAYEE SERVICES
 PO Box 166; PARK RAPIDS, MN 56470
 A 501(c)3 Non-Profit**

Voluntary Consent/Authorization & Request for Change of Payee Application

Client Name:

Click or tap here to enter text.

Social Security #:

Click or tap here to enter text.

AUTHORIZATION

I, _____ hereby give Social Finance Services my authorization to file an application to be my payee. I understand this means that they will receive any SSI/SSA/etc. funds that I am eligible for. I understand that they will administer my benefits for me. I was referred to Social Finance Services by- _____, who is my _____.

MY NEED FOR A PAYEE AND MY SELECTION FOR MY PAYEE

The Social Security Administration has determined that I need assistance in managing my benefits. This means that my benefits will be sent to a representative payee who is responsible for managing my benefits in my best interest. I choose to have Social Finance Services serve as my representative payee.

MY RIGHTS

1. I UNDERSTAND THAT I HAVE THE RIGHT TO APPEAL SOCIAL SECURITY’S DECISION AS TO WHO WILL BE MY REPRESENTATIVE PAYEE. I WILL CONTACT A SOCIAL SECURITY OFFICE IF I WANT TO APPEAL.
2. I UNDERSTAND THAT I HAVE THE RIGHT TO APPEAL THE DETERMINATION OF SOCIAL SECURITY THAT I NEED A PAYEE. IF I CHOOSE TO APPEAL, I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW THE INFORMATION IN MY FILE AND THAT I CAN SUBMIT NEW EVIDENCE FOR CONSIDERATION AND I MUST FILE MY APPEAL WITHIN 60 DAYS.
3. I UNDERSTAND THAT IF I DO NOT FILE MY APPEAL WITHIN 60 DAYS THAT I MUST HAVE A GOOD REASON FOR BEING LATE. I UNDERSTAND THAT I MUST APPEAL IN WRITING AND I WILL CONTACT A SOCIAL SECURITY OFFICE IF I WANT TO APPEAL.

CONSENT TO SOCIAL FINANCE SERVICES PROGRAM REQUIREMENTS

- A. I am aware that this is a voluntary program. I will remain on the Representative Program for at least six (6) months.
- B. I understand that as part of this program, I will work with my Social Finance Representative Payee contact to determine how my money will be spent.
- C. I understand that in order to provide this service to me, the Social Service Administration allows a Representative Payee to collect a fee for serving as my Representative Payee. This fee shall be deducted from my monthly income.
- D. Upon termination of my participation in the Representative Payee Program, I understand any balance in my account with Social Finance Services will be returned to the Social Security Administration for determination of continuing eligibility.

CLIENT SIGNATURE	DATE SIGNED

GUARDIAN SIGNATURE	DATE SIGNED

Consent to Release Information

To: SOCIAL FINANCE SERVICES

CLIENT NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

I hereby give my consent to **SOCIAL FINANCE SERVICES** to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continuing eligibility for Social Security benefits.

I also hereby give my consent to **SOCIAL FINANCE SERVICES** to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

Check one

<input type="checkbox"/>	ENTIRE FILE	LIMITED TO INFORMATION AS NEEDED
<input type="checkbox"/>	SPECIFIC INFORMATION: PLEASE SPECIFY WHAT CAN BE SHARED	GRH letters Program letters

PLEASE NOTE CD AND OTHER MENTAL HEALTH RECORDS FROM OTHER FACILITIES WILL NOT BE SHARED. IF THOSE RECORDS ARE NEEDED THE REQUESTER MUST OBTAIN THEM FROM AGENCY THAT HAS RECORDS.

NAME INFORMATION BEING RELEASED TO	ADDRESS AND PHONE NUMBER
Social Finance Services-	Po Box 166 Park Rapids MN 56470 218-556-9247

I am the individual, to whom the requested information/records apply, or the parent or legal guardian of a minor, or a legal guardian of a legally incompetent adult. I declare that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that Social Finance Services is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and Social Finance Services is not responsible for any effect to your benefits caused by releasing the requested information.

Print Name

Date.

Signature of Claimant or Legal Gaurdian

Relationship (If not claimant)

Social Finance Services staff member

Date