



Resource Oversight & Guidance Services, Inc.

A non-profit organization
P.O. Box 7394
Laguna Niguel, CA 92607

REPRESENTATIVE PAYEE/PAYOR CONTRACT

I, _____ have discussed my needs with Resource Oversight and Guidance Services, Inc. and I agree to have Resource Oversight and Guidance Services, Inc. serve as my organizational representative payee for my Social Security benefits. I understand there is a monthly fee for service set annually by the Social Security Administration (SSA).

I will:

- Be clean and sober when I conduct business by phone or in person;
- Treat staff with courtesy and respect;
- Come to conduct business by appointment only;
- Receive my personal spending funds from the facility where I reside or via a check or prepaid debit card, whichever method works best for everyone involved;
- Allow Resource Oversight and Guidance Services, Inc to deposit any checks payable to me to be deposited into a trust account on my behalf and utilized in my best interest.
- Receive a statement any time upon request;
- Comply with these rules and understand that if I fail to comply, Resource Oversight and Guidance Services, Inc. may request SSA to remove the agency as my representative payee.

Resource Oversight and Guidance Services, Inc. will:

Treat me with courtesy and respect;

Be available Monday through Friday from 9 and 5 p.m. by phone or to meet with me by appointment only.

Use funds received on my behalf to first meet my current needs for food, housing, clothing, medical care and personal comfort items.

Report to SSA any events that may affect your eligibility for payments or payment amount;

Account to SSA on how your money has been spent/saved and complete all required reports;

Save any unspent funds, if any, for future needs; and

Return to SSA any funds saved (in the event of a change in payee) or any funds that were sent for your benefit but to which you are not entitled.

Beneficiary

Signature _____ Date _____

Organization

Signature _____ Date _____