



## Financial Advocates of Southeast Idaho Payee Request for Social Security.

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### Client Information:

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

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

Mother's Maiden Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Names and Ages of others living in the same household:

\_\_\_\_\_  
\_\_\_\_\_

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### Client History:

Do you have a Case worker: Yes \_\_\_ No \_\_\_ If Yes, Fill out case worker information below:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone number: \_\_\_\_\_

Client on probation or Parole: Yes \_\_\_ No \_\_\_

Was the Doctor Release form signed and sent to FASI? Yes \_\_\_ No \_\_\_

Have you had a previous Payee? Yes \_\_\_ No \_\_\_ If Yes, then Name: \_\_\_\_\_

What Benefits are received: SSI Amount \$ \_\_\_\_\_ SSD Amount \$ \_\_\_\_\_

Are You Paying Rent? Yes \_\_\_ No \_\_\_ If Yes, then what is the rent amount? \$ \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have a Guardian? Yes \_\_\_ No \_\_\_ If Yes, Name of Guardian: \_\_\_\_\_

Guardian's Phone number: \_\_\_\_\_

Why are you asking for a Payee or any relevant information you think we may need: Use back if needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Advance Notification of Representative Payment

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Name of Wage Earner, Self-Employed Person or  
SSI Claimant

Social Security Number

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Name of Beneficiary (if other than above)

Relationship to Wage  
Earner, Self-Employed  
Person or SSI Claimant

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I understand and agree with the following.

### Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

### Choice of Representative Payee

SSA has selected \_\_\_\_\_ to be my representative payee.

### My Right to Appeal

I understand that I have the right to appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else to help me.

I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

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Signature

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Date

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Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

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1. Signature of Witness

2. Signature of Witness

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Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)



1675 CURLEW DR, AMMON, ID 83406 - PHONE: 208-523-1024

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Release of Information Form

This is a consent for release of information (hereinafter referred to as the "release of information")

\_\_\_\_\_  
(Name of Individual)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Guardian or Power of Attorney)

I authorize Financial Advocates of Southeast Idaho (FASI) to release or obtain the any and all information for the purpose of paying, obtain billing information, and/or changing the billing address for any debts I may owe. I also authorize Financial Advocates of Southeast Idaho (FASI) to release or obtain the any and all information regarding my admittance or discharge into a hospital, institution, or county jail.

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

\_\_\_\_\_  
Individual's Printed Name or (Power of Attorney/ guardian)

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual's Signature or (Power of Attorney/ guardian)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date