

**PROVIDENCE FAMILY LIFE CENTER
REPRESENTATIVE PAYEE CONTRACT**

I, _____ (client name) hereby appoint Providence Family Life Center to be my designated Representative Payee for my social security benefits, SSI, SSD or other income. PFLC shall receive my benefits or pay checks and be responsible to pay my financial obligations to the extent that there are available funds to in my account to do so. Client agrees to pay a FEE of \$41.00 per month* to PFLC.

PFLC will pay Rent and Utilities (or Room & Board) and other bills directly to the service provider. PFLC will provide a weekly personal needs check to the Client to the extent that PFLC has client funds available to do so. PFLC shall provide all designated Representative Payee services as prescribed by law or regulation.

The Client agrees to the following:

1. PFLC will make all payments by check and will mail by US Postal Service First Class Mail only.
2. All weekly checks will be mailed by Wednesday of each week (Holidays & Emergencies excepted) and all rent checks will be mailed out on the 3rd of the month.
3. The Client must notify PFLC in writing of any changes in address. If the Client fails to notify PFLC in writing of any changes in address at least 10 days before the change or move, PFLC shall be held harmless by the client for any rent, room & board or other payments made by PFLC on the Clients behalf.
4. Extra fund requests need to be submitted by Tuesday in order to be mailed on the Client's check for the following week. Exceptions to the above will be made only in the case of homelessness or medical emergency.
5. A bank fee of \$1 per month** will be charged.

The Client acknowledges that PFLC assumes no responsibility or liability to the Client or others in making disbursements provided the disbursements are made in accordance with the written instructions of the Client and or within the Social Security Administration Guidelines for Representative Payees and other legal or regulatory requirements.

This agreement shall remain in force for a period 12 months from the date of execution and shall be automatically renewed unless cancelled by the Client with written 30-day notice. PFLC reserves the right to provide a Client cancellation notice to Social Security at any time.

CLIENT: _____ DATE: _____
(Signature)

*Client fees are regulated by Social Security and subject to change without notice.

**Client bank fee is subject to change without notice.