Representative Payee Agreement

I, _____ , (Client Name) hereby appoint Life Options of West Tennessee Inc. (Life Options) to be my designated Representative Payee for my social security, SSI, SSD, or other income. Client agrees to allow Life Options to receive my benefits on my behalf, and be responsible to pay financial obligations to the extent that there are funds available funds in your account to do so. Client agrees to pay a monthly fee, set by the Social Security Administration, for the performance of these duties.

Life Options will pay Rent, Utilities, Food or (Room & Board), and other scheduled monthly payments directly to the service provider. Life Options will provide a weekly personal needs payment to the client to the extent that Life Options has the client funds to do so. Life Options shall provide all designated Representative Payee services as prescribed by the law and social security regulation.

CLIENT UNDERSTANDS THAT COMPANY WILL PROVIDE THE FOLLOWING:

My benefits check will be either mailed or direct deposited to the Company who will set up a bank account under the name of Life Options.
With the assistance of the Company, I will develop a budget that lists everything that I owe (Budget will accompany this Agreement).
I will not open charge/bank accounts or obtain loans unless it is first put into my budget.
Company will pay monthly bills from the income that is listed on the Budget Sheet.
I must turn receipts for money spent.

COMPANY GUARANTEES THE FOLLOWING:

Company does not provide transportation but will assist in arranging transportation service
Company shall make all scheduled payments either by check or bank transfer; Any late fee associated with payment will be assumed by Company.
All rent payments will be made for the 3rd of the month for the upcoming period of occupancy.
Weekly Personal needs checks will be used for food and other weekly expenses; Clients will receive only one payment per week.
All requests for personal needs payments must be made at least 7 days prior to payment.
Clients must inform Company in writing at least 30 days in advance if wanting to move.
Company will be Closed on all government holidays as well as if Shelby County schools are closed due to bad weather.

CLIENT MUST INFORM COMPANY IF:

- I receive assistance from any other agency or welfare department. I go to jail or prison.
- I am admitted to the hospital or nursing home.
- I begin working, quit working, receive money or save money.
- I get married or divorced.
- I take a trip outside of Memphis.

If you do not report the above changes to us, you may receive an overpayment and be required to pay money back to Social Security Administration and/or lose your benefits.

CLIENTS CASE MAY BE CLOSED IF:

- I am verbally or physically abusive or threaten Company staff in any manner
- I bring any drugs or weapons to this office
- I come to the office under the influence of illegal drugs or alcohol.
- I am arrested for any reason.
- I move out of the area
- I panhandle on the property
- I refuse to follow my budget or are non-compliant with any aspect of the program.

CLIENT HAS A RIGHT TO:

- Professional and courteous service.
- Participate in goal setting and have the program fully explained to me.
- Service without discrimination based on sex, race, ethnicity, sexual orientation, disability,creed, religion, or national origin.
- Receive total confidentiality, No information will be shared about me with anyone outside of
- Company without written permission or due process of law.
- Receive truthfulness, knowing that my benefits are being monitored under the Social Security Administration.
- File a grievance if I believe my Rights have been violated.
- Refuse services at any time by giving Company at least a 30 day notice.

ENTIRE AGREEMENT: This Contract contains the entire agreement of Client,   and Company, Life Options, and replaces any other prior agreement in its entirety. It may not be changed orally, but only by an agreement in writing signed by both parties.

_____   _____

Client Signature   Date   Staff Signature   Date