



Cornerstone Community Action Agency
114 Needham St
Coleman, TX 76834
Email: mail@ctoinc.org
(325) 625-4167
(325) 625-3335 (fax)

FOR OFFICE USE ONLY	
Received	____-____-____
Sent to SSA	____-____-____
Sent to SSA office of:	_____

Payee Application

Full Name:	
Physical Address:	Apt #:
City/State/Zip:	County:
Mailing Address:	Apt #:
City/State/Zip:	County:
Home Phone: ()	Mobile Phone: ()
Social Security Number:	Date of Birth:
Client Type: [] Payee [] VA Fiduciary [] Other	
Gender: [] Male [] Female	

Housing Type:		
<input type="checkbox"/> Alone	<input type="checkbox"/> w/Non-relative	<input type="checkbox"/> Treatment Facility
<input type="checkbox"/> w/Parents	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Nursing Care Facility
<input type="checkbox"/> w/Minor Child	<input type="checkbox"/> Boarding Home	<input type="checkbox"/> Jail
<input type="checkbox"/> w/Family	<input type="checkbox"/> Family Care Home	<input type="checkbox"/> City at Large
<input type="checkbox"/> w/Spouse	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Other _____
Do you rent or own your home?		
Monthly Payment (if applicable):		

Impairments:

- ☐ Alcoholism
- ☐ Drug Addiction
- ☐ Intellectual Disability
- ☐ PTSD
- ☐ Physical Disability

- ☐ Dementia
- ☐ Alzheimer's
- ☐ Cardiovascular
- ☐ Cancer
- ☐ Other _____

Physician's Name:

Number: ()

Current Payee (if applicable):

If you currently have a Payee, please explain why you want to change:

Emergency Contact: _____ Relationship: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Address: _____

Caregiver Name: _____ Relationship: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Address: _____

Client Signature

Date



Helping People. Changing Lives.

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Representative Payee Acknowledgement

I understand that by signing and submitting these documents, the Social Security Administration (SSA) may determine it necessary for me to have a representative payee and may appoint Cornerstone Community Action Agency to serve as such.

Note: On page 7 of the Social Security Administration's Guide for Organizational Representative Payees, SSA states, *"SSA will never appoint a representative payee solely for a beneficiary's convenience or personal preference."*

Client Signature

Date

CCAA, Staff Member

Date



Cornerstone Community Action Agency
Payee Services

CONSENT TO OBTAIN OR RELEASE CONFIDENTIAL INFORMATION

Name: _____

Date: _____

DOB: _____

I hereby give my consent to Cornerstone Community Action Agency Payee 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 CCAA., Payee Services to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

☐ Wages/Employment Record

☐ Utility Bills

☐ Account Ledger

☐ Billing History

☐ Current Monthly SSA/SSI

☐ Other (explain below)

I am the individual, to whom the requested information/records applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare that I have examined all of 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 CCAA., Payee Services is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and CCAA., Payee Services is not responsible for any effect to your benefits caused by releasing the requested information.

Printed Name

Date

Signature of Claimant or Legal Guardian

Relationship (if not claimant)

CCAA., Staff Member

Date

CLIENT AGREEMENT – Processes and Procedures

Supplemental Security Income (SSI) is a needs-based benefit. That means that the amount of money for which you are eligible is based on three things:

1. Your living arrangements
2. Other income/benefits you may receive
3. Your total resources which are things you own. For example; bank accounts, stocks, bonds, homes, vehicles, jewelry, etc.

Cornerstone Community Action Agency **will not** be held responsible for any overpayments due to your failure to notify our office of changes. **Notification of changes must be made in writing.** This can be done in person by visiting our office, by fax, email or by mailing a signed letter.

IT IS VERY IMPORTANT TO NOTIFY US WITHIN 10 DAYS IF ANY OF THE ITEMS BELOW OCCUR.

RESIDENCE

- You move from your residence
- Someone permanently moves into or out of your residence
- You enter jail or prison (We do not accept collect phone calls from jail or prison)
 - Note: If you fail to notify us by phone, mail or email and money is issued for rent, utilities and other expenses, we are not responsible for any overpayment that occurs.
- You change your phone number
- You enter or leave a hospital or skilled nursing facility
- You leave the state of Texas

RESOURCES

- The amount of alimony or child support you receive changes
- You inherit or are given money
- You open or close a bank account and if you receive interest on the account
- The amount of any benefit checks you receive directly changes
- You receive money from another source (VA, Railroad Retirement, or pension)
- Your benefits from another source stop
- Your start or stop working
 - **Note: If you work, you must provide copies of your pay stubs to Cornerstone Community Action Agency to be submitted to the Social Security Administration. If you do not provide copies of your pay stubs and are overpaid, we will not be held responsible.**
- Purchase a burial plot or make burial arrangements
- Purchase a life insurance policy on yourself or someone else.
- Buy or sell any car, truck, boat, motorcycle, RV, etc.
- Buy or sell any real estate, including a house, condo or mobile home.

WHAT HAPPENS DURING THE INTAKE INTERVIEW AT Cornestone Community Action Agency?

1. At the time of intake, the Payee Representative can tell you when we will expect to begin receiving your benefits.
 - If the intake is completed before the Social Security Administration's "cutoff" date for the month (this is usually the second Friday of each month) CCAA should receive your next month's benefits.
 - If your benefits are in suspense (your benefits are stopped for some reason), we will work to get your benefits reinstated as quickly as possible.
 - If you are a new claimant, we will contact the Social Security Administration regularly until your benefits are approved and the Social Security Administration begins distributing your benefits.
2. You will be provided with the Payee Representative's contact information. The Payee Representative is the person you will speak with regarding your budget and account. You will need to notify the Payee Representative in the event any changes occur; such as moving, living arrangements, and phone number.
3. Your Payee Representative has a voicemail box and email for you to contact them. The Payee Representative will return your voicemail or email messages as soon as possible. The office lobby in Coleman is open 8am to 5pm Monday through Thursday, and 8am to 3pm on Fridays, and closed on all federal holidays. It is important to leave full details on your voicemail message. Always leave your first and last name, phone number where you can be reached, and detailed reason for your call. **PLEASE LEAVE ONLY ONE MESSAGE PER DAY AND ALLOW THE PAYEE REPRESENTATIVE TIME TO RETURN YOUR CALL.** Leaving multiple messages will only delay your return call.
4. If possible, your budget is established at the time of the intake. If we are unable to establish a budget at the time of your intake, you will need to contact your Payee Representative to do so before we can release your funds. You will need to provide a copy of your rental agreement and bills that you would like us to pay before payment can be made.
 - Rent changes must be given to the Payee Representative before the 1st of every month. If given on the same day or after, there will have to be a rent change on the following month. Housing costs will be paid directly to the landlord or the mortgage company, supporting documentation in the form of a lease or monthly mortgage statement is required. If a beneficiary becomes a roommate, his or her name must be added to the lease and a copy obtained for the file. Informal living arrangements such as living with family members or a temporary stay with a friend should be supported by a written statement that includes the agreed rent amount, the due date, and what else is included, such as utilities, meal, phone, etc.

What Happens AFTER I Sign Up for CCAA Service?

1. If you need to speak to your Payee Representative, call 325-625-4167.

2. You must have an appointment to meet with your Payee Representative. You can schedule an appointment by calling or emailing. **Same day appointments will not be scheduled.**
3. 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 5 days before the last business day of the current month.
4. All bills must be sent directly to the Payee Representative. The beneficiary is responsible to make necessary address changes since vendors will not talk to anyone other than the person whose name is on the account.
 - Vendor Invoices should be updated in the following matter:

Client Name c/o CCAA Payee Services

114 Needham Street

Coleman, TX 76834

5. Bills are paid in this priority:
 - Rent
 - Food
 - Utilities
 - Medical
 - Insurance
 - Loans/Credit Cards (we do not pay Personal Loans made to friends or family, those types of loans need to be paid out of Personal Needs)
 - Telephone
 - Cable
 - Spending Money
 - Other
6. Personal and Incidental funds are included in your monthly budget. If you have additional funds available after your budgeted expenses are set, you may request to have a portion of those funds issued to you.
 - You must complete a Request for Additional Funds form if you are requesting funds in excess of \$100.
 - **You must give your Payee Representative at least 24 hours to process your request. It is not possible to approve requests immediately.**
 - Payments are processed only on Tuesdays.
 - Large purchases or additional bills require a new budget which means cutting spending money or other expenditures already in the budget.
7. You will receive your personal spending money on a check or debit card that will be mailed to the mailing address we have on file.
8. **Your bills will be mailed directly to us.**

9. Vendor checks will not be released to clients. Vendor checks are mailed to the address CCAA has on file for that vendor.
10. CCAA observes all Federal holidays. If you are scheduled to receive a deposit on your Freedom Card on a holiday or weekend, you should receive your deposit the day before that holiday.
 - New Year's Day (January 1st)
 - Martin Luther King, Jr. Day (3rd Monday in January)
 - Good Friday (Friday before Easter)
 - Memorial Day (last Monday in May)
 - Independence Day (July 4)
 - Columbus Day (Second Monday in October)
 - Thanksgiving Holiday (4th Wednesday thru 4th Friday in November)
 - Christmas Holiday (the day before thru the day after Christmas)
11. You will be charged a monthly fee of what is allowable by the Social Security Administration which is \$44.
12. The Payee Representative is responsible for completion and submission of representative payee reports. Other government or social service agencies that need financial information (i.e. Housing, Food Stamps, Medical Assistance), can be directed to this office for income information. All other information will be the responsibility of the beneficiary.

Payee Representative: Kess Stefka

Phone: 325-625-4167 ext. 227

Cell: 325-305-2002

Fax: 325-625-3335

Office Location: 114 Needham St, Coleman, TX 76834

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

1. IT IS VERY IMPORTANT TO NOTIFY YOUR PAYEE REPRESENTATIVE BEFORE THE LAST DAY OF THE MONTH IF YOU ARE PLANNING ON MOVING THE FOLLOWING MONTH. IF YOU FAIL TO DO SO, YOUR RENT/MORTGAGE MIGHT NOT BE PAID CORRECTLY.
2. 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 have 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.
3. Cornerstone Community Action Agency is here to serve you and administer your finances responsibly to insure that your basic needs such as food, shelter, and clothing are met. Cornerstone Community Action Agency will terminate payee services if a client is physically or verbally abusive to CCAA staff or other clients or damages to CCAA property. Any funds remaining in your account will be returned.

I hereby acknowledge that I understand the Client Agreement and the Cornerstone Community Action Agency procedures and received a copy for my records. I agree to abide by the reporting and procedures requirements to maintain my payee services with CCAA.

Client Signature

Date

CCAA Staff Member

Date

Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or SSI Claimant	Social Security Number
Name of Beneficiary (if other than above)	Relationship to Wage Earner, Self-Employed Person or SSI Claimant

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 Cornerstone Community Action Agency 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.

Signature	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.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)