



Application for Representative Payee Services
Please complete this form and submit to Rep Payee office

1. Applicant's Name: _____

2. Applicant's SSN: _____ DOB: _____

3. Explain why applicant is required to have rep payee services:
(i.e. required by physician, courts, SSA – provide documentation)

4. Why would GBS be the best option for rep payee services?

5. How will you know about the applicant's financial needs?

6. Does the applicant have a court appointed guardian?

a. Name: _____

b. Address: _____

c. Phone Number: _____

d. Title: _____

e. Date appointed guardianship: _____

f. Circumstances of appointment: _____

7. Which applies to applicants living situation?(circle one and fill out needed info)
- a. Alone (provide address)
 - b. With a relative (provider name, relationship & address)
 - c. With someone else (provide name, relationship & address)
 - d. In a board & care facility (facility name, address & phone)
 - e. In a public institution (provide institute, address & phone)
 - f. In a private institution (provide institute, address & phone)
 - g. In a nursing home (provide residence, address & phone)

Name: _____

Relationship: _____

Address: _____

Phone #: _____

I declare that the information above and all attached documents are true to the best of my knowledge

Signature

Date

Approved by

Date