



Representative Payee Agreement

I, _____ (“Client”) hereby acknowledge that BalancedCare Community Services will service as my Representative Payee to pay bills on my behalf. BalancedCare Community Services shall receive my funds and be responsible to pay my financial obligations to the extent that there are available funds in my account to do so. Client agrees to pay a monthly fee as determined by the Social Security Administration.

BalancedCare Community Services shall be responsible to disburse funds received on my behalf to meet my current needs such as food, clothing, shelter, utilities, dental and medical care, personal comfort items, and any reasonably foreseeable needs. BalancedCare Community Services, at its sole discretion, may issue client’s additional discretionary funds to the extent that all current maintenance needs are fulfilled, and funds remain available to do so. Notwithstanding the foregoing, any additional funds disbursed on the client’s behalf will only be done so in the client’s best interests.

Client acknowledges that BalancedCare Community Services 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.

Client hereby grants BalancedCare Community Services permission to discuss his/her financial matters with the Social Security Administration, and all other individuals and agencies relating to Client’s treatment team and support network. This authorization and release provides authority to BalancedCare Community Services to act on the Client’s behalf in the payment of the Client’s financial needs and obligation(s).

This Agreement shall remain in full force and effect as long as BalancedCare Community Services serves as the Clients Representative Payee.

I HAVE READ, UNDERSTOOD, AND AGREE WITH THE TERMS SPECIFIED IN THIS AGREEMENT

Client: _____

Date: _____

(Signature)

