

RESOURCE OVERSIGHT & GUIDANCE SERVICES, INC.

A 501 (c) (3) Non-Profit Organization



ROG SERVICES

ORGANIZATIONAL REPRESENTATIVE PAYEE APPLICATION

| | | | | | |
|--|--|-----------------------|--|----------------------|------|
| Name: | | SS#: | | DOB: | |
| Address: | | City: | | State: | Zip: |
| Home Phone: | | | Cell Phone: | | |
| Emergency Contact Name: | | | Emergency Contact Phone: | | |
| Email Address: | | | | | |
| Place of Birth: | | | Mother's maiden name: | | |
| Marital Status: S M D W | | | Employment Status: E U R D | | |
| Living arrangement: Alone__ Relative__ Other__ B&C__ Nursing home__ public inst.__ private inst.__ | | | | | |
| How long at current address: | | | Any expected changes: | | |
| Landlord Information | | | | | |
| Name: | | Phone #: | | | |
| Address: | | City: | State: | Zip: | |
| Change of Payee Requested: | | Y | N | If Yes, By Whom: | |
| Previous Payee Name: | | Previous Payee Phone: | | | |
| Case Manager Name: | | Case Manager Phone: | | | |
| Sources of Income: SSDI __ SSI__ Other __ (Explain): | | | | | |
| Amount of Monthly Income: | | | | | |
| Monthly Expenses | | | | | |
| Rent: | | Transportation: | | | |
| Telephone: | | Personal Funds: | | | |
| Electric/Gas: | | Other: | | | |
| Cable: | | Other: | | | |
| Internet: | | Other: | | | |
| Insurance: | | Other: | | | |
| Cell Phone: | | Other: | | | |
| Court Appointed Legal Guardian: | | Y | N | Date of appointment: | |
| Name of Guardian: | | Relationship: | | | |
| Address: | | Phone #: | | | |
| Reason not able to handle own benefits: | | | | | |
| Additional information: | | | | | |
| | | | | | |
| Signature: | | | Date: | | |