



Please return this form with supporting documents to:

Email: info@novapayeeservices.com

Fax: 703-232-1777

Mail to: NOVA PAYEE SERVICES
PO BOX 3407
FAIRFAX, VIRGINIA 22038-3407

NPS use only

Received: _____

Contacted: _____

Program: _____

SSA OFFICE _____

Appt Date/Time _____

Award Letter Date: _____

If you would like a confirmation of receipt, please email application

PERSONAL INFORMATION: (Required for Processing- write very clearly!)
Client Name: Soc Sec #:
Address: Date of Birth:
City: State: Zip+4: City of birth
Mailing Address: State of birth:
Gender:
Marital Status:
City: State: Zip+4: Married Divorced
Phone #: Email: Single Widowed
What is your diagnosis/disability: MH (Mental Health) ID (Intellectual Disability) Both
Explain:

CURRENT PAYEE: (Required for Processing)
Own Payee - Must provide Social Security Physician's Statement (SSA-787), see attached.
Have Payee ** Name: Phone:
Address: Relation:
Why are they no longer willing to be payee?:
New Claim - Social Security Deemed Necessary
**Please note that application will process faster if a completed "Current Representative Payee Request of Termination" letter (included in this packet) is submitted with application.

EMERGENCY CONTACT/FAMILY:	
Name:	Relationship:
Address:	Telephone:
	Email:
MOTHERS FULL MAIDEN NAME (REQUIRED)	FATHERS FULL NAME (REQUIRED):

GUARDIANSHIP INFORMATION(if a guardian is in place- guardianship papers must be included with application)	
Court appointed legal guardian - If yes, complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Guardian:	Date of Appointment:
Address:	Phone Number:
	Email:
If the client is a minor, is there a living or adoptive parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Email:
Address:	Home Phone:
	Cell Phone:
Name:	Email:
Address:	Home Phone:
	Cell Phone:

HOUSEHOLD INFORMATION:	
Type of Residence:	
<input type="checkbox"/> Owns Home	Mortgage Company:
	Mailing Address:
	Account #: Payment Amount:
<input type="checkbox"/> Apartment/House Rental	Landlord Name:
	Mailing Address:
	Rent Amount: Phone:
<input type="checkbox"/> Group Home/CLA	Provider Name:
	Address:
	Room and Board Amount: Phone:
<input type="checkbox"/> Nursing Home	Facility Name:
	Address:
	Room and Board Amount: Phone:
<input type="checkbox"/> Institution	Facility Name:
	Address:
	Room and Board Amount: Phone:
<input type="checkbox"/> Other:	Name:
	Address:
	Rent Amount: Phone:

Questions? Please call 703-273-4590

BENEFITS RECEIVING (Check all that apply):		
<input type="checkbox"/> Social Security Administration (SSDI)	Amount:	Claim Number:
<input type="checkbox"/> Supplemental Security Income (SSI)	Amount:	Claim Number:
<input type="checkbox"/> Railroad Retirement (RR)	Amount:	Claim Number:
<input type="checkbox"/> Veterans Administration (VA)	Amount:	Claim Number:
<input type="checkbox"/> Black Lung (BL)	Amount:	Claim Number:
<input type="checkbox"/> Other:	Amount:	Claim Number:
<input type="checkbox"/> Cash Assistance Amount:	<input type="checkbox"/> Food Stamps Amount:	

HEALTH INSURANCE:		
<input type="checkbox"/> Medical Assistance	Access #	Effective Date:
<input type="checkbox"/> Medicare	Part A Claim #:	Effective Date:
	Part B Claim #:	Effective Date:
	Part D Provider:	Claim #:
<input type="checkbox"/> Other	Name:	Claim #:

REFERRAL SOURCE:		
<input type="checkbox"/> Social Security Administration	Claim Representative:	
<input type="checkbox"/> Casemanager/Agency	Name of Agency:	
	Address:	Clients BSU#:
	Name of Case Manager:	
	Phone:	Email:
<input type="checkbox"/> Friend/Relative	Name:	
	Address:	
	Relation:	Phone:
<input type="checkbox"/> Other	Name:	
	Address:	
	Relation:	Phone:

EMPLOYMENT INFORMATION:		
<input type="checkbox"/> Not Employed - skip this section		
Employer Name:	Phone:	
Address:	<input type="checkbox"/> Full Time	
	<input type="checkbox"/> Part Time	
How many hours per week:	How many hours per day:	Rate of Pay:
Employer Name:	Phone:	
Address:	<input type="checkbox"/> Full Time	
	<input type="checkbox"/> Part Time	
How many hours per week:	How many hours per day:	Rate of Pay:

ASSET INFORMATION:			
<input type="checkbox"/> Savings Account	Bank Name:	Account #:	Value: \$
<input type="checkbox"/> Checking Account	Bank Name:	Account #:	Value: \$
<input type="checkbox"/> Burial Account	Bank Name:	Account #:	Value: \$
<input type="checkbox"/> Burial Plot	Plot Location:		
<input type="checkbox"/> Life Insurance	Ins. Company:	Policy #:	Value: \$

Questions? Please call 703-273-4590



NOVA Payee Services, Inc.

Policies and Procedures

I, _____, here by enter into this Agreement with NOVA Payee Services for the purpose of managing my finances as Representative Payee for my Social Security and/or SSI benefits. I have read (or had read to me) this Agreement and agree to the following terms and conditions.

1) My payee will disburse my funds following Social Security regulations and our agreed upon budget, paying **basic needs** (shelter, utilities, food, and medical) **first**, and other items (loans/credit cards, telephone, cable, and spending) second. All funds will be disbursed in check form.

2) If a need arises, the payee will complete a special request within **two business days**, unless it is an emergency. Emergency is defined as: death, rent deposit, lack of food. Other exceptions will be decided at the discretion of the payee as they arise. Requesting 'extra' money is not an emergency. Requests over \$100 require a detailed receipt for Social Security purposes. **Please allow 7-10 business days for US Postal Service delivery.**

3) You, the client have the right to receive a copy of your account register or benefits verification purposes only- we do not supply monthly statements per SSA policy nor furnish upon request for other than to verify income for other programs.

4) I understand that NOVA Payee Services must maintain a safe and courteous office/phone communication, and that to ensure such an environment, **NO violence, threats of violence, intoxication, drugs, alcohol, or profane language will be permitted** during phone communication at any time. I understand that if these standards are violated, NOVA Payee Services may return my funds to Social Security and refuse to serve further as my Payee without notice.

5) Questions and/or concerns can be directed to the Rep Payee during the hours of 9:00am-4pm Monday through Friday; response time will generally be within 1 business day. Please refrain from calling more than **once** a day.

6) The Representative Payee 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.

7) I agree to report promptly to my Payee any **changes of address, living arrangements, or earned income** (as required by Social Security regulation). Any changes that are effective on the 1st of the month must be reported by the 25th of the preceding month at the latest!

8) All bills must be sent directly to the Rep Payee. 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.

9) I understand that **any failure to abide** by the terms of this Agreement may result in the termination of the Agreement and the return of my funds to the Social Security Administration. I will then have to **find a new payee for my benefits.**

10) **I agree to give NOVA PAYEE SERVICES 30 days written notice if I decide to change payees or cease representative payee services. I will repay anything distributed to me in the event that I do not notify NPS and they distributed funds on my behalf. I understand that failure to repay funds will result in legal action.**

11) I agree to the monthly Payee **fee of \$57** for these services, as approved by the Social Security Administration. This fee for service is automatically debited monthly from my account. This fee for services authorizes NOVA Payee Services to make decisions and act on my behalf in accordance with SSA's guidelines and rules.

CLIENT SIGNATURE: _____ DATE: _____



NOVA Payee Services, Inc.

12587 Fair Lakes Circle #400 Fairfax, Va 22033
(T) 703-273-4590 – (F) 703-232-1777 – (E) info@novapayeeservices.com - (W) www.novapayeeservices.com

CONSENT TO RELEASE INFORMATION TO: Northern Virginia Representative Payee Services

I, _____ authorize

Name: _____

Agency/Organization: _____

Address: _____

Phone: _____ Email: _____

to share all documents and other information about me in his/her/it's possession or knowledge according to the following instructions:

I hereby give my consent to The Advocacy Alliance 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 The Advocacy Alliance Representative Payee Services to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Medicare/aid | <input type="checkbox"/> Current Monthly SSA/SSI |
| <input type="checkbox"/> Bank Account | <input type="checkbox"/> Burial Trust | <input type="checkbox"/> Creditors |
| <input type="checkbox"/> Wages/Employment Record | <input type="checkbox"/> Social History | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> Address/Living Arrangement | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other (explain below) |

I understand that I may cancel this authorization at any time by notifying the abovenamed individual or entity in writing of my decision. However, my cancellation will not apply to information that the individual or entity and Nova Payee Services (NPS) already shared before they received my written cancellation. This authorization will remain in effect until (1) I give written notice to the above named individual or entity that I am canceling my authorization, or (2) my file with NOVA Payee Services is closed. A photocopy of this authorization has the same power as the original.

Signature of Claimant or Legal Guardian

Date

NPS 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 **NOVA PAYEE SVCS ID 45 2848863** to be my representative payee.

My Right to Appeal

I have the right to appeal the SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I also have the right to appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in the file and submit new evidence.

Signature

Date

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 of Street, City, State and ZIP Code)

Address (Number of Street, City, State and ZIP Code)



NOVA Payee Services, Inc.

SSA Preference List

Once Social Security receives our application for representative payee services, they need to go through a preference list before they can select us as payee. I have listed Social Security's procedure preference list below. However, if you feel that our agency would be most suitable, you can complete the enclosed "Waiver of Preference" stating the circumstances. We will submit this to Social Security to speed up their selection process. Social Security generally takes 2-4 months to process applications without this preference waiver.

When Social Security determines that the beneficiary needs a representative payee, they select the best payee available from this list of preferred applicants in the order listed below:

1. A spouse, parent or other relative with custody or who shows strong concern;
2. A legal guardian/conservator with custody or who shows strong concern;
3. A friend with custody;
4. A public or nonprofit agency or institution;
5. A Federal or State institution;
6. A statutory guardian;
7. A voluntary conservator;
8. A private, for-profit institution with custody and is licensed under State law;
9. A friend without custody, but who shows strong concern for the beneficiary's well-being, including persons with power of attorney;
10. Anyone not listed above who is qualified and able to act as payee, and who is willing to do so;
11. An organization that charges a fee for its service.

***NOVA PAYEE SERVICES is an organization that charges a fee for its service.**

Please complete the next page, labeled "Waiver of Preference" and return with the application.



NOVA Payee Services, Inc.

Waiver of Preference

Date _____

I, _____, waive the order of preference as cited in POMS: GN 00502.105 "Payee Preference Lists". At this time I do not have anyone else on the preference list that would be suitable to act as my representative payee. I would like to choose NOVA PAYEE SERVICES to serve as my fee for service Representative Payee.

Signature _____ SSN: _____

Phone Number _____



NOVA Payee Services, Inc.

Did you remember?

- 1.) Complete the "Representative Payee Application" with completed sections notated as "(Required for Processing)", including the SSA-787 (if needed);
- 2.) Have current Representative Payee fill out the "Current Representative Payee Request of Termination";
- 3.) Read and understand the "Policies and Procedures" list;
- 4.) Sign and date the "Policy and Procedure Sign-Off Sheet";
- 5.) Sign the "Consent to Release Information";
- 6.) Read the SSA Preference List statement;
- 7.) Sign the "Waiver of Preference" statement

NOVA PAYEE SERVICES pledges to provide representative payee services with respect and care. We look forward to serving your financial needs. Please call with any questions or concerns.