

REFERRAL FORM**REPRESENTATIVE PAYEE SERVICES**
for
Lutheran Social Services of Southern California

Providers should use this form to refer consumers for enrollment in the program. Email the completed form to payeeservices@lsssc.org

The consumer below needs LSSSC to apply to become her/his/their payee.

* indicates REQUIRED information; failure to provide all information will result in delays in processing

Please complete the additional questions on page 2 to allow us to properly prioritize the case.

* Consumer Name: _____ * SSN: _____

Sex: ☐ M ☐ F ☐ Transgender * DOB: _____

Consumer Address: _____ ☐ Apartment
_____ ☐ Homeless
Consumer Phone#: _____ ☐ Hospitalized

I understand that information about my benefits and finances will have to be shared between LSSSC and my Servicing Agency, and I am in agreement with this.

Consumer Signature: _____

* Referring Agency: _____

* Team Member: _____ * Email: _____

Address: _____ Phone: _____

Information re: consumer's current benefits:

* Type of benefits: ☐ SSI ☐ SSDI ☐ VA Benefits ☐ Other: _____

Please provide additional details as to why Representative Payee Services is needed at this time:

Please use the pleal@lsssc.org email address to follow-up about space availability. At that time we will provide an overview of how the Rep Payee Program works and complete additional paperwork.

Consumer Name: _____

Please answer these questions to provide additional details that will help us prioritize our referral. Providing as much detail here as possible will help us to process your case in a more timely manner.

Additional Questions for Priority of Referrals:

1) Does the payee have a legal guardian? ☐ YES ☐ NO

If YES, please explain why the guardian cannot serve as the consumer's Payee as well?

2) Are benefits currently in pay? ☐ YES ☐ NO

Attach SSA Proof of Income or documentation of payments.

If not in pay, provide detailed explanation of why not:

3) Is there a payee currently on record? ☐ YES ☐ NO

If YES, who is the current payee and why is a change being sought at this time?

If NO, why is the consumer being referred for payee services at this time?

If consumer is currently being paid directly (no payee), then SSA will require Form SSA-787 to be completed by the psychiatrist or a treating physician to indicate that the consumer is not capable of managing his/her benefits independently at the current time. Please contact payeeservices@lsssc.org if you need a copy of the form.

4) Is the consumer willing and able to attend and enrollment meeting at Lutheran Social Services of Southern California (LSSSSC) and sign the enrollment paperwork to consent to LSSSC applying to be the payee?

☐ YES ☐ NO

If no, please comment on circumstances:

5) Provide **any other details** of the consumer's current living and financial situation that would help us to prioritize the referral. For example:

- If hospitalized: what is expected discharge date and plan?
- If mismanaging money: what is current impact? Please provide as much detail as possible.