



## Representative Payee Responsibility

Social Security Administration has appointed me, \_\_\_\_\_, to serve as the Representative Payee for \_\_\_\_\_. As Representative Payee, Social Security Administration is paying me the benefits due \_\_\_\_\_ that I administer on \_\_\_\_\_'s behalf for his/her use.

As the Representative Payee, I agree to pay any and all fees required by regulation of the Department of Health and Mental Hygiene, Developmental Disabilities Administration, for room and board as well as cost of care.

After payment, I agree to use the remaining funds from the benefit check(s) for the following uses which includes, but is not limited to:

- All medications, treatments, medical, dental and health services expenses not covered by insurance.
- Personal items such as hygiene/toiletries, haircuts, telephone, internet and cable services.
- Clothing expenses.
- Recreational expenses.

Payment for any of the above charges will be billed to me by The Chimes, Inc. on a monthly basis, by the 15th day of each month. Payment will be due within thirty (30) days of receipt of the statement.

Since Social Security requires an accounting for the benefits received on an annual basis, I agree to complete all forms in a timely manner as failure to comply may result in loss of benefits which puts \_\_\_\_\_ in jeopardy. I further agree to send copies of award letters from Social Security Administration and medical insurance cards I receive to Chimes for their records.

As Representative Payee, I understand that I have no legal authority to manage non-Social Security income or medical matters.

\_\_\_\_\_  
Representative Payee Date

\_\_\_\_\_  
Witness Date