

HOGUE & COMPANY REPRESENTATIVE PAYEE SERVICES
PO Box 100; Ironton, MN 56455
A 501(c)3 Non-Profit

Voluntary Consent/Authorization & Request for Change of Payee Application

Client Name: _____ **Social Security #:** _____

AUTHORIZATION

I, _____ hereby give **Hoge & Company** my authorization to file an application to be my payee. I understand this means that they will receive any SSI/SSA/etc. funds that I am eligible for. I understand that they will administer my benefits for me. I was referred to **Hoge & Company** by _____, who is my _____.

MY NEED FOR A PAYEE AND MY SELECTION FOR MY PAYEE

The Social Security Administration has determined that I need assistance in managing my benefits. This means that my benefits will be sent to a representative payee who is responsible for managing my benefits in my best interest. I choose to have **Hoge & Company** serve as my representative payee.

MY RIGHTS

1. I UNDERSTAND THAT I HAVE THE RIGHT TO APPEAL SOCIAL SECURITY'S DECISION AS TO WHO WILL BE MY REPRESENTATIVE PAYEE. I WILL CONTACT A SOCIAL SECURITY OFFICE IF I WANT TO APPEAL.
2. I UNDERSTAND THAT I HAVE THE RIGHT TO APPEAL THE DETERMINATION OF SOCIAL SECURITY THAT I NEED A PAYEE. IF I CHOOSE TO APPEAL, I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW THE INFORMATION IN MY FILE AND THAT I CAN SUBMIT NEW EVIDENCE FOR CONSIDERATION AND I MUST FILE MY APPEAL WITHIN 60 DAYS.
3. I UNDERSTAND THAT IF I DO NOT FILE MY APPEAL WITHIN 60 DAYS THAT I MUST HAVE A GOOD REASON FOR BEING LATE. I UNDERSTAND THAT I MUST APPEAL IN WRITING AND I WILL CONTACT A SOCIAL SECURITY OFFICE IF I WANT TO APPEAL.

(over)

CONSENT TO HOGE & COMPANY PROGRAM REQUIREMENTS

- A. I am aware that this is a voluntary program. I will remain on the Representative Program for at least six (6) months.
- B. I understand that as part of this program, I will work with my Hoge & Company Representative Payee contact to determine how my money will be spent.
- C. I understand that in order to provide this service to me, the Social Service Administration allows a Representative Payee to collect a fee for serving as my Representative Payee. This fee shall be deducted from my monthly income.
- D. Upon termination of my participation in the Representative Payee Program, I understand any balance in my account with Hoge & Company will be returned to the Social Security Administration for determination of continuing eligibility.

Signed,

Client

Date

Legal Representative (Guardian, Conservator, etc.)

Date