

# Representative Payee Payment Contract

I \_\_\_\_\_ have discussed my needs with Cache Integrity Services and I agree to have Cache Integrity Services serve as my representative payee for Social Security or SSI payments.

**I will:**

- Be clean and sober when I come to conduct business,
- Treat Staff with courtesy and respect,
- I acknowledge that Cache Integrity Services will charge a monthly service fee of \$45.00 if they receive a Social Security benefit on my behalf.
- It is my responsibility to provide a copy of my leasing agreement to Cache Integrity Services and to provide the payee with my monthly bills so that they can be paid in a timely manner.
- I must notify Cache Integrity Services immediately if I have a change of address, hospitalization, incarceration etc.
- Provide receipts when receive extra spending money
- Come to conduct business only on:  
Monday - Friday 10:00am-2:00pm
- I understand that if I fail to comply with these rules, Cache Integrity Services may refuse to continue to serve as my representative payee.

**Cache Integrity Services will:**

- Treat me with courtesy and respect
- Be available to meet with me:  
Monday - Friday 10:00am-2:00pm
- Use funds received on my behalf to meet my current needs for shelter, food, clothing and medical care
- Report to SSA any events that may affect my eligibility for payments or payment amount
- Account to SSA on how my money had been spent or saved
- Save any unspent funds saved for me (in the event of change in payee) or that were sent for my benefit but to which I am not entitled.

Beneficiary  
Signature\_\_\_\_\_

Date\_\_\_\_\_

CIS  
Signature\_\_\_\_\_

Date\_\_\_\_\_