

Exhibit 3 – Sample Contract for Payee and Beneficiary

REPRESENTATIVE PAYMENT CONTRACT

I [name of beneficiary] have discussed my needs with [name of organization representative] and I agree to have [name of organization] 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,
- Come to conduct business only on [days and hours organization has set up],
- Receive \$[amount] for spending money every [length of time] as agreed, S
- Sign a receipt when I receive my spending money.
- I understand that if I fail to comply with these rules, [Organization] may refuse to continue to serve as my representative payee.

[name of organization] will:

- Treat me with courtesy and respect;
- Be available on [days and hours organization has set up] to meet with me;
- 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 has been spent or saved;
- Save any unspent funds, if any, in a way that clearly shows the funds belong to me; and
- Return to SSA any funds saved for me (in the event of a change in payee) or that were sent for my benefit but to which I am not entitled.

Beneficiary

Signature _____ Date _____

Organization

Signature _____ Date _____