

RESOURCE OVERSIGHT & GUIDANCE SERVICES, INC.

A 501 (c) (3) Non-Profit Organization



ROG SERVICES

ORGANIZATIONAL REPRESENTATIVE PAYEE APPLICATION

Name:		SS#:		DOB:	
Address:		City:		State:	Zip:
Home Phone:			Cell Phone:		
Emergency Contact Name:			Emergency Contact Phone:		
Email Address:					
Place of Birth:			Mother's maiden name:		
Marital Status: S M D W			Employment Status: E U R D		
Living arrangement: Alone__ Relative__ Other__ B&C__ Nursing home__ public inst.__ private inst.__					
How long at current address:			Any expected changes:		
Landlord Information					
Name:			Phone #:		
Address:		City:	State:	Zip:	
Change of Payee Requested: Y N			If Yes, By Whom:		
Previous Payee Name:			Previous Payee Phone:		
Case Manager Name:			Case Manager Phone:		
Sources of Income: SSDI __ SSI__ Other __ (Explain):					
Amount of Monthly Income:					
Monthly Expenses					
Rent:			Transportation:		
Telephone:			Personal Funds:		
Electric/Gas:			Other:		
Cable:			Other:		
Internet:			Other:		
Insurance:			Other:		
Cell Phone:			Other:		
Court Appointed Legal Guardian: Y N					
Date of appointment:			Relationship:		
Name of Guardian:			Phone #:		
Address:					
Reason not able to handle own benefits:					
Additional information:					
Signature:			Date:		