



Potters House Community Development, Inc.

**P.O. Box 290446
Columbia, SC 29229
T: 803-206-8227
F: 803-939-2202**

RELEASE TO OBTAIN AND DISCLOSE INFORMATION

I/We, _____ authorize Potters House Community Development, Inc. to obtain and disclose pertinent information from my/our records to/from:

The purpose of my/our request is:

TO DISCLOSE INFORMATION ABOUT MY FINANCES

I/We authorize the release of information:

___ For one time only (within 90 days)

___ For up to one (1) year

___ For as long as Potters House Community Development, Inc. serves as my Representative Payee

I understand that my records are protected under Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent at any time, provide that action has not been taken in reliance upon this expiration date or upon release of the information. The nature of this consent form has been explained to me/us and I/we understand its contents.

Client Signature(s)

Date: _____

Date: _____

Other Signature _____

Date: _____

Relationship to Client(s) _____

Signature of Witness _____

Date: _____



Signature of Counselor _____

Date: _____

Potters House Community Development, Inc.

Representative Payee

Fact Sheet

Name _____ Social Security Number (SSN) ____-____-____

VA Claim Number _____

Address _____ Date of Birth _____

City, State, Zip Code _____

Telephone Number _____ Cell Phone Number _____

How Long at Current Address? _____ Name of Last Payee _____

Reason for changing Representative Payees _____

Are your basic living expenses being met now? ____ Yes ____ No

Referral Source	Marital Status	Race
<input type="checkbox"/> Friend/Family <input type="checkbox"/> Creditor <input type="checkbox"/> Internet <input type="checkbox"/> TV/Radio <input type="checkbox"/> Telephone Book	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian American <input type="checkbox"/> Latinx/Hispanic

How many children/dependents? _____ Do they live with you? ____ Yes ____ No

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____



Monthly Income (from all sources)

SSA	\$
SSI	\$
VA	\$
Other	\$
Total Income	\$

Potters House Community Development, Inc.

**P.O. Box 290446
Columbia, SC 29229**

PRIVACY POLICY

REPRESENTATIVE PAYEE SERVICES

Potters House Community Development, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “personal financial information”, such as your total debt information, income, living expenses, and personal information concerning your financial circumstances, will be provided to creditor and possibly others with your specific authorization. Without this authorization in writing, information about you or your finances **WILL NOT** be released.

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information, and designing future programs. In all other situations, our information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST or when our staff has been served with a valid subpoena.**

The following PRIVACY PRACTICES detail circumstances under which we will release your information to a third party:

1. We do not disclose any non-public personal information about our clients or former clients to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We restrict access to non-public personal information about you to those employees who need to know that information to provide services for you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.
5. We collect non-public personal information about you from the following sources:
 - a. Information we received from you on our applications or other forms you provide
 - b. Information about your transactions with us, your creditors, or others
6. We may disclose the following kind of non-public information about you:
 - a. Information we received from you on our applications or other forms, such as your name, address, social security number, assets, and income
 - b. Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage.



RELEASE:

I hereby authorize Potters House Community Development, Inc. to release all non-public information it obtains about me to (1) my creditors; and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session.

I further authorize all my creditors to provide non-public information about me to Potters House Community Development, Inc.

Client Signature

Date

Potters House Community Development, Inc.

P.O. Box 290446

Columbia, SC 29229

Contract for Representative Payee Clients

I have discussed my financial needs with my counselor at Potters House Community Development, Inc. I agree to have Potters House Community Development, Inc. serve as my representative payee for Veterans Benefits, Social Security and/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 when I have called and scheduled an appointment
- Receive \$_____ for my spending money _____ as agreed

In the event of a financial emergency, I will contact Potters House Community Development, Inc. and speak with my counselor about my emergency. I will provide receipts for anything that I have to purchase in the event of an emergency.

In the event that I choose to change my payee to someone else, then decide to return to Potters House Community Development, Inc. within a six (6) month period, I will pay a reinstatement fee of \$50.00 to Potters House Community Development, Inc. This money will be paid either upfront or out of my first Veterans, Social Security and/or SSI check that Potters House Community Development, Inc. receives.

I/We agree to the following monthly service charge as established by Social Security Administration, which currently is **\$48.00 per month**.

Potters House Community Development, Inc. will:

- Treat me with courtesy and respect
- Be available to meet with me at scheduled appointments
- Use funds received on my behalf to meet my current needs for basic living expenses

10/26/2021



- Report to Social Security Administration any events that may affect my eligibility for payment or payment amounts
- Account to Social Security any unspent funds, if any, in a way that clearly show the funds belong to me
- Return to Social Security any funds that have been saved for me (in the event of a change in representative payee) or that were sent for my benefit, but for which I am not entitled

Beneficiary Signature _____ Date _____

Rep. Payee Signature _____ Date _____

Advance Notification of Representative Payment

Name of Wage Earner, Self Employed Person of SSI Claimant

____-____-____
Social Security Number

Name of Beneficiary (if other than above)

Relationship to Wage
Earner, Self Employed
Person of SSI Claimant

I understand, and agree with the following:

Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits in my best interest.

Choice of Representative Payee

SSA has selected Potters House Community Development, Inc. to be my representative payee.

My Right to Appeal

I have the right to appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I also have the right to appeal the decision that I need a payee. IF I appeal, I will have the right to review the evidence in the file and submit new evidence.



Signature

Date

Witnesses are required to sign only if this statement has been signed by an "X" mark above. Two witnesses who know the person marking the statement with an "X" must sign below, providing their full name(s), address(es), and phone number(s).

Witness Signature

Date

Number, Street, City, State, Zip Code

Phone

Witness Signature

Date

Number, Street, City, State, Zip Code

Phone