



The Organizer II, Inc.

Private Fiduciary / Representative Payee

Serving both San Diego and Riverside county

MAILING ADDRESS

31805 Temecula Parkway, Suite 380
Temecula, CA 92592

PHONE: (760) 734-3769

FAX: (760) 734-1142

EMAIL: info@theorganizer2.com

WEB: www.theorganizer2.com

Instructions on filling out New Representative Payee Form

Please fill out **ALL** applicable pages of this packet. Social Security requires all original documentation. **PLEASE USE BLUE INK AND MAIL ALL ORIGINAL DOCUMENTATION WITH ORGINAL DOCTOR LETTER TO OUR MAILING ADDRESS.**

- New Client Information Sheet
- Representative Payee/Client Contract.
- Homeless Application Information sheet. (If applicable)
- Request & Authorization for Release of Information. (Form ROI)
- Identifying Information
- Letters & Orders from Conservators Office (If applicable)
 - If the Client is conserved the above document must be signed by the Public Conservators Office.
- Copy of current Identification Card.

If someone you know is in need of a Representative Payee please have them call us at the phone number above.

If you have any questions, please call our office.



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NEW CLIENT INFORMATION SHEET

General Information

Full Name: _____ Date: _____
Last First M.I.
Current Address: _____
Street Address Apartment/Unit #
City State ZIP Code
Phone #: _____ Email _____
Social Security No: _____ Date of Birth: _____

Are you married? YES ☐ NO ☐ Do you have your own bank account? YES ☐ NO ☐
Do you own a car? YES ☐ NO ☐

SOURCE OF INCOME

SSI: \$ _____ SSA: \$ _____ Pension/VA/Other: \$ _____

LIVING SITUATION (Check One)

Independent ☐ Skilled Nursing ☐ License Board & Care ☐ Homeless/Shelter (See Attached Sheet) ☐

Rental Information

Landlord and Company Name: _____ License # _____
Address: _____
Street Address Apartment/Unit #
City State ZIP Code
Phone: _____ Amount of Rent Paid: \$ _____

Current Payee Status

Do you currently have a payee? YES ☐ NO ☐
Name: _____ Phone #: _____
Relationship: _____

Case Manager/ Social Worker Information

Do you currently have a Social Worker or Case Manager? YES ☐ NO ☐
If yes, what is their name: _____ Phone #: _____



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REPRESENTATIVE PAYEE/CLIENT CONTRACT

I, _____ have discussed my needs with **The Organizer II, Inc.** and I agree to have **The Organizer II, Inc.** serve as my organizational representative payee for my **Social Security benefits**. I understand there is a monthly fee for services regulated by **Social Security Administration**.

I will do the following:

I will be clean and sober when I conduct business by phone and in person.

I will treat the staff at **The Organizer II, Inc.** with courtesy and respect.

I must set up an appointment to conduct business in person.

The two methods I can receive personal spending funds are by a prepaid debit card or check.

I give permission to **The Organizer II, Inc.** to deposit checks payable to me in my account on my behalf and utilize in my best interest.

Your funds we receive on your behalf are used for your needs. This includes food, housing, clothing, medical care and personal items.

You must report any changes or events to Social Security Administration and **The Organizer II, Inc.** that may affect your eligibility or change your benefits with **Social Security**.

All reports requested from **Social Security Administration** must be answered in full.

I understand that if I fail to comply with these rules, **The Organizer II, Inc.** may request **Social Security Administration** to no longer be my representative payee.

Beneficiary Signature: _____ Date: _____

Organization Signature: _____ Date: _____



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Homeless Application

My name is _____ Social Security # _____

Date of Birth: _____ Place of Birth: _____

I would like my weekly / monthly money to be sent to (**select only one**) of the following for me to pick up.

	Brother Benos Foundation 3260 Production Ave. Oceanside, CA 92058	PHONE: (760) 439-1244
	Father Joe's Village 3350 E Street San Diego, CA 92101	PHONE: (619) 446-2100
	Interfaith Community Services 550 W Washington Ave. Escondido, CA 92025	PHONE: (760) 504-9420
	Neil Good Day Center 299 17th Street San Diego, CA 92025	PHONE: (619) 230-7390
	Rachels Women Center 759 Eight Ave. San Diego, CA 92101	PHONE: (619) 696-0873
	Uptown Faith Community Center 3725 30th St San Diego, CA 92104	PHONE: (619) 281-8411
	OTHER: Relative, PO Box, Etc.	

Contact phone number for you:	Relationship?
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Case Manager: _____ Phone: _____

NOTES:



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Request & Authorization for Release of Information

I _____ request and authorize **The Organizer II, Inc.** Representative Payee Service and / or any of its authorized representatives, to act on my behalf as advocates. I agree that the information gathered may be shared with resource agencies, medical professionals, and caregivers for my continuing well being.

Additionally, **The Organizer II, Inc.** or it's representatives may discuss, and / or make financial decision or monthly payment obligation on my behalf.

I waive any and all claims which may arise from my participation as a client and release and hold harmless **The Organizer II, Inc.** and its representatives.

Signature

Date



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Identifying Information.

Per Social Security guidelines we must have the following identifying information to prevent fraud on your account.

Please help us by getting the information back to us. And thank you for your prompt attention to this very important matter.

Client Name: _____ **Date:** _____

The city where you were born: _____

The state where you were born: _____

Mother's **FULL** name _____

Mother's **FULL** Maiden Name _____

Father's **FULL** Name: _____

Client's signature: _____

Date: _____



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REPRESENTATIVE PAYEE/CLIENT CONTRACT

I, _____ have discussed my needs with **The Organizer I, Inc.** and I agree to have **The Organizer II, Inc.** serve as my organization representative payee for my **Social Security benefits**. I understand there is a monthly fee for services annually my **Social Security Administration**.

I will do the following:

I will be clean and sober when I conduct business by phone and in person.

I will treat the staff at **The Organizer II, Inc.** with courtesy and respect.

I must set up an appointment to conduct business in person.

The methods that I can receive personal spending funding are by either a prepaid debit card or check.

I give my permission to **The Organizer II, Inc.** will deposit any checks payable to me into my trust account on my behalf and utilize in my best interest.

The Organizer II, Inc. will treat me with respect, courtesy and dignity.

Your funds we receive on your behalf are always used to fill your needs for food, housing, clothing, medical care and personal comfort items.

You must report any changes or events to Social Security Administration and **The Organizer II, Inc.** that may affect your eligibility or change of amount of payment from **Social Security Administration**.

All request reports from **Social Security Administration** must be answered including money that has been saved.

The Organizer II, Inc. will return any funds to Social Security Administration for example, like change of payee.

I understand that if I fail to comply with these rules, **The Organizer II, Inc.** may request **Social Security Administration** to be remove as my representative payee.

Beneficiary Signature: _____ Date: _____

Organization Signature: _____ Date: _____