REFERRAL FORM
for
REPRESENTATIVE PAYEE SERVICES
at
BREAD FOR THE CITY

Bread for the City has been contracted by the DC Department of Behavioral Health *to provide organizational payee services to DBH consumers in collaboration with the mental health providers at the consumer's DBH Provider. DBH providers should use this form to refer consumers for enrollment in the program.*

The consumer below needs Bread for the City to apply to become her/his/their payee.
*** Some fields are marked as required, but provider should complete ALL information on both sides of the form. The more information you are able to provide the better we will be able to prioritize the case.**

*** Consumer Name**: _____ *** SSN**: _____

*** Credible ID#:** _____ *** DOB**: _____

Consumer Address: _____ **Current Living Situation:**
_____ ☐ Hospitalized ☐ CRF
_____ ☐ Homeless ☐ Other in community

*** Type of benefits:** ☐ SSI ☐ SSDI ☐ OPM/Civil Service ☐ Other: _____

Gender: ☐ M ☐ F ☐ Transgender

Race: ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian/Other Pacific Islander ☐ Other ☐ American Indian/Alaska Native ☐ More than one ☐ Refused

Language: ☐ English ☐ Other:

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Refused

I understand that information about my benefits and finances will have to be shared between Bread for the City and my DBH provider agency, and I am in agreement with this.

Consumer Signature: _____

*** Referring DBH Provider Agency/Team:** _____

*** Clinical Team Member:** _____ *** Email:** _____

Agency Address: _____ **Phone:** _____

Provider Type: ☐ ACT ☐ FACT ☐ Community Support ☐ Health Homes ☐ Other: _____

*** Why is this consumer being referred to BFC for payee services at this time?**

The DBH contracted provider making this referral understands the need for ongoing support of the consumer and collaboration with BFC staff to maintain the consumer's enrollment in the Payee Program.

*** Clinical Team Signature:** _____ **Date:** _____

DO NOT SEND IN REFERRAL WITHOUT PAGE 2 & SUPPORTING DOCUMENTS

Please send all communication to **RPPrefer@breadforthecity.org** *for follow-up about space availability and to schedule an enrollment meeting for the consumer and Community Support Worker at Bread for the City.*

(Rev. 9/2018)

 Consumer Name: _____

You must answer each question below so that we can prioritize your referral. Space in the program is limited and providing as much detail here as possible will help us to process your case in a timelier manner.

1) Does the payee have a legal guardian? ☐ YES ☐ NO

If YES, please explain why the guardian cannot serve as the consumer's payee as well. We do not enroll consumers with attorney guardians as that individual should be able to serve as payee:

2) Are benefits currently in pay? ☐ YES ☐ NO

Attach SSA Proof of Income or documentation of OPM Civil Service payments for all referrals.

If NO, provide detailed explanation of why not:

3) Is the consumer currently being paid directly? ☐ YES ☐ NO

If NO, who is the current payee and why is a change being sought at this time?

Attach Form SSA-787 Physician's/Medical Officer's Statement of Patient's Capability for all referrals.

4) Is the consumer willing and able to attend an enrollment meeting at Bread for the City and sign the enrollment paperwork to consent to Bread for the City applying to be the payee? ☐ YES ☐ NO

If NO, please comment on circumstances:

5) Please check any of the following common situations that apply to this referral:

- ☐ SSA is requiring the consumer to have a Rep Payee on record before releasing benefits
- ☐ Consumer is seeking a new placement in a CRF/SR/SRR (or has very recently moved in)
- ☐ Consumer is behind on rent or utilities and has been seeking emergency assistance/ERAP
- ☐ Consumer is currently institutionalized and seeking a payee to manage benefits upon release

6) Provide **any other details** of the consumer's current living and financial situation that would help us to prioritize the referral. *For example: if hospitalized: what is expected discharge date and plan? If mismanaging money: what is current impact?*

Attach any additional information that documents consumer's current situation and need for a payee. Depending on the consumer's situation this might include a St. Elizabeths Face Sheet, proof of LOCC, court notices, SSA notices, etc.

* Every referral must include:

☐ **Proof of Benefits**

☐ **Form SSA-787 Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits**

To follow-up on the referral or provide additional information, email **RPPrefer@breadforthecity.org**