



FOOD
CLOTHING
MEDICAL
services
LEGAL
services
SOCIAL
services
ADVOCACY
DIGNITY
RESPECT
SERVICE
JUSTICE

Rep Payee Program Enrollment

In order to refer your client to the Bread for the City Representative Payee Program, please confirm the following:

- I am a CSW from a DBH CSA (only DBH CSAs can make referrals)
- My client is receiving SSI and/or SSDI or Office of Personnel (OPM) benefits
- My client's doctor believes that my client needs a payee
- I have completed the online referral form

After confirming the above, please complete the following forms and, when complete, scan the entire packet and email it to RPPrefer@BreadfortheCity.org. Do not send pictures of forms. Incomplete packets will not be processed. Once we receive the completed packet, we will email you to schedule an enrollment meeting with you and your client.

DONE	Form / Purpose
	Basic Information Form – CSW please fill in as completely as possible based on your knowledge of the consumer, your case records, and questions to the consumer. Detailed and accurate information must be provided here to make sure the consumer is getting the right benefits and is not over or under paid due to eligibility issues.
	Next of Kin Form – Provide name & contact info for outreach in the event of a consumer's passing. This is not a release of information. It is to be used only if the consumer has passed away. Please review with consumer. You can document their verbal consent in lieu of a signature.
	Release Statement – Informs the consumer that we will be collaborating closely with the treatment team and all DBH providers to provide payee services and as such we expect to exchange information openly between parties. This collaboration allows us to make sure that benefit eligibility is maintained and needs are being met. Please review with consumer. You can document their verbal consent in lieu of a signature.

(continued on p2)

SOUTHEAST CENTER

1700 Good Hope Road, SE
Washington, DC 20020
phone: (202) 561-8597
fax: (202) 587-0537

NORTHWEST CENTER

1525 Seventh Street, NW
Washington, DC 20001
phone: (202) 265-2400
fax: (202) 518-0545

www.breadforthecity.org
info@breadforthecity.org
UW# 8219 CFC# 61733



@BreadfortheCity

	<p>Contract for Payee Services – Review with the consumer along with the Program Guide to explain the consumer's rights & responsibilities in the payee program and what services Bread for the City will provide. Please review with consumer and document their verbal consent in lieu of a signature. The CSW signature acknowledges the treatment team's participation in services and your agreement to report changes and to complete requested documents including budgets in order to allow BFC to provide payee services to consumer—see also CSW Handout.</p>
	<p>SSA-4164 Advanced Notification of Representative Payment – By signing this form the consumer is showing SSA that he/she is aware and agrees that Bread for the City is applying to be his/her Representative Payee. This is the form that we DO need the consumer's signature on in order to show their consent. If not able to obtain signature please provide a phone number where SSA can contact the consumer to receive verbal attestation of consent.</p>
	<p>Photo ID – if available please forward a scan or photograph of the consumer's Photo ID for Bread for the City's records.</p>
	<p>Form SSA-787 Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits -- Please make sure that consumer's full name, DOB, and SSN are filled in on this form. Download the 787: https://www.reginfo.gov/public/do/DownloadDocument?objectID=60188400</p>
	<p>Proof of Benefits - documentation of current SSI/SSDI/Civil Service benefits. These documents are required in order to complete the referral and before enrollment will be considered. During the current public health emergency SSA beneficiaries should be able to obtain this information by calling their local SSA office and requesting that the document be faxed or mailed.</p>

If you have questions while completing any forms please reach out via RPPrefer@breadforthecity.org.



Bread for the City
Representative Payee Program
Basic Information Form

Client Name: _____ Referral Date: _____

SSN: _____ Enrollment: _____

DOB: _____ DMH ID #: _____

Mailing Address: _____ Residential Address: _____

Are these the addresses currently on file at SSA? ☐ Yes ☐ No

Home Phone: _____ Work Phone: _____ Other Phone: _____

OK to leave a message? H: ☐ Yes ☐ No W: ☐ Yes ☐ No O: ☐ Yes ☐ No

CSW/Treatment Team Primary POC: _____ Cell: _____

Agency/Team: _____ E-Mail: _____

Clinical Supervisor Name: _____ E-Mail: _____

☐ ACT ☐ CST ☐ Other: _____

If being enrolled at SEH, please provide both Hospital worker and community provider info at end of form.

Place of Birth: _____ Mother's Maiden Name: _____

Describe Living Situation (check any that apply): ☐ own ☐ rent ☐ subsidy/voucher

☐ apartment ☐ CRF ☐ room ☐ house ☐ shelter ☐ transitional program ☐ hospital

Move in date at current location: _____ Rent/Mortgage \$ _____

Household Composition: List all individuals living w/the consumer.
N/A if CRF or group home where tenants have individual contracts.

Name: _____ Relationship: _____

Add other in remarks if needed.

Paid to:

☐ utilities included

Consumer pays: ☐ gas ☐ electric

☐ water ☐ cable ☐ phone ☐ cell

☐ other:

If other living situation, please describe in remarks.

Does consumer plan to move within the next year? ☐ YES ☐ NO

Marital Status: _____

Type(s) of Medical Insurance: ☐Medicaid ☐Medicare ☐Private Insurance

List ALL Income: (SSI/SSDI/Pensions/Annuities/Civil Service/VA/etc) **include all household members**

Source:	Amount:	Info/Comments:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does anyone help pay for food or living expenses? ☐ YES ☐ NO If yes, explain: _____

Is the Consumer Employed? ☐ YES ☐ NO If yes, please provide information below:

Employer: _____

Address: _____

Hours: _____ **Gross Monthly Earnings:** _____

Comments: _____

Has the consumer worked in the past two years? Do they plan to work in the next year?

If yes, explain: _____

In the past two years, has the consumer spent a full calendar month in a hospital, nursing home, correctional facility, or other institution? If yes, explain: _____

Has the consumer recently traveled outside the U.S.? ☐ YES ☐ NO

Within two years, has the consumer been charged or convicted of a felony? ☐ YES ☐ NO

Been subject to parole or probation? ☐ YES ☐ NO

Does the consumer have a court appointed Legal Guardian? ☐ YES ☐ NO If yes, please provide:

Name: _____ **Phone:** _____

Address: _____ **Title:** _____

Date of Appointment: _____ **Circumstances of Appointment:** _____

Does the Consumer have a bank account, investments or other savings? ☐ YES ☐ NO

If yes, please provide details: _____

Does consumer have any life insurance, burial savings, pre-paid burial? ☐ YES ☐ NO

If yes, please provide details: _____

Does consumer own a vehicle, real estate, or any valuable property? ☐ YES ☐ NO

If yes, please provide details: _____

Current Payee: (who, since when, relationship, etc) _____

Why is beneficiary being referred for payee services at BFC now? _____

How are payee services part of consumer's current treatment plan? _____

What strengths can be identified with regards to consumer's financial situation, money management skills, benefits? _____

What growth areas can be identified? _____

Please provide any other information re: consumer's mental or physical health, treatment or personal situation that might provide BFC staff with insights into how best to serve as the consumer's payee and/or forward a psychosocial assessment for our records:

REMARKS: use this space or additional pages to provide additional info on an previous question

Print name of person completing this form: _____



**Bread for the City
Representative Payee Program**

Next of Kin

The Bread for the City Representative Payee Program will use the information provided below in the event of the consumer's death to administer any funds remaining in his/her account.

Consumer Name: _____ **SSN:** _____

Do you have a will? ☐ YES ☐ NO

If you have a will, we suggest that you inform the Next of Kin listed below about how they can find a copy of your will in the event of your passing.

Next of Kin – Primary Contact:

Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Other Phone:** _____

Next of Kin – Secondary Contact: (to be used if we are unable to reach your primary contact)

Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Other Phone:** _____

☐ I have no Next of Kin _____ ◀If checked please initial here.

Consumer's Signature: _____ **Date:** _____

Please inform Bread for the City of any changes to the information provided here, including any changes to the contact information for your Next of Kin. Bread for the City will ask you to review this information annually to make sure that we are aware of any changes.



Bread for the City
Representative Payee Program

STATEMENT REGARDING
RELEASE OF INFORMATION

CONSUMER NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

As a client of Bread for the City's Representative Payee Program, I understand that the staff of the Bread for the City will do every thing possible to maintain the information in my record private and confidential, as required by the DC Mental Health Information Act and under HIPAA.

Also, I have been informed that the staff of Bread for the City will exchange information with members of my Clinical Team and providers working for and contracted to the DC Department of Behavioral Health. This includes the providers who have referred me to Bread for the City for Representative Payee Services and future providers if I change provider agencies. This exchange of information is necessary and allowable in order for Bread for the City to provide me with Representative Payee services under the contract of the Department of Behavioral Health.

In order to follow-up on payments made from my account, I also consent for Bread for the City to contact, request, receive and exchange any information from any and all landlords, mortgage companies, utilities, and other accounts or lenders related to accounts included on my personal budget for the duration of my participation in our program.

Finally, as my Representative Payee, Bread for the City is responsible for regularly reporting information to the agency, which provides my benefits. This communication makes sure that I am being paid the correct amount of benefits and that my eligibility is maintained according to changes in my personal situation. I understand that Bread for the City will be regularly exchanging information relating to my benefits with the following agency:

- ☐ Social Security Administration
- ☐ Office of Personnel Management
- ☐ Other: _____

SIGNATURE: _____ DATE: _____



**Bread for the City—Representative Payee Program
Contract for Representative Payee Services**

Consumer Name: _____ SSN: _____

This is an agreement between Bread for the City and the above named consumer. In order for Bread for the City to provide Representative Payee services the consumer agrees to the following:

1. To work on the on-going goal of maintaining a stable living situation by keeping-up with his/her mental health treatment, medical care, and, if applicable, substance abuse treatment as recommended by the providers of these services;
2. To meet regularly with members of his/her Clinical Team at a Department of Behavioral Health Core Service Agency and participate in work around budgeting and around creating and modifying the Budget & Spending Plan at these meetings;
3. To comply with this contract and with the Consumer Rights & Responsibilities (provided separately).

If the consumer participates in the payee relationship as described above, Bread for the City will:

1. Submit the necessary paperwork to the Social Security Administration(or Office of Personnel Management, as applicable) to become the consumer's Representative Payee;
2. Receive the consumer's monthly check and deposit the funds into a designated bank account, and maintain an individual accounting of the consumer's funds;
3. Work in cooperation with the consumer and his/her Clinical Team to establish a Budget & Spending Plan that will guide spending of the consumer's funds;
4. Write checks for the consumer's expenses from the consumer's funds according to the Budget & Spending Plan and in response to special requests from the Clinical Team.
5. Provide a monthly statement to the consumer showing how his/her money is spent.
6. Comply with annual reporting requirements of the Social Security Administration (or Office of Personnel Management, as applicable).

To assist the consumer in maintaining a stable living situation and to comply with requirements of the Social Security Administration (or Office of Personnel Management, as applicable), the consumer's funds will be managed according to the following guidelines:

1. The consumer's money will be used first to cover essential expenses such as rent, utilities, food, and transportation.
2. After essential expenses are paid the consumer and the Clinical Team will work together to plan for other spending or saving of the consumer's money.
3. Through the case management relationship the consumer and the Clinical Team will work towards a goal of increasing the consumer's level of responsibility and independence in managing his/her own funds.

Unless otherwise recommended by the Clinical Team, this contract will be initiated at the enrollment meeting held between the consumer, a member of the Clinical Team, and a staff member of the Bread for the City Representative Payee Program. Representative Payee Services will continue as needed. The need for continued services will be reviewed periodically by Bread for the City and should be reviewed by the consumer and the Clinical Team as part of the consumer's IRP review process.

The consumer may terminate Representative Payee services with Bread for the City at any time and can select a new payee with the approval of the Social Security Administration (or Office of Personnel Management, as applicable). Consumers are encouraged to speak with their Clinical Team before changing their payee, and the consumer is asked to keep in mind that he/she will need to identify another payee in order to receive funds.

Bread for the City may also terminate services and withdraw as the consumer's Representative Payee if he/she does not comply with this contract or if he/she is disenrolled from services by the DC Department of Behavioral Health and its Core Service Agencies. If Bread for the City wishes to terminate services, we will inform both the consumer and the Clinical Team and attempt to arrange a face-to-face meeting. At the meeting the consumer will be given a 60-Day Notice to Terminate Representative Payee Services and will be asked to identify a new payee during that time period. If no meeting is possible the termination notice will be mailed to the consumer.

All consumers will receive a Representative Payee Program Guide with further details of how the payee relationship works, what rights and responsibilities the consumer has, and how consumers can express grievances concerning Bread for the City.

All parties have reviewed this contract, and have had the opportunity to ask all questions.

Consumer's Signature

Date

Clinical Team Member's Signature

Date

Bread for the City Staff Signature

Date

Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or
SSI Claimant

Social Security Number

Name of Beneficiary (if other than above)

Relationship to Wage
Earner, Self-Employed
Person or 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 for my best interests.

Choice of Representative Payee

SSA has selected BREAD FOR THE CITY to be my representative payee.

My Right to Appeal

I understand that 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 can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else to help me.

I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

Signature

Date

Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

Address (Number and Street, City, State, and ZIP Code)



DBH / BFC

Representative Payee Program

Information for CSA Community Support Workers

Bread for the City (BFC) is the organizational payee contracted to provide representative payee services to DBH consumers. Community Support Workers at the any DBH Core Service Agency can refer a consumer to the Representative Payee Program (RPP). The referral begins collaboration between the Core Service Agency and BFC to assist consumers in maintaining benefit eligibility and managing funds. Please see the Bread for the City website www.BreadForTheCity.org for further details and links to our forms.

Referral & Enrollment

Referral & Enrollment in the Rep Payee Program is a multi-step process – when you submit the referral form your consumer is not yet enrolled in the program.

1. Complete a referral form with as much detail as possible - the form is available online at <https://breadforthecity.org/social-services/#representative-payee-program>
2. Email SSA-787, proof of income, and enrollment packet to RPPrefer@breadforthecity.org
3. We will reach out to schedule an enrollment meeting for you and the consumer to meet with a BFC RPP Coordinator.
4. At the enrollment meeting:
 - Review consumer rights & responsibilities
 - Review the roles of the CSA Community Support Worker & the RPP Staff
 - Review and sign an RPP contract
 - Review and sign SSA paperwork to select BFC as payee
 - Begin discussing Budget & Spending Plan
5. BFC will submit application to the Social Security Administration at our next regular appointment.
6. Most common reasons for delays: Incomplete enrollment forms /missed enrollment appointments at BFC/ benefit eligibility issues → might require additional forms.

Budgeting

Consumers' monthly expenses are paid on the basis of the **Budget and Spending Plan**, which lists all recurring payments – rent, utility bills, insurance premiums or medication co-pays, spending money, etc – that will be issued within each calendar month.

1. CSA Community Support Worker updates the Budget & Spending Plan **every 180 days** or more often if needed (any time consumer moves, rent payment changes, or other financial needs change).
2. Please inform BFC of needed changes ASAP – for example, if you anticipate that your consumer will be moving on the first of the month ask us to STOP or HOLD rent to the current landlord BEFORE the first of the month.
3. Consider the effect that a 5th weekly check or other variable expenses such as utility bills will have on your consumer's budget.
4. BFC RPP staff can provide budgeting assistance to Community Support Workers and consumers.

Moves & Changes in Living Situation

All moves should be reported to BFC immediately by completing the Change of Address Form available on our website. This form must include complete details including the date of the move, residential address, mailing address, and landlord information if any. Also use the form to document admissions to/discharge from the hospital, confinement/release from incarceration, and the date a consumer becomes homeless. This form must be provided before rent can be paid to a new landlord. Also provide additional documentation as required by the specific situation, including:

- Hospital discharge paperwork
- Proof of release from incarceration
- Lease or other rental agreement
- CRF/OSP verification via DBH/DHCF

Additional Requests for Funds

1. Consumers will need to make all requests for additional funds outside of their regular Budget & Spending Plan through a CSA clinical team member.
2. If a consumer requests money for a special expense that you believe to be an appropriate use of funds and which fits into the consumer's budget, you can submit a request for an additional disbursement using the form provided on our website.
3. The BFC Coordinator and/or Accounting Coordinator will review the request to be sure that the consumer has funds available and will process the request.
4. If funds are not available, BFC staff will contact the CSA team member by telephone.
5. Checks for additional funds will be available within 48 hours of the request.
6. **Up to two (2)** additional requests will be allowed per calendar month for special circumstances. These include: birthdays, holidays, clothing, major items (TV, radio, etc) as well as additional requests paid to vendors (commercial entities) for services rendered/goods received. *Spending money, personal needs, and personal expenses* are not considered special circumstances. If your consumer is in need of additional spending money during the month, please review their budget with them for appropriateness.
 - **Additional Disbursement Request Form (ADRF)** must be submitted to BFC with a clear description of the expense and include all of the signatures required from CSA team.
 - If applicable, attach supporting documentation such as: vendor invoices for payment, utility bills, rental verification, etc.
 - All relevant details (account number, vendor address, etc) should be provided on the ADRF ***and ADRF must include signature of Immediate Supervisor*** .
7. Other **emergency** requests will be considered on an individual basis and are not limited through the month but must follow the same submission guidelines as outlined above.
8. ADRF checks paid in the name of a **CSA staff member in any amount, or to the consumer or third party for checks \$250.00 or more** must include the signature of the Immediate Supervisor **and the Senior Administrator or his/her designee**.
 - These ADRF must include:
 - An invoice or estimate for future purchase from vendor
 - Or detailed description and cost estimate of items to be purchased
 - And (if applicable) statement from 3rd party re: intended use of funds and promise to return receipts.
 - Checks must be picked-up by or mailed to the Community Support Worker who will also receive a Receipts Tracker Form and will be responsible for the mandatory submission of receipts to BFC.
 - If receipts cannot be provided, a written statement detailing the use of the funds and lack of receipts must be provided. **This statement must include the signature of the Immediate Supervisor and the Senior Administrator or his/her designee.**
9. **Rent Payments:** All **new** rent payments should be verified by the CSW and supervisor, including input from the consumer for validity of address, landlord, and amount of rent.
 - Along with any ADRF or budget plan that requests a rent payment or security deposit that has never been made by BFC on consumer's behalf previously, the CSW must submit:
 - A **Change of Address Form** that provides complete details of the address, move-in date, living situation, and contact information for the landlord including phone number.
 - If available, a copy of the lease, CRF contract, or other documentation of the rental agreement.
 - All ADRFs for rent payments and security deposits and 90 Day Budgets must be signed by the CSW and **Immediate Clinical Supervisor**.

- CSWs must report to Bread for the City immediately in writing if the consumer did not move into the property on the move-in date as anticipated.
- CSWs must report to Bread for the City immediately in writing when the consumer moves out.

Maintaining Benefit Eligibility

The CSA Case Managers' collaboration is essential in maintaining consumers' eligibility for benefits. We need your assistance in reporting changes that impact benefit eligibility and in responding to SSA requests for information to prove continued eligibility.

1. Report any changes (see below) as soon as they occur and with complete details – BFC's Benefits Supervisor meets with SSA weekly to report information. Timely reporting reduces overpayments and ensures that consumers are paid all benefits they are eligible for.
2. Periodically BFC will ask you to assist us in completing paperwork to prove continued eligibility for benefits – this includes information re: living arrangements, financial eligibility, and legal involvement as well as medical information. By responding to these requests in a timely manner and with maximum attention to detail we will avoid any interruption of benefits.
3. This is particularly important for SSI recipients as the eligibility rules are very stringent!

THESE CHANGES MUST BE REPORTED IMMEDIATELY:

1. Moves or address changes
2. Changes in household composition such as marriage or separation from a spouse, anyone moving into or out of the household, etc.
3. Work activity – providing pay stubs regularly greatly reduces overpayments
4. Consumer begins receiving any other income, the amount of other income changes, or the consumer receives other funds or items of value that can count as resources
5. Consumer plans to leave Washington, DC for 30 days or more
6. Consumer is imprisoned for a crime, is court ordered to St. Elizabeth's, or enters a court ordered drug treatment program
7. Consumer enters a hospital, nursing home, or other medical facility
8. Any other changes to the consumer's situation that might impact his/her benefits

Transfer or Discharge

Please notify the Rep Payee Program immediately if you are planning to discharge a consumer or he/she is transferred to a new CSA Case Manager or team.

1. If you are receiving phone calls or statements for consumers who are no longer on your caseload, please inform us so that we can update our records.
2. We provide payee services to DBH consumers – if a consumer changes teams or CSAs we will continue to provide payee services. Please inform us of changes or ask the new Case Manager to contact us.
3. Consumers who are discharged from DBH are no longer eligible for the Rep Payee Program.
 - Please inform BFC **immediately** if you are beginning the process of disenrolling a consumer who is no longer actively engaged in treatment.
 - Planning for a new representative payee must be part of the discharge process – please inform Bread for the City of a planned discharge (such as due to nursing home placement or move out of state) and we will work together to make sure that other payeeship arrangements can be put into place for the consumer.

RPP Hours

NW Center Check Pick-Up Hours

Monday – Thursday	8:30 am to 4:30 pm
Fridays	8:30 am to 12 noon

Bread for the City is closed on **DC Government Holidays** and follows the **Federal Government** in closing for inclement weather.

RPP Staff

RPP Program Main Line **202-386-7016**

RPP Coordinators

Each of our RPP Coordinators has been assigned to cover particular partner agencies. Please call our main # 202-386-7016 if you are not sure which RPP Coordinator you should contact.

RPP staff	Email Address	Phone
Johnnie Brooks	jbrooks@breadforthecity.org	202-386-7021
Dwaynae Jordan	djordan@breadforthecity.org	202-301-1691
Justin May	jmay@breadforthecity.org	202-386-7615
Kurtisa Pratt	kpratt@breadforthecity.org	202-480-8959

RPP Benefits Supervisor: Lauren Taylor ltaylor@breadforthecity.org 202-386-7619

RPP Benefits Assistant: Kesara Brewster kbrewster@breadforthecity.org 202-386-7089

RPP Program Manager: Robyn Dudley rdudley@breadforthecity.org 202-386-7083

RPP Program FAX

202-265-1970

This number sends all documents directly to into our electronic medical records system; for ease of processing, please include info for only **one consumer** per fax.

For information about all of Bread for the City's services, please also consult our website at www.BreadForTheCity.org.



Bread for the City Representative Payee Program Program Guide

Thank you for choosing Bread for the City to be your Organizational Representative Payee. We hope that the information in this guide will help you.

Our address: **1525 7th Street, NW
Washington, DC 20001**

Our telephone number: **(202) 386-7016** Our fax number: **(202) 265-1970**

We are located on 7th Street NW between P & Q Streets NW, near the Shaw/ Howard University Metro Station on the Green Line and near stops for the 70, 71, G2, and G8 Metrobus lines.

Check pick-up at our offices is limited to the following times:

- **Monday to Thursday 8:30 am to 4:30 pm, NW Center only**
- **Fridays 8:30 am to 12 noon, NW Center only**

Sometimes Bread for the City may be closed for **holidays** and **special events**. We follow the DC Government holiday closing schedule. We will be closed for the following holidays in 2023:

New Year's Day	January 3, 2023	Independence Day	July 4, 2023
Martin Luther King Jr Day	January 16, 2023	Labor Day	September 4, 2023
Presidents Day	February 20, 2023	Indigenous Peoples' Day	October 9, 2023
DC Emancipation Day	April 17, 2023	Veterans Day	November 10, 2023
Memorial Day	May 29, 2023	Thanksgiving Day	November 23, 2023
Juneteenth	June 19, 2023	Christmas Day	December 25, 2023

Please watch for posted signs about additional closings.

Bread for the City follows Federal Government weather closures.

Every RPP consumer is assigned a Bread for the City Rep Payee Coordinator who will collaborate with your mental health Community Support Worker to provide your payee services. Your RPP Coordinator is assigned based on which Core Service Agency you are connected with:

Robyn Dudley	Rep Payee Program Manager rdudley@breadforthecity.org	202-386-7083
Dwaynae Jordan	RPP Coordinator djordan@breadforthecity.org	202-301-1691
Johnnie Brooks	RPP Coordinator jbrooks@breadforthecity.org	202-386-7021
Justin May	RPP Coordinator jmay@breadforthecity.org	202-386-7615
Kurtisa Pratt	RPP Coordinator kpratt@breadforthecity.org	202-480-8959

Please feel free to call or email to schedule an appointment to speak with your RPP Coordinator.

**Bread for the City Representative Payee Program
Consumer Rights and Responsibilities**

Clients of Bread for the City's Representative Payee Program have the following rights:

- To be treated with dignity and respect.
- To participate in creating the Budget & Spending Plan that will guide how their money is paid out for rent, utilities, groceries, spending money, etc.
- To have their questions answered whenever possible.
- To have all payments made on their behalf in a timely manner as specified in the Budget & Spending Plan or **within 48 hours of a special request**. To be met on time for appointments. If necessary, to be notified of any changes in scheduling as early as possible.
- To privacy and confidentiality concerning their conversations and case records. Such records will be released only with their written permission. However, Bread for the City Representative Payee Program staff will share information with one another.
- To inform the program staff if they are not satisfied with their care. If they feel their concerns are not answered, they should contact the Representative Payee Program Manager.
- To file a grievance with the Department of Behavioral Health if not satisfied by the process above.
- To be free from physical, mental, and sexual abuse by any staff or other individuals on the premises.
- To receive the most appropriate treatment regardless of age, gender, race, religion, sexual orientation, national origin, disability or income.

Clients of Bread for the City's Representative Payee Program have the following responsibilities:

- To treat staff, volunteers, and others who they may come into contact with at Bread for the City with dignity and respect.
- To participate in the planning of their Budget & Spending Plan and to follow the plan.
- To be honest with program staff when discussing anything that might affect their benefits.
- To keep their appointments on time or notify the program staff of any changes as soon as possible, preferably giving 24 hours notice.
- To participate in any treatment or services recommended for them by their Clinical Team at the Department of Behavioral Health.
- To let us know if they are unsatisfied with services or if they have thoughts of discontinuing Representative Payee Services at Bread for the City.
- To report any changes in their living situation to their Clinical Team and/or to Bread for the City as soon as they occur. *Please see the following page for additional details.*

Changes to Report

It is important that you report **any changes** to your living situation to your Clinical Team or to your Bread for the City RPP Coordinator **as soon as they occur**. It is our responsibility to report these changes to the Social Security Administration. This will ensure that you continue to receive the correct amount of benefits and avoid any overpayments. **YOU MUST TELL US IF:**

- You move or your address changes;
- You get married or separate from your spouse;
- Anybody moves into or out of your household;
- **You start or stop working (even if you earn only a little);**
- **You begin receiving any other income, the amount of other income changes, or you get any resources (inheritance, prize winnings, settlements from lawsuits, etc.);**
- You take a trip outside of the United States;
- **You go to jail or prison;**
- **You are admitted to the hospital or a nursing home;**
- You save any money;
- You are no longer disabled or your disability improves;
- There are other changes to your current situation that you think might impact your benefits.

Grievances / Problems with Your Payee

If you are having problems managing your budget we encourage you to speak **first** with your **Clinical Team at your Core Service Agency**. You and your Clinical Team will be reviewing your **Budget & Spending Plan** regularly. When you review your plan, you can discuss with your Clinical Team whether there are changes that can be made to help you better manage your money.

Bread for the City will be paying out your money based on the **Budget & Spending Plan** and other instructions we get from your Clinical Team. If you have a problem with the way that Bread for the City is following this plan and instructions, you can request a meeting with your **RPP Coordinator** at Bread for the City. We may ask your Community Support Worker to attend this meeting as well.

If after meeting with your **RPP Coordinator**, you still have concerns about the services you receive at Bread for the City, you can request a meeting with the **Representative Payee Program Manager**.

You can also file a Grievance at any time through the DBH FAIR grievance process. We can provide you with information or assistance with this process.

Please remember that Bread for the City is responsible to the **Social Security Administration (or if applicable, to the Office of Personnel Management)** for managing your money. We must use the money to pay for your current needs including housing and utilities, food, medical and dental expenses, personal care items, clothing, and rehabilitation expenses. After those expenses are paid we can use any money left to pay past-due bills, support your dependents, or provide entertainment for you. We can also help you save some of your money or plan for burial expenses. We must keep accurate records of how your money is spent and report this information to Social Security. Finally, we will also be providing you with monthly statements to show you how your money is being spent.

Your Budget & Spending Plan

Your Budget & Spending Plan will outline how Bread for the City regularly pays out your money each month. For example, it might say that we should mail a check for \$250 for your rent to your landlord each month and that you will pick-up a \$50 check for spending money twice per month. Every client's budget will be carefully planned to meet your needs. Therefore, **it is important that you and your Clinical Team work together to develop your Budget & Spending Plan.** You should review your plan regularly with your Clinical Team to make any needed changes. A new plan should be submitted **at least every 6 months.**

Sometimes your Budget & Spending Plan will change unexpectedly. You may move and need your rent paid to a different person or get cable installed and need to regularly have this new bill paid. **When there is a change to one of your regular payments, you must let your Clinical Team know as soon as possible.** They will fill out a new budget and send it to us, so that we can make changes to the payments made from your account.

Budgeting Tips:

- For weekly expenses, remember that some months will have 5 weeks
- Ask utility companies to mail bills directly to Bread for the City so that they can be paid on time
- Consider budgeting a separate check for groceries or requesting grocery gift cards for food shopping

And Additional Requests for Funds

Sometimes you will have a special expense that is not listed on your Budget & Spending Plan. For example, you may need extra money to replace your broken eyeglasses. **When you have a special expense, you must contact your Clinical Team to request the funds.** They will help to figure out whether you have money available to cover this extra expense. If you do, they can send us an Additional Disbursement Request Form to request a check. **It will take 48 hours to get you the special check.** Special requests include money for: birthdays, holidays, clothing, major items (TV, radio, etc), as well as checks paid to vendors (commercial entities) for services rendered/goods received. Your Clinical Team can request extra money for you up to 2 times per month.

In any emergency situation you must contact your Clinical Team first, and your Community Support Worker may be able to make a request for an emergency check (such as for medical expenses, legal fees, housing expenses, etc).

Additional Request for \$250.00 or more require special processing: you must have a specific need or intention for the funds and be able to **return receipts** to Bread for the City that show that you spent the money in that way. Your check must be picked up by or mailed to your Community Support Worker, so that he/she can help to make sure that the receipts are returned to Bread for the City.

Tips for Additional Requests:

- If you have a one-time bill, such as an invoice from a dentist or other service provider, your Community Support Worker can simply forward the bill for payment – no Additional Request Form is needed.
- Additional requests should be for special expenses – if you find that you need additional funds for everyday expenses such as bus fare, household or personal hygiene supplies, or food you should discuss your budget with your Community Support Worker.
- Regular monthly bills such as cell phone or electric bills should also be included on your budget and not paid through Additional Requests.
- Please remember that we can only release as much money as you have available in your account and money taken out early in the month by Additional Request may make it impossible to make other payments from your budget later in the month.

Bread for the City is a private, non-profit organization that provides direct services to residents of Washington, DC. Our Mission is to help Washington, DC residents living with low income to develop their power to determine the future of their own communities. We provide food, clothing, medical care, and legal and social services to reduce the burden of poverty. We seek justice through community organizing and public advocacy. We work to uproot racism, a major cause of poverty. We are committed to treating our clients with the dignity and respect that all people deserve. At Bread for the City, we share a vision of Washington, DC as a nurturing community, where all residents have access to the basic material resources they need for survival and growth, and the prosperity of their social, emotional, and spiritual lives.

More information about Bread for the City can be found at our website at www.BreadForTheCity.org.

Services of the **Representative Payee Program** are made available through a collaboration and contract with the **Department of Behavioral Health** of the District of Columbia.

To find out about service hours or how you or your friends and family can access these other services at Bread for the City, please contact your RPP Coordinator or call our receptionist at (202) 265-2400.

Notes: