

Open Minds, Inc.

A Non-Profit Representative Payee Program

Agreement to Participate in Representative Payee Program

I understand that:

- My money will be mailed/deposited to the Representative Payee Program.
- **I will set up a budget that lists everything I owe with the Rep Payee Program Staff.**
- The Representative Payee Program will pay my monthly bills from my money.
- **The Representative Payee Program reserves the right to dispense client funds at the discretion of the Operators of Open Minds Incorporated. This includes non-social security funds.**
- **I will not open charge/bank accounts or obtain loans unless it is in my budget.**
- I will receive money from my check to pay for food and other expenses.
- If my check is received on the 1st or the 3rd of the month, **my funds will not be available until after 12:00 p.m. the following business day.**
- **I must tell Rep Payee Staff a month (30 days) ahead of time if I want to move.**
- Rep Payee can visit me at home.
- I will be charged a monthly fee for the Rep Payee Program determined by Social Security.
- **Open Minds will be closed for bad weather if The Shelby County Schools are closed**
- **I must turn in receipts for money spent.**

I must tell my Rep Payee Staff if:

- **I begin working, quit working, or if someone gives me money or I save money.**
- I get married or divorced.
- **I take a trip outside of Memphis.**
- **I go to jail or prison.**
- I am admitted to any hospital.
- **I get any help or assistance from any other agency or welfare department.**
- I am no longer disabled.

If you do not report the above changes to us, you may receive an overpayment and you will be required to pay money back to the Social Security Office or lose your benefits.

I understand my case can be closed if:

- **I refuse or fail to follow my budget or are non-compliant with any aspect of the program.**
- **I physically or verbally abuse or threaten a staff member of the Representative Payee Program, or panhandle on the property.**

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Mailing Address
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- **I am arrested for any reason.**
- **I bring any drugs or weapons into the office, or come into the office under the influence.**
- **I move out of the area.**

I understand that I have the right to:

- Professional and courteous service.
- Service without discrimination based of sex, race, ethnicity, sexual orientation, disability, creed, religion, or national origin.
- **Be informed if the agency cannot provide services to meet my needs.**
- Have the program fully explained to me.
- Refuse services.
- Participate in goal setting.
- **Confidentiality.** No private information about me can be shared with anyone outside the agency without my written consent or due process of law.
- Read and discuss my records with Rep Payee staff.
- File a grievance if I believe my rights have been violated.

I understand that:

- Open Minds does not provide any type of transportation.
- All rules and contractual obligations are subject to change by Social Security without advance notice.

This program has been explained to me and I have received a copy of this agreement.

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