Open Minds, Inc.

A Non-Profit Representative Payee Program

Representative Payee Identification Policy

Client Signature 3405 Summer	Date	Staff Member Mailing Add	Date
	D (CI PRIM	D (
• For juveniles under	18, a parent mu	ast accompany to sign affi	davit.
• For women, if marri	ed, a copy of n	narriage certificate.	
 And any two items t Fee of not more than		mailed to client showing 1	estuelicy.
Valid Social Security And any two items t		mailed to client chowing	rasidanev
Valid Birth Certifica	te		
Information required for	a State ID:		
State Issued Identifications.	on Cards are	available from Highw	vay Patrol Testing
Social Security cards are office.	e avanabie II	om me social securit	y Auministration
Social Socurity ands and	ovoilable fr	om the Social Securit	y Administration
Valid Social SecuValid State Issued	•		
T. 1. 1 G . 1 G	T1		
I understand that as a cli program I must have:	ent of Open	Minds, Inc. Represen	tative Payee
Client Name:			
CP 4 N			
Date:			

Memphis, TN 38122

Rev06072011

901-324-0686 p * 901-324-0688 f

www.openmindssite.org