**Federal Benefit Representative Payee Form**

*This form is intended to be used during the consultation to determine who is the most appropriate recommended representative payee for a child’s federal benefits. Consultation* ***must*** *occur with the child’s Guardian ad Litem and the child. Others may participate as well but are not required.*

|  |  |
| --- | --- |
| **Child’s Name:**       | **Child’s DCN:**     |
| **Consultation Reason:** Choose an item. | **Child’s DOB:**       |

|  |  |  |
| --- | --- | --- |
| **Person Consulted** | **Relationship To Child** | **Date of Consultation**  |
|       | Child |       |
|       | GAL |       |
|        |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

[ ]  Child not consulted

Explanation:

**Consultation**

1. **Who is the current payee and what is their relationship to the child?**

[ ]  NA – New Benefit Application; No Payee Appointed Yet

**1a. What are the current payee’s strengths and areas needing improvement in relation to managing the benefits?** [ ]  NA – New Benefit Application No Payee Appointed Yet

1. **Who has expressed interest in becoming the payee and what is their relationship to the child or family?** [SSA Preferred Order of Preference 20 CFR 404.2021](https://www.ssa.gov/OP_Home/cfr20/404/404-2021.htm)

 [ ]  NA – No One Has Expressed Interest

1. **Who does the child recommend as the payee and why?**

[ ]  NA – No Recommendation or Unable to Recommend

1. **Who does the GAL recommend as the payee and why?**

1. **Who does Children’s Division recommend as the payee and why?**

1. **If any other person has recommended a payee, document who made the recommendation, who they recommended and why.**

**Recommended Payees (in order of preference)**

***List the potential representative payees, in order of preference, based upon information gathered during the consultation.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Relationship To Child** | **Phone** | **Email** |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
| 3. |       |       |       |       |

**Reminders**

1. Children’s Division can recommend a representative payee, but the federal agency providing the benefits will make the final determination regarding a representative payee.
2. The recommended representative payee must agree to apply to become the representative payee by contacting the appropriate federal agency. CD will obtain a letter of recommendation from DFAS and will provide that letter to the recommended representative payee.
3. If the child receives benefits from more than one federal agency, the representative payee should apply to become the representative payee with each federal agency.

For more information see [CWM 4.12.6 Social Security and Federal Benefit Application and Information](https://dssmanuals.mo.gov/child-welfare-manual/section-4-chapter-12-financial-considerations-subsection-6-supplemental-security-income/)