

# *Helping Hands Payee Services Inc.*

## *Welcome*

*We look forward to getting to know you.*

### *How our office works for you:*

Our phone hours are Monday through Thursday between 9:00 am and 3:00 pm. If we are unable to answer your call, please leave one detailed message with your telephone number and we will return your call as soon as possible. For your convenience, you may also mail, e-mail or fax your questions or requests.

Once we are appointed by Social Security to serve as your Representative Payee we work with you to develop a customized budget based on your income and expenses. We are glad to work with caseworkers and other persons you authorize to assist us in managing your finances. We send copies of your estimated budget and account ledgers at your request.

We schedule regular bills and rents to be mailed by the third of the month after verifying we receive your deposit. Our goal is to budget rents for mailing by the 25th whenever possible. We estimate utility and other fluctuating bills to be paid when the actual bill is received by our office. We issue re-loadable debit cards in your own name for your grocery and/or spending money. The amount and load schedule depends on your budget.

We try to build savings into your budget for Christmas, birthdays, clothing twice a year, summer entertainment and emergencies.

In order to pay your bills promptly you will need to change the billing address for your monthly bills. Be sure the bills are in **your name** and mailed directly to our office at PO Box 1610, Roseburg, OR 97470.

As a Non-Profit Organizational Payee we are authorized by Social Security to collect a fee for our service. This fee is set by Social Security and is used to cover our operating expenses. For most clients this fee is currently \$45 monthly. There is also an initial bank charge of \$19 for your check stock.

Also, please remember to promptly contact our office to report any changes in your living situation so we may help ensure your benefit record remains in good standing.

Thank you for allowing us the opportunity to serve as your Representative Payee.

*Elisabeth – Managing Director*

*Susan – Accounts Payable*

*Catherin – Client Services Manager*

*Paris – Client Services Roseburg*

*Sheri – Client Services Medford*

*Taylor – Client Services Medford*

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*Mailing Address:  
Post Office Box 1610  
Roseburg OR 97470*

*Roseburg Office: (541) 679-5318  
Medford Office: (541) 500-1593*

*Fax: (888) 817-4751  
Email: [office@helpinghandspayee.org](mailto:office@helpinghandspayee.org)  
Web Site: [www.helpinghandspayee.org](http://www.helpinghandspayee.org)*

# Helping Hands Payee Services Inc.

## Request for Representative Payee Services

Full Name:		Social Security Number:		Date of Birth:	
City & State of Birth:		Mother's Maiden Name:		Father's First Name:	
Home Phone:		Cell/Message Phone:		Email:	
Physical Address:		Check Box if Homeless:	Mailing Address: <i>(If Different or HOMELESS)</i>		
Monthly Benefit Type & Amount	SSI	SSD	VA	Wages	Other
Employer <i>(If Applies)</i>	Name:			Phone:	
Emergency Contact	Name:		Relationship:	Phone:	
Caseworker	Name:		Agency:	Phone:	
Check box and include information if applies	Trust:		Funeral Plan:	Court Appointed Guardianship:	
<b>Landlord Information- Please Provide a Copy of Signed Rental Agreement</b>					
Rent Payable To:			Rent Amount:	Move in Date:	
Mailing Address to Send Rent:					
Landlord/Manager Name:		Landlord/Manager Phone Number:		Are Utilities Included in Rent? Yes                  No	
Current Payee Information	Name:		Phone:		I am currently my own payee
<small>*By completing and signing this form I give permission for HHPS to apply with Social Security to be selected as my Representative Payee and manage my Social Security benefit(s). I understand a fee for service will be charged. I agree to the registration and monitoring of my HHPS re-loadable debit card (as needed).</small>					
Client Signature:				Date:	

Thank you for choosing Helping Hands Payee Services. We look forward to getting to know you.

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# *Helping Hands Payee Services Inc.*

## *Rental /Address Change Information*

Client Name:		Telephone:	
<p><b>Renting a Room That INCLUDES Utilities</b>  <i>*I am renting a room that is a fair share and current market amount. I have access to cooking facilities, but must buy my own food.</i></p> <p><b>*Shared Rent:</b> <i>(Please complete ROOMMATE information below)</i></p> <p><b>Assisted Living/Adult Foster Home</b> <i>(Please provide a copy of the 512 if available)</i></p> <p><b>Renting and Paying for Utilities</b> <i>(Please provide a copy of your signed lease agreement)</i></p> <p><b>Other:</b> <i>(Please describe)</i> _____</p>			
<i>Client - New Address Information</i>			
Address:		Mailing Address: <i>(If Different)</i>	
*Roommate Name(s):    complete *'s if shared rent	*Date of Birth(s):	*Income:	
<i>Landlord Information</i>			
Payable To:	Contact Telephone:	Move In Date:	
Mailing Address:		Rent Amount:	
Name of Facility: <i>(Assisted Living/AFH/Other Facility)</i>		Contact: <i>(Assisted living/AFH/Other Facility)</i>	
<p><small>* I know that anyone who makes or causes to be made, a false statement or representation of material fact in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law and/or State Law. I affirm that all information on this document is true and correct to the best of my knowledge.</small></p> <p><small>* I will notify Helping Hands Payee Services, Inc. immediately if there are any changes to this agreement.</small></p>			
Client Signature:		Date:	
Landlord Signature:		Date:	

**Please Note:**

\*Most rents are scheduled to be released on the 25<sup>th</sup> of each month. It is important that we have at least one weeks' notice to stop a rent. If you fail to contact our office in a timely manner, we cannot guarantee the payment will be stopped.

\*Your Landlord may require a 30 Day Notice to move.

\*To ensure you receive mail at your new address; make sure to file for a change of address with the Post Office as well.

**\*\*\*Direct Deposit for Rent Available by Request\*\*\***

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# *Helping Hands Payee Services Inc.*

Date: \_\_\_\_\_

This letter is to inform you that I acknowledge Helping Hands Payee Services Inc. as my appointed Social Security Representative Payee. I give permission for the staff of Helping Hands Payee Services Inc. to act on my behalf in managing my account and/or services with your organization. This authorization includes sharing information, making payment arrangements, address changes, and any other changes necessary to manage my account.

This authorization will remain in effect as long as Helping Hands Payee Services continues to serve as my Representative Payee.

Sincerely,

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

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U.S. Bank Focus Card™ Pre-Acquisition Disclosure  
 Program Number: 126784011 POD  
 Reference Date: July 2018

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network <b>\$2.00</b> out-of-network	<b>\$5.95*</b>
ATM Balance Inquiry (in-network or out-of-network)			\$0 or \$1.00
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 90 days with no transactions)			\$2.00 per month
<b>We charge 4 other types of fees. One of them is:</b>			
Card Replacement (standard or rush)			\$5.00* or \$30.00*
<p>*This fee can be lower depending on how and where this card is used.</p> <p><b>No overdraft/credit feature.</b>          Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit <a href="http://cfpb.gov/prepaid">cfpb.gov/prepaid</a>.          Find details and conditions for all fees and services inside the card package or call  <b>1-888-863-0681</b> or visit <a href="http://usbankfocus.com">usbankfocus.com</a>.</p>			

# U.S. Bank Focus Card™ Fee Schedule

Program Number: 126784011 POD

Effective Date: July 2018

All fees	Amount	Details
<b>Add money</b>		
Check Reload	5% or \$5.00 min.	This is not our fee and is subject to change. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum \$5.00. Money in 10 Days - no fee. Fee is deducted from check value. Go to <a href="http://ingomoney.com">ingomoney.com</a> for more information.
Cash Reload – Visa Readylink	Varies by retailer	Third party fee may apply when reloading your card at a Visa Readylink network. Fee is paid to third party at the time of reload. Go to <a href="http://usa.visa.com/pay-with-visa/cards/services-locator.html">usa.visa.com/pay-with-visa/cards/services-locator.html</a> for locations.
Cash Reload - GreenDot	\$5.95	This is not our fee and is subject to change. Fee of up to \$5.95 may apply when reloading your card at Green Dot®. Fee is paid to third party at the time of reload. Go to <a href="http://greendot.com">greendot.com</a> for more information.
<b>Get cash</b>		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® or Allpoint® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> or <a href="http://allpointnetwork.com">allpointnetwork.com</a> .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash from your card from a teller at a bank or credit union that accepts Visa®.
<b>Information</b>		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass or Allpoint ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> or <a href="http://allpointnetwork.com">allpointnetwork.com</a> .
ATM Balance Inquiry (out-of-network)	\$1.00	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator.
<b>Using your card outside the U.S.</b>		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$3.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
International ATM Balance Inquiry	\$1.00	This is our fee per inquiry. You may also be charged a fee by the ATM operator.
<b>Other</b>		
Card Replacement	\$5.00	This is our fee per replacement of your card, whether mailed to you with standard delivery (up to 10 business days) or provided to you by your employer/sponsor. This fee is waived for your first card replacement in a 12-month period. This fee will be charged for each additional replacement during the same 12 months.
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Card Replacement Overnight Delivery	\$25.00	This is our fee for overnight delivery charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 90 consecutive days.

Your funds are eligible for FDIC insurance up to \$250,000. FDIC insurance protects deposits from loss due to bank insolvency. See [fdic.gov/deposit/deposits/prepaid.html](http://fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-888-863-0681**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankfocus.com](http://usbankfocus.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](http://cfpb.gov/complaint).

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. © 2018 U.S. Bank. Member FDIC.

CR-16670024