Long Term Care Representative Payee Form

Re: _____
Individual's Name

The person named above has been referred for placement in one of San Diego County's Long-Term Care facilities. For MHRC (Mental Health Rehabilitation Center), STP (Specialized Treatment Program), Specialized Residential Treatment (Licensed as an Adult Residential Facility), or Skilled Nursing Facility placement primarily funded by the County of San Diego (not Medi-Cal, Medi-Cal Managed Care Plan or any other insurance), the agreement of person managing the individual's finances is required.

These placements are not free of charge. Each individual must receive the "independent living rate"/"Personal Needs Allowance" for their Social Security Disability and/or Supplemental Security Income. The payee must report the placement to Social Security Administration to ensure that the correct amount of income is received.

$62.00 (sixty-two dollars) per month is to be used for personal needs during the individual's stay at the facility, or the most updated "Personal Needs Allowance" per Social Security if placement is for Skilled Nursing Facility. The amount of the "independent living rate"/"Personal Needs Allowance" minus the $62.00 must be used to pay for a share of cost towards the person's room and board and must be paid directly to the facility. The facility's contract with Optum and/or San Diego County requires that the facility collect this money and Social Security pays the individual the "independent living rate" in order to pay the facility. Please be advised that a referral for LTC treatment cannot be made until this form is completed.

Acknowledgement and Agreement

_____ _____
Name (Print) **Relationship**

Payee Contact Information:

_____ _____
Phone Number **Address**

I acknowledge that I understand the information provided above and have been given a copy of this document. I agree to pay the share of cost on behalf of the individual for as long as I am the payee.

_____ _____
Signature **Date**

_____ _____
Witness Name (Print) **Signature**