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Website: [www.kokuasupport.org](http://www.kokuasupport.org)  
PH: (808) 847-4227  
FAX: (808) 842-0044  
Hours: M-TH 9:00 AM – 2:00 PM



Kokua Support Services

A Path for a Better Tomorrow

REPRESENTATIVE PAYEE / FEDERAL  
FIDUCIARY PROGRAM

A non-profit community service agency

REPRESENTATIVE PAYEE/FEDERAL FIDUCIARY PROGRAM  
**Additional Check Request Form/Change of Events Report**  
(Fax Request to 808-842-0044 OR Email to [services@kokuasupport.org](mailto:services@kokuasupport.org))

Client Name: \_\_\_\_\_

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

**MONTHLY EXPENSE CHANGE:**

ALLOWANCE:  Increase  Decrease Amount: \_\_\_\_\_ As of: \_\_\_\_\_

How Often: \_\_\_\_\_ Distribution:  Prepaid Visa  Check  Direct Deposit

If Check,  Mail OR  Pick Up (Pick-ups are Thursdays between 10am to 12pm)

If Applicable - Direct Deposit Information

Name on Acct: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Type:  Checking  Savings

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RENT:  Increase  Decrease Amount: \_\_\_\_\_ As of: \_\_\_\_\_

(MUST ATTACH NEW RENTAL AGREEMENT WITH THIS FORM)

**SPECIAL CHECK REQUEST SECTION:**

Payable to: \_\_\_\_\_

Distribution:  Prepaid Visa  Check  Direct Deposit – (if DD, fill out section above)

If Check,  Mail OR  Pick Up (Pick-ups are Wednesday between 10am to 12pm)

Amount: \_\_\_\_\_ Purpose of Check: \_\_\_\_\_

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Case Manager/Accounts Manager Signature: \_\_\_\_\_

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

**Check requests must be received by Tuesday at 12pm to be processed on Wednesdays. All check requests will be processed on Wednesdays, unless request is verified as an emergency situation. Receipts are required for all special check requests.**