



Adult Mental Health Division  
 Representative Payee Program  
Change of Event Report - Finances

FAX TO: (808) \_\_\_\_\_ (monthly expense changes require one week notice)

Consumer Name: \_\_\_\_\_  
 Case Manager/Agency: \_\_\_\_\_

Income/Pension/Resource Changes:

Started Working Date Work Started: \_\_\_\_\_  
 Stopped Working Date Stopped Working: \_\_\_\_\_

Other - please include income type (i.e., pension, unemployment, monetary settlements), amount, date payment was received, date payment started and/or stopped: \_\_\_\_\_

- Consumer receives SSI and has a change in resources
- Consumer is single and has over \$2000.00 in resources
- Consumer is married and has over \$3000.00 in resources

Monthly Expense Change:

- Increase  Decrease Rent \$ \_\_\_\_\_ As of: \_\_\_\_\_ (please attach updated rental agreement)
- Increase  Decrease Allowance \$ \_\_\_\_\_ Every: \_\_\_\_\_ (need purchase receipts for \$100 or more!)
- For New Bills, please attach statements or invoices from all vendors and indicate amount to be paid (i.e. balance due or monthly payment of \$) \$ \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Electronic Funds Transfer: Attach voided check

Name on Account: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Type: Checking  Savings   
 Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_  
 Statements will be... Mailed directly to  Hand delivered by consumer

Check Request: Case Managers - please call your consumer's payee first to verify the availability of funds. These requests are limited to one per month. Please allow 2 to 5 business days to process and receive. Receipts are required for all check requests and must reflect the purpose of the request specified, here.

Request Amount: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_ Payable Address: \_\_\_\_\_  
 Direct Deposit  Pick Up  Mail If address different: \_\_\_\_\_  
 Purpose of Request  Housing  Food  Clothing  Medical/Dental  Hygiene  
 Furnishings  Transportation  Other (specify): \_\_\_\_\_

Consumer Signature \_\_\_\_\_ Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_