Mailing: P.O. Box 29819 Hon, HI 96820 Email: services@kokuasupport.org Website: www.kokuasupport.org

PH: (808) 847-4227 FAX: (808) 842-0044

Hours: M-Th 9:00 am – 2:00pm



REPRESENTATIVE PAYEE / FEDERAL FIDUCIARY PROGRAM

REFERRAL FORM

A non-profit community service agency

INFORMATION FOR REFERRAL SOURCES

You must report changes to KSS that may affect the beneficiary's eligibility for Social Security and/or SSI benefit payments. You can report any changes to us through writing and/or over the phone as soon as possible.

YOU MUST REPORT THE FOLLOWING:

- If the beneficiary dies
- If the beneficiary moves or you do not know where the beneficiary is
- If the beneficiary marries or divorces
- If the beneficiary start or stops working KSS requires pay stubs
- If the beneficiary leaves or plans to leave the US for 30 consecutive days or more
- If the beneficiary immigration or citizenship status changes
- If the beneficiary is confined to a correctional institution or has an unsatisfied warrant

PLEASE REPORT THE FOLLOWING IF THE BENEFICIARY RECEIVES SSI PAYMENTS:

- Countable resources that exceed \$2000 for an individual or \$3000 for a couple
- The beneficiary moves, even temporarily, to or from a hospital, nursing home or other institution
- A married beneficiary separates from his or her spouse, or they begin living together after a separation
- Someone moves into or out of the beneficiary household
- The beneficiary has any changes in income (wages, government payment, pension etc, or resources.