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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

CHANGE OF EVENTS- DEMOGRAPHICS

Client Name: _____

Date: _____

Case Manager Name: _____

Case Manager Phone No.: _____

Case Manager Email: _____

CHANGE IN CASE MANAGEMENT:

Change in Case Management Agency

From: _____ To: _____ Date: _____

Case Manager to Case Manager

From: _____ To: _____ Date: _____

Discharged from Case Management Agency

Date: _____

CHANGE IN LEGAL ENCUMBRANCES STATUS:

Name of Institution: _____

Select One: Admitted Discharged (Please attach paperwork)

Date: _____

Jail Prison

CHANGE IN MEDICAL/PSYCHIATRIC INSTITUTION STATUS:

Reason: Psychiatric Medical

Name of Institution: _____

Select One: Admitted Discharged (Please attach paperwork)

Date: _____

Additional Remarks:

Please notify our office if you or your client experiences a change in event that does not fall under the pre-defined options such as change in marital status, school status, citizenship/immigration status, to report a death, or to report a birth. Your cooperation in keeping us informed of changes is crucial for effective planning and organization.