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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 Expense Report

Client Name: _____ Date: _____

Case Manager Name & Phone Number: _____

RENT: (MUST ATTACH NEW RENTAL AGREEMENT WITH THIS FORM)

Circle One: Increase OR Decrease New Amount: _____ As of: _____

Payable to: _____

Housing Management Mailing Address: _____

MONTHLY ALLOWANCE:

Circle One: Increase OR Decrease New Amount: _____ As of: _____

Frequency: Weekly Monthly (1st) Semi-Monthly (Twice per month)

Distribution: TL Card Direct Deposit Check

If Check, Circle One: Mail OR Pick Up (Pick-ups are Thursday between 10am to 12pm)

Mailing Address: _____

RECURRING BILL: (MUST ATTACH CURRENT BILLING AGREEMENT OR STATEMENT)

****This section is only for fixed amount, recurring monthly bills paid to a third party (e.g. insurance payments, subscription services, storage unit, etc.) Do NOT include utility bills which can be mailed to our PO Box****

Amount to be Paid Each Month: _____ Start Date: _____ End Date (If Applicable): _____

Payable to: _____

Mailing Address: _____

Remarks: _____

Case Manager Signature: _____

Client Signature: _____

All changes must be accompanied by an updated budget form signed by both the client and case manager. You can request a budget template via email or phone call. All changes in billing requests will be processed on Wednesdays, unless request is verified as an emergency situation.

_____ Client Initial Here