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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

**Additional Check Request Form**

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

Case Manager Name & Phone Number: \_\_\_\_\_

**SPECIAL CHECK REQUEST PAYABLE TO CLIENT:**

**\*\*RECEIPTS ARE REQUIRED IN ORDER TO GET FUTURE REQUESTS AND MUST MATCH THE PURPOSE OF SPECIAL CHECK\*\***

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

Distribution:  Check  True Link  Direct Deposit – to personal account on file

**\*If chosen distribution method is True Link or Direct Deposit, then client will receive funds on Friday\***

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

Mailing Address: \_\_\_\_\_

**REIMBURSEMENT REQUEST PAYABLE TO THIRD PARTY:**

**\*\*RECEIPTS OR AN INVOICE IS REQUIRED FOR REIMBURSEMENT AND MUST MATCH THE PURPOSE OF CHECK\*\***

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

Circle One: Mail OR Pick Up (Pick-ups are Wednesday between 10am to 12pm)

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

Mailing Address: \_\_\_\_\_

Case 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 and receipts must match the intended purpose of the special check.**

\_\_\_\_\_ **Client Initial Here**