

Benefits Management Program Director: Mikki  
m.brenner@kokuasupport.org

Benefits Account Manager Last Name's: A-L  
j.tiet@kokuasupport.org

Benefits Account Manager Last Name's: M-Z  
t.carrillo@kokuasupport.org

Website: www.kokuabehavioralhealth.org  
PH: (808) 847-4227  
FAX: (808) 490-0811  
Hours: M-TH 9:00 AM – 2:00 PM



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/Change of Events Report**

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

**MONTHLY EXPENSE CHANGE:**

ALLOWANCE:  Increase  Decrease Amount: \_\_\_\_\_ As of: \_\_\_\_\_

Frequency:  Weekly  Bi-Monthly

Distribution:  TL Card  Direct Deposit  Check

If Check,  Pick Up (Pick-ups are Thursdays between 10am to 12pm) OR  Mail

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

**RENT:**  Increase  Decrease Amount: \_\_\_\_\_ As of: \_\_\_\_\_

(MUST ATTACH NEW RENTAL AGREEMENT WITH THIS FORM)

**SPECIAL CHECK REQUEST SECTION:**

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

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

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

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

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

**\*\*RECEIPTS ARE REQUIRED AND MUST MATCH THE PURPOSE OF SPECIAL CHECK\*\***

Case Manager/Accounts 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