



Representative Payee Participant Discharge

File completed form page 1 in participant's last budget pack.

File completed form page 1 & 2 in participant's eligibility discharge file.

Name: _____ Discharge Date: _____

Address: _____

Discharge Reason: _____

Items submitted by: _____ Date: _____

Signature: _____

Compliance:

Items received & verified by: _____ Date: _____

Signature: _____

Cash \$ _____ Debit Card EBT Card Other _____

Other _____ Other _____ Other _____

Eligibility Specialist:

Items received & verified by: _____ Date: _____

Signature: _____

Cash \$ _____ Debit Card EBT Card Other _____

Other _____ Other _____ Other _____

Comments: _____

Submitted to Finance/Admin to be deposited into SSBA account and distributed via check:

Cash \$ _____ Debit Card \$ _____

Finance/Admin:

Items received & verified by: _____ Date: _____

Signature: _____

The following items were forwarded on (date) _____ via:

In person: _____ Signature: _____

Email: (email address) _____

Mail-Tracking # _____

Cash \$ _____ Debit Card EBT Card Other _____

Social Security Card Birth Certificate Medicaid Card Medicare Card

Burial Trust: _____ Financial Trust: _____

The following items were forwarded on (date) _____ via:

In person: _____ Signature: _____

Email: (email address) _____

Mail-Tracking # _____

Cash \$ _____ Debit Card EBT Card Other _____

Social Security Card Birth Certificate Medicaid Card Medicare Card

Burial Trust: _____ Financial Trust: _____

The following items were forwarded on (date) _____ via:

In person: _____ Signature: _____

Email: (email address) _____

Mail-Tracking # _____

Cash \$ _____ Debit Card EBT Card Other _____

Social Security Card Birth Certificate Medicaid Card Medicare Card

Burial Trust: _____ Financial Trust: _____

Comments: _____

Eligibility Specialist Signature:

Date:
