Please complete this form only if you would like a check other than your weekly personal needs allowance or bill payment.

**\*\*\*Request will only be processed the last 2 weeks of the month if funds are available. \*\*\***

Representative Payee Check Request Form

Date of Request:

Name:

Amount Requested: $

Reason for Request:

Signature:

For Office Use Only:

Date Request Received:

Approval: Yes No

If not approved, reason:

Client Notified by: Mail\_\_\_\_ Phone\_\_\_ In Person\_\_\_\_\_ Date: