



PROTECTIVE PAYEE PERIODIC SOCIAL SERVICES REPORT

	1. COMMUNITY SERVICES OFFICE (CSO)	
	2. REFERRING CASE WORKER/CASE MANAGER'S NAME	
REPORTING PERIOD From _____ To _____	3. CASE WORKER/CASE MANAGER'S TELEPHONE NUMBER	
PROTECTIVE PAYEE ASSIGNED DATE	4. RECIPIENT'S NAME	
PROTECTIVE PAYEE TERMINATION DATE	5. RECIPIENT'S ASSISTANCE UNIT ID NUMBER	6. RECIPIENT'S ID NUMBER

- | | | YES | NO |
|---|--------------------------|--------------------------|--------------------------|
| A. Is this a closing report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the Protective Payee Plan include money management or other training or services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, summarize in detail actions and progress during the reporting period. | | | |
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 | | | |
| C. Does the client appear to need other services in order to manage their own funds?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain below: | | | |
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 | | | |
| D. Do you believe this client still needs protective payee services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain why protective payee assignment should continue. | | | |

TANF/SFA CLIENTS ONLY: COMPLETE THE FOLLOWING TWO ITEMS.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| E. Do you think this client can become capable of managing his/her own funds? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If no, explain. | | | |
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 | | | |
| F. Do you think that a guardian needs to be established for this client? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe the situation in detail below. | | | |

I certify this is an accurate assessment from my records.

PROTECTIVE PAYEE SIGNATURE	DATE	PROTECTIVE PAYEE NAME (PRINT)
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DISTRIBUTION: White - Service File Yellow - Financial Services File Pink - Protective Payee File

PROTECTIVE PAYEE PERIODIC SOCIAL SERVICES REPORT
INSTRUCTIONS

A. USE

Protective Payee vendors use this form to provide summary social service information to the Social Services Case Worker/ WorkFirst Program Case Managers. The reporting period is every three months of protective payee services. Social Service Case Workers/WorkFirst Case Managers use the completed reports to monitor client progress and for input in client reviews.

This form is not used in cases assigned to protective payees due to sanction for non-cooperation.

B. COMPLETION

1. CSO staff completes heading information (optional). Protective payee completes as needed.
2. Protective payee completes the remainder of the report.
3. Signature of the protective payee is required.

C. DISTRIBUTION

The white copy is sent to Social Services/WorkFirst Service file.

The yellow copy is filed in the Financial Services file.

The pink copy is filed in the Protective Payee vendor file.

D. ALTERNATIVE FORMS

Protective payee vendors can substitute computer generated reports. Vendor forms should include the same information in a very similar format. The same number of copies (an original and two copies) are required. Show copy distribution on each copy.