Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Important Information Regarding State Supplementary Payment (SSP) for Payees

DATE:

TO:

CLIENT'S NAME
GUARDIAN / LEGAL REPRESENTATIVE'S NAME, IF APPLICABLE
CLIENT'S ADSA NUMBER

FOLD HERE FOR WINDOW ENVELOPE.

You are receiving this information because our records show that you are the designated payee for the above named client. If the Social Security Administration has determined that the person named above requires a Representative Payee for his/her SSI payments, s/he must also have a payee for his/her SSP from DDA. **As the payee, please sign and return this form to the client's case manager in the enclosed envelope. Keep a copy for your own records.**

Who is the client's payee for SSP?

- ☐ Client is her/his own payee.
- ☐ The SSI Representative Payee will manage the SSP.
- ☐ Another person/entity has been designated to manage the SSP.

The person/entity designated to manage the SSP has the following responsibilities:

- ☐ Notify DDA timely of any change in SSI status.
- ☐ Notify DDA of any change in the client's living situation.
- ☐ Notify DDA timely if the client moves out of the state of Washington.
- ☐ Spend the DDA / SSP funds on the client's behalf.
- ☐ Notify DDA of any changes in the payee's circumstances that would affect performance of the payee's responsibilities.
- ☐ Repay any SSP funds (on behalf of the client) issued when the client was not eligible for SSI when in receipt of an SSP Client Overpayment Notice
- ☐ Payee may also be liable for repayment of SSP funds if s/he was aware that the client was not eligible for SSP.

SSP Payee Information

NAME	
AGENCY NAME, IF APPLICABLE	
ADDRESS	PHONE NUMBER (AREA CODE)

I understand and accept the responsibilities listed above. I agree to notify DDA in writing if I no longer wish to be the Payee for SSP for this individual.

SIGNATURE

cc: Client File