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| **PROTECTIVE PAYEE PERIODIC** | | 1. COMMUNITY SERVICES OFFICE (CSO) | | |
| **SOCIAL SERVICES REPORT** | | 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   1. Is this a closing report? 2. Does the Protective Payee Plan include money management or other training or services?   If yes, summarize in detail actions and progress during the reporting period. | | | | |
| 1. Does the client appear to need other services in order to manage their own funds?   If yes, explain below: | | | | |
| 1. Do you believe this client still needs protective payee services?   If yes, explain why protective payee assignment should continue. | | | | |
| **TANF/SFA CLIENTS ONLY: COMPLETE THE FOLLOWING TWO ITEMS.**   1. Do you think this client can become capable of managing his/her own funds?   If no, explain. | | | | |
| 1. Do you think that a guardian needs to be established for this client?   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) | |
| **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.