

Advancing Justice
Housing | Health | Children & Youth

How to Become Your Own Rep Payee

If you want to receive your benefits payments directly, you must show to Social Security that you are able to manage your own money. The best way to do this is to have your doctor confirm that you have the capacity to do so. You can request that Social Security send your doctor the SSA-787 form in order to confirm your capacity to handle your own money.

Here is a Step-by-Step Guide to Becoming Your Own Rep Payee

- 1. Go to your local Social Security Field office for a walk-in appointment.'
- 2. Advise the Social Security Representative you meet with that you want to start the application to become your own payee.
- 3. Provide Social Security with your doctor's information (name, address, phone number, and fax number) in order for Social Security to send the SSA-787 form to your doctor.
- 4. Advise your doctor to be on watch for form SSA-787 from Social Security and show your doctor the Social Security's rules, located on page 2 of this information packet. These rules say what proof is necessary for you to become your own payee.
- 5. Give your doctor time to complete and return the SSA-787.
- 6. Whether or not your doctor is willing to fill out the SSA-787, write a letter to Social Security asking to be paid your money directly. You can use the sample letter attached on page 3 of this information packet. Gather other proof that you can manage your own money, such as:
 - A letter from your current representative payee saying that you can manage money on your own;
 - Proof that you are paying bills on your own;
 - Proof that you keep a budget for how you spend your money and make sure you stay inside that budget (for example, keeping receipts or a spreadsheet may be helpful);
 - Letters from social workers, landlords or friends who know you well and who can show you that you can manage your own money.
- 7. Once you are done collecting the evidence, make an extra copy of everything for yourself.
- 8. Bring both copies of the evidence to a Social Security office and ask them to "date stamp" both copies. Keep one set of copies for your records as proof that you turned in the evidence.

9. Visit Social Security or call them about one month after you turned in your request to be your own Rep Payee to find out if the request has been processed and approved. Social Security may want to interview you before finally approving your request. If Social Security has trouble processing your request, please contact our intake line at (408) 280-2420

If you have any questions regarding this information, call our Health Intake Line at (408) 280-2420.

Social Security Administration Code of Regulation

20 C.F.R. § 416.655 When representative payment will be stopped.

If a beneficiary receiving representative payment shows us that he or she is mentally and physically able to manage or direct the management of benefit payments, we will make direct payment. Information which the beneficiary may give us to support his or her request for direct payment include the following -

- (a) A physician's statement regarding the beneficiary's condition, or a statement by a medical officer of the institution where the beneficiary is or was confined, showing that the beneficiary is able to manage or direct the management of his or her funds; or
- (b) A certified copy of a court order restoring the beneficiary's rights in a case where a beneficiary was adjudged legally incompetent; or
- (c) Other evidence which establishes the beneficiary's ability to manage or direct the management of benefits.

DISCLAIMER: This fact sheet is intended to provide accurate, general information regarding legal rights. It does not constitute legal advice. Because laws and legal procedures are subject to frequent change and differing interpretations, Law Foundation of Silicon Valley cannot ensure the information in this fact sheet is current nor be responsible for any use to which it is put. Do not rely on this information without consulting an attorney or the appropriate agency about your rights in your particular case or situation.

Revised February 2020

LETTER TO SOCIAL SECURITY

[DATE]				
SOCIAL	SECURITY ADM	IINISTRATION	I	
Street ac	ddress for local S	Social Security	office]	
City,		State	Zip]	
RE: [NAM Payee	1E]		[SSN #]	- Request to be Own
To Whom	it may concern	,		
and physicisted belo	ical ability to ma	nage my own b w whether my	penefit payments. I requer request is approved.	.655. I believe that I have the mental st that you contact me at the address
Please contact me atrequest.		if you need any	if you need any more information to approve my	
Sincerely	,			
[Your Sig	nature]			
Your Prir	nted Name]			
[Your Stre	eet Address]			
[City,	State	 Zip]		