

Client's Name: _____

Address: _____
Street City State Zip Code

Client's Phone # _____

Social Security # _____ Birth Date: _____

Place of Birth (City & State): _____

Mother's Maiden Name: _____

Gender: M F Veteran: Yes No Marital Status: _____

Live alone? Yes No -If No, with whom? _____ Legal Guardian? Yes No

Does the client receive: SSI SSDI SSA GA VA.Benefits

Benefit Amount \$ _____

AMHD Registered? Yes No

Does Client have a current payee/former payee (state reason for switch)? _____

Name/Relationship/Phone Number of current/former payee, _____, If No. Never had a payee: Contact office for SSA #787

Landlord Name/Address: _____

Move-in Date: _____

Deposit Paid \$ _____ Rent Amount \$ _____

Due Date: _____, Please attach rental agreement.

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All of the above information is required to process this referral for the Social Security Administration.

Case Manager: Please sign below stating that you have read the *Essential Information* page on the web site and that you agree to follow the mandatory SSA reporting requirements. All forms may be downloaded from this site.

www.haleipu.com

hikarp@gmail.com

Date

Case Manager Signature & Phone Number

Hale Ipu Kukui Alaka'i
Representative Payee Program

Authorization to Release/Obtain Confidential Information

Consumer Name: _____

SSN: _____ DOB: _____

I, hereby agree that the Hale Ipu Kukui Alaka'i Representative Payee Program may release/obtain confidential information regarding me, the undersigned, to/from the following organization or individual:

(Name and Address of Organization/Individual)

Purpose of release/obtain of information:

Specific information to be released/obtain:

I understand that my records are protected under the Federal Confidentiality Regulation and cannot be released without my written consent, unless otherwise provided for in writing, at any time, except to the extent that action has been taken, in reliance thereon. If not earlier revoked this consent expires the day my Representative Payee account is closed.

The information released/obtained may be in written or verbal form. This consent has been made freely, voluntarily and without coercion.

Client Signature _____

Date _____

Witness: _____ Date: _____

Hale Ipu Kukui Alaka'i

STATEMENT OF CONSUMER RIGHTS and RESPONSIBILITIES

- You have rights no matter what your situation is.
- Hale Ipu Kukui Alaka'i (HIKA) strives to uphold these rights.
- You have these rights regardless of your: Sex, Age, Race, Religion, Amount of Education, Lifestyle, Sexual Orientation, National Origin, Language Spoken, Source of Payment for Services, Ability to Communicate, Culture and/or Physical or Mental Disability.
- You have the right to be treated with respect and dignity, and to have your right to privacy respected at all times.
- You have the right to know about and the services available to you. You also have the right to know who will provide services to you, their training and experience.
- You have the right to know all your rights and responsibilities.
- You have the right to get help from AMHD in understanding your services.
- You are free to use your rights. Your services will not be changed and you will not be treated differently if you use your rights.
- You have the right to receive information and services in a timely way.
- You have the right to ask for a different provider. If you want a different provider, we will work with you to find another one. However, there is no guarantee that you will be provided a new worker right away.
- You have the right to receive services that are responsive to your racial and ethnic culture, including language, histories, traditions, beliefs, and values.
- You have the right to an interpreter, if needed, to help you speak to or with your providers. You have the right to have an interpreter in the room when your provider sees you.
- You have the right to expect that your information will be kept private according to the Privacy Law.
- You have the right to complain about your services and to expect that no one will try to retaliate on you. If you complain, your services will not stop unless you want them to.
- Use funds received on my behalf to meet my current needs for food and housing;
- Report to SSA any events that may affect my eligibility for payments or payment amount;
- Account to SSA on how my money has been spent or saved;
- Save any unspent funds, if any, in a way that clearly shows the funds belong to me; and
- Return to SSA any funds saved for me (in the event of a change in payee) or that were sent for my benefit but to which I am not entitled.

Hale Ipu Kukui Alaka 'i

STATEMENT OF CONSUMER RIGHTS

I have discussed my needs with my case manager and HIKA. I agree to have Hale Ipu Kukui Alaka'i serve as my representative payee for Social Security, and/or SSI payments.

I will:

- Be clean and sober when I come to conduct business,
- Treat staff with courtesy and respect,
- Come to conduct business only on the days and hours HIKA has set up for me,
- Receive \$ _____ for spending money every _____ as agreed, per my individual budget,

In the event of a financial emergency:

HIKA may be reached by calling 808-599-5001 and leaving ONE message.

Your call will be returned as soon as it is received.

CONSUMER

HIKA STAFF

DATE

DATE