

Community Connections Partnership
Representative Payee Identifying Information

Name: _____ Sex: _____ DOB: _____

Home Address: _____ SSN: _____

_____ Home Phone: _____

_____ Cell Phone: _____

Type of Residence (Independent, ICF/MR, Foster Care, etc.): _____

If facility or foster care, Contact Name: _____

Contact Phone: _____

MN driver's license or state ID#: _____

City of Birth: _____ State of Birth: _____

Mother's Maiden Name: _____

Does individual have a Legal Guardian/Conservator? ___ yes ___ no (if yes, complete section below)

DHS Guardianship #: _____	Date of Appointment: _____
Guardian Name: _____	Phone: _____
Address: _____	
Please attach a copy of the most current guardianship papers	

Involved Family Member: _____

Relationship: _____ Phone: _____

Involved Family Member's Address _____

ILS Worker: _____ Phone: _____

PCA: _____ Phone: _____

County of Residence: _____

DD Case Manager: _____ Phone: _____

Economic Assistance Team Number or Financial Worker Name: _____

Phone: _____ Economic Assistance/Financial Case Number: _____

