

Community Connections Partnership
Representative Payee Referral Form

TO:
Community Connections Partnership
5100 Gamble Drive Ste. 460
St. Louis Park, MN 55416
Telephone: 763-540-6833
Fax: 763-540-6839

CONTACT:
Rep Payee Service Representative
Telephone: 763-540-6833 x320
Email: mikef@comconpar.com

FROM:
Referring Organization: _____

Referring Worker: _____

Organization Address: _____ Worker Phone: _____
_____ Worker Fax: _____

I am referring the following individual for Representative Payee services from
Community Connections Partnership:

Full Name (First, Middle, Last): _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Sex: _____

_____ DOB: _____

_____ SSN: _____

Reason for seeking Rep payee services: _____

I understand that Community Connections Partnership will have to share information with the SOCIAL SECURITY ADMINISTRATION and the REFERRING WORKER regarding my account in order to assist me. I am in agreement with this as indicated by my signature.

APPLICANT DATE

REFERRING WORKER DATE