

Congregate Care Change Report Form**IV. Custody**

For children under 18 years old, who has legal Custody?	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Social Services <input type="checkbox"/> Other (specify) _____
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V. Income Changes

Type of Income: (e.g. Social Security Retirement, Social Security Disability, Pension, Wages)	Amount:	Date Income Changed:

VI. Resources

Total countable Resources equal: \$ _____ effective _____

VII. Authorization for Direct Deposit

<input type="checkbox"/> As the payee* for this resident, I am requesting that his/her SSP benefits be deposited into the bank account listed below. _____ (Payee Signature) *Must be the Representative Payee approved by SSA or the Designated Representative (DR) Payee approved by the SSP. To apply to become the DR Payee please call 1-855-488-0541	<input type="checkbox"/> I am requesting that my SSP benefits be deposited into the bank account listed below. _____ (Resident Signature)
Bank Name and Address _____	
Name on Account: _____	
Routing Number _____	
Account Number _____	
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

VIII. Authorization

Name:	Title:
Signature:	Telephone:
Date:	E-mail:

Have Questions or need More Information?

1-855-488-0541

www.otda.ny.gov/programs/ssp