



Re: Application Instructions for LifeSpan, Inc., Representative Payee Services

Dear Payee Client or Representative:

Thank you for your interest in having LifeSpan service your Representative Payee needs.

On our website, the forms are separated into two categories: **Intake Forms** and **Representative Payee Information Packets**.

1. Please print and/or view the information listed under **Client Bill of Rights & Responsibilities**. This packet explains our services and your rights and responsibilities as a Representative Payee client. This packet is for you to keep and review as needed.
2. If you are interested in Representative Payee services, you have two options. You can either:

SUBMIT ONLINE—complete the online form listed under **Intake Forms** which is labeled as **Intake Form** and then click “submit” to send the information electronically to our office. We have a secure website and your information will be securely transmitted to our organization.

OR

PRINT—print and complete the appropriate form(s) listed under **Intake Forms**. The form labeled **Intake Form** must be completed for all new Representative Payee applicants. Upon completion, mail the form(s) to us at: LifeSpan, Inc., 1900 Fairgrove Avenue (Rt. 4), Hamilton, OH 45011. You may also bring the papers to our office at this location Monday-Friday between 8am and 5pm. The papers can also be faxed to our office at: 513-868-3249.

3. If you are a first-time payee client (never had payee services with a company or relative), the **Physician Form** needs completed. This form is requested by the Social Security Administration and is listed on our website. Please print a copy of this form and have it completed by your physician and returned to us with your Intake Form...either attached to your electronic submission or included with your paper application.

NOTE: If you have a guardian, the Letter of Guardianship should also be submitted with any payee intake forms received...either attached to your electronic submission or included with your paper application.

If you have any questions, please do not hesitate to contact us.

You may call Cathy B. at 513-785-1556, Kathy M. at 513-785-1551, Janelle R. at 513-785-1546, Sue H. at 513-785-1559, or Nicole R. at 513-785-3785. We look forward to working with you.

Sincerely,

LifeSpan Representative Payees

Fax: 513-868-3249