

How to Become Your Own Rep Payee

If you want to receive your benefits payments directly, you must show to Social Security that you are able to manage your own money. The best way to do this is to have your doctor confirm that you have the capacity to do so. **You can request that Social Security send your doctor the SSA-787 form in order to confirm your capacity to handle your own money.**

Here is a Step-by-Step Guide to Becoming Your Own Rep Payee

1. Go to your local Social Security Field office for a walk-in appointment.'
2. Advise the Social Security Representative you meet with that you want to start the application to become your own payee.
3. Provide Social Security with your doctor's information (name, address, phone number, and fax number) in order for Social Security to send the SSA-787 form to your doctor.
4. Advise your doctor to be on watch for form SSA-787 from Social Security and show your doctor the Social Security's rules, located on page 2 of this information packet. These rules say what proof is necessary for you to become your own payee.
5. Give your doctor time to complete and return the SSA-787.
6. Whether or not your doctor is willing to fill out the SSA-787, write a letter to Social Security asking to be paid your money directly. You can use the sample letter attached on page 3 of this information packet. Gather other proof that you can manage your own money, such as:
 - A letter from your current representative payee saying that you can manage money on your own;
 - Proof that you are paying bills on your own;
 - Proof that you keep a budget for how you spend your money and make sure you stay inside that budget (for example, keeping receipts or a spreadsheet may be helpful);
 - Letters from social workers, landlords or friends who know you well and who can show you that you can manage your own money.
7. Once you are done collecting the evidence, make an extra copy of everything for yourself.
8. Bring both copies of the evidence to a Social Security office and ask them to "date stamp" both copies. Keep one set of copies for your records as proof that you turned in the evidence.

9. Visit Social Security or call them about one month after you turned in your request to be your own Rep Payee to find out if the request has been processed and approved. Social Security may want to interview you before finally approving your request. If Social Security has trouble processing your request, please contact our intake line at (408) 280-2420

If you have any questions regarding this information, call our Health Intake Line at (408) 280-2420.

Social Security Administration Code of Regulation

20 C.F.R. § 416.655 When representative payment will be stopped.

If a beneficiary receiving representative payment shows us that he or she is mentally and physically able to manage or direct the management of benefit payments, we will make direct payment. Information which the beneficiary may give us to support his or her request for direct payment include the following -

- (a) A physician's statement regarding the beneficiary's condition, or a statement by a medical officer of the institution where the beneficiary is or was confined, showing that the beneficiary is able to manage or direct the management of his or her funds; or
- (b) A certified copy of a court order restoring the beneficiary's rights in a case where a beneficiary was adjudged legally incompetent; or
- (c) Other evidence which establishes the beneficiary's ability to manage or direct the management of benefits.

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LETTER TO SOCIAL SECURITY

[DATE]

SOCIAL SECURITY ADMINISTRATION

[Street address for local Social Security office]

[City, State Zip]

RE: [NAME] _____ [SSN #] _____ - Request to be Own
Payee

To Whom it may concern,

I am requesting to become my own payee under 20 C.F.R. § 416.655. I believe that I have the mental and physical ability to manage my own benefit payments. I request that you contact me at the address listed below to let me know whether my request is approved.

I am also enclosing the follow additional evidence:

Please contact me at _____ if you need any more information to approve my request.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Street Address]

[City, State Zip]