

# LIFESPAN



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.

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, print the **Intake Forms**. The forms labeled Intake Forms must be completed for all new Representative Payee applicants. To submit, you may:
  - 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 and put them in the drop box located by our entrance door.
  - The papers can also be faxed to our office at: 513-868-3249.
  - The papers can also be e-mailed by encrypted e-mail to: [payee@community-first.org](mailto:payee@community-first.org)
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 513-413-0918, Kathy M. at 513-388-6058, Sarah O. at 513-276-5419, Sue H. at 513-388-6066, Lori J. at 513-266-8444, or Beth R. at 513-620-3738. We look forward to working with you.

Sincerely,

LifeSpan Representative Payees

**Please return completed form:**

Mail: LifeSpan, Inc., 1900 Fairgrove Avenue (Rt. 4), Hamilton, OH 45011

Bring to LifeSpan office: Put in the drop box located by entrance door

Fax: 513-868-3249

Email: [payee@community-first.org](mailto:payee@community-first.org)