

APPLICATION FOR BENEFITS AND MANAGEMENT OF FUNDS AUTHORIZATION FOR RECIPIENTS OF RESIDENTIAL SERVICES

APPLICATION FOR BENEFITS

I hereby authorize (Provider) to research and apply for any and all financial aid/governmental benefits available to (Person's Name). The financial aid referred to in this document includes, but is not necessarily limited to, Social Security, Title XIX - Medicaid, VA Pension, Health Insurance and CHAMPUS.

MANAGEMENT OF FUNDS AUTHORIZATION

I hereby authorize (Provider) to manage personal funds which are the property of (Person's Name). The personal funds referred to in this document include, but are not necessarily limited to, benefits from the Social Security Administration, Veterans Administration, Supplemental Security Income, or funds received from parents, organizations and friends.

If the person is capable of understanding this authorization, he or she should sign below:

Recipient's Name (Print): _____	Residence: _____
Signature: _____	Date: _____
Witness Signature: _____	Date: _____

If the person is unable of understanding this authorization and therefore cannot sign above, a Parent/Guardian/Other Responsible Party should sign below on his/her behalf:

Name (Print): (Parent/Guardian/Other Responsible Party) _____	Relationship: (to Person) _____
Address: _____	City/State/Zip: _____
Telephone #: _____	Cellphone #: _____
Signature: _____	Date: _____

Sworn by me on this _____
day of _____, _____

NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission expires _____