



SPECIAL TREATMENT CENTER INC.

Remarkable People. Specialized Care

Date

Payee Name / Address

RE: Notice to Representative Payee / _____ SOC

_____ was admitted to our facility on _____. Our records indicate that you are the assigned Representative Payee for this client. Placement in IMD (Institution for Mental Diseases) is not free of charge. Our contract with the County requires us to collect a Share of Cost (SOC) for your client’s stay here at the facility. It is the responsibility of the Payee to notify Social Security that the client is in an IMD locked placement facility and that he/she should be at the “Independent Living Rate” while residing here. Please contact SSI immediately to update her/his records that she/he is at our facility and to ensure that the correct amount of income is received.

All SSI/SSA funds should be remitted to the facility except for \$50.00 that the client would receive for personal needs. The amount of the independent living rate minus the \$50.00 must be used to pay for a share of cost towards the client’s room and board and must be paid directly to the facility. The payment should be received no later than the 10th day of the month.

If the payee refuses to pay the facility, he/she may not be able to receive the recommended treatment. If no payment is received, this is grounds for discharge.

The \$50.00 for personal needs shall be distributed to the client by the Payee as needed. If you choose to remit the personal needs income to the facility for the client, we can distribute it to the client through Client Banking which is held each Tuesday and Thursday.

Acknowledgement and Agreement

Payee Name Relationship

I acknowledge that I understand the information provided above and have been given a copy of this document.

I agree to pay the Share of Cost (SOC) on behalf of _____ for as long as I am the payee or if I am not the payee, I agree to assist the facility to collect the share of cost, if I have been assisting the above individual with his/her financial matters. I understand that the individual is not entitled to these funds except for the above stated use and that lack of payment of these funds to the facility will jeopardize the placement.

Signature Date

If you have any questions, please contact us at (619) 722-7219