

# 1. eRPS Home

## Home

This is the main page of system. This will replace the current eRPS (Misuse) Home Page. This is a paradigm to the RPMM screen currently used in the RPS

The screenshot shows the top portion of the eRPS Home page. It features a dark header with the text "Representative Payee System" and "eRPS Home" on the left, and "eRPS Links | About | Logout" on the right. Below the header, the page is organized into several sections under the heading "Actions:":

- Representative Payee Applications**
  - Create New Application
  - Search/View/Update Applications
- Search/View/Update**
  - Beneficiary Search
  - Individual Payee Search
  - Organizational Payee Search
  - Beneficiary/Payee Search
- Misuse Cases**
  - Create New Misuse Allegation
  - Search/View/Update Allegations
- Rep Payee Accounting**
  - Access eRPA
- Manage Workload**
  - Search for Pending/Transferred Cases
- Manager Actions**
  - Establish Organization
  - Manage Organization
  - Approve Bank Changes
  - Establish Collective Account
  - View/Update Collective Account
  - Approve Selection
- MI Reports**
  - eRPS Reports
  - Misuse MI Reports
- Special Actions**
  - Fraud/Special Crimes
  - Synchronize

The screenshot shows the "Search" page of the eRPS system. It has a dark header with "Representative Payee System" and "Search" on the left, and "eRPS Links | About | Logout" on the right. Below the header, the page contains the following elements:

- Actions:**
  - Return to eRPS Home
- Search for Application**
- Rep Payee Type**
  - Individual  Organization
- Search Criteria:**
  - Enter applicant SSN, beneficiary SSN, or both. (Warning icon)
  - Applicant SSN:
  - Beneficiary SSN:
  - Field Office:
  - Application Decision:
- Buttons:** Search, Clear, Cancel



## Search

### Actions:

[Return to eRPS Home](#)

### Search for Application

\*Rep Payee Type  Individual  Organization

Enter organization ID, beneficiary SSN, or both.

Organization Rep Payee ID

Organization Lookup

Beneficiary SSN

Field Office

Application Decision

Search

Clear

Cancel



## Search

### Actions:

[Return to eRPS Home](#)

### Search for Application

\*Rep Payee Type  Individual  Organization

Enter both SSNs if known, otherwise at least one is required.

\*Applicant SSN

\*Beneficiary SSN

Field Office

Application Decision

Search

Clear

Cancel

Search By > Details ; SSN > ; SSN > ; Rep Payee Type > Individual ; Field Office > 001

Beneficiary	Applicant/Rep Payee	Applicant/Rep Payee ID	Application Status	Origination Date	Decision	Decision Date	Office
			Pending	07/29/2015			001

Search

**Actions:**  
[Return to eRPS Home](#)

**Search for Beneficiary**

Search by  SSN  Name

\*SSN

Search

**Actions:**  
[Return to eRPS Home](#)

**Search for Individual Rep Payee**

Search by  SSN  Name

Name

\*First Middle Last Suffix

Search

**Actions:**  
[Return to eRPS Home](#)

**Search for Individual Rep Payee**

Search by  SSN  Name

Name

\*First Middle Last Suffix



## Search

### Actions:

[Return to eRPS Home](#)

### Search for Individual Rep Payee

Search by

SSN  Name

\*Name

\*First

Middle

\*Last

Suffix

[Cancel](#)

Search By > Name , First Name >  Last Name >

Rep Payee Name	DOB	Status	Rep Payee Mailing City	Rep Payee Mailing State	Rep Payee Mailing Zip Code
<input type="text"/>	<input type="text"/>	Active	<input type="text"/>	<input type="text"/>	<input type="text"/>



## Search

### Actions:

[Return to eRPS Home](#)

### Search for Organization

Search by

Organization ZIP  Organization Name  Organization State

\*Organization ZIP

Current Organizations Only

[Cancel](#)



## Search

### Actions:

[Return to eRPS Home](#)

### Search for Organization

Search by

Organization ZIP  Organization Name  Organization State

\*Organization Name

[Cancel](#)

Search

**Actions:**

Return to eRPS Home

Search for Organization

Search by

Organization ZIP    Organization Name    Organization State

\*Organization State

Current Organizations Only

\*Organization Name

Search

**Actions:**

Return to eRPS Home

Search for Organization

Search by

Organization ZIP    Organization Name    Organization State

\*Organization Name

Search By > Organization Name . Name >

Organization Name	Organization ID	Street Address	City, State, Zip	Fee for Service Payee	Volume Payee	Onsite Payee	Termination Date



## Search


### Actions:

[Return to eRPS Home](#)

### Search for Relationship

Rep Payee Type

Individual  Organization

 Enter applicant SSN, beneficiary SSN, or both.

Rep Payee SSN

Beneficiary SSN

Relationship Status

[Search](#)

[Clear](#)

[Cancel](#)



## Search


### Actions:

[Return to eRPS Home](#)

### Search for Relationship

Rep Payee Type

Individual  Organization

 Enter organization ID, beneficiary SSN, or both.

Organization Rep Payee ID

[Organization Lookup](#)

Beneficiary SSN

Relationship Status

[Search](#)

[Clear](#)

[Cancel](#)



# Representative Payee System

eRPS Links | About | Log

## Search

### Actions:

Return to eRPS Home

### Search for Relationship

\*Rep Payee Type

Individual  Organization

Enter applicant SSN, beneficiary SSN, or both.

Rep Payee SSN

Beneficiary SSN

Relationship Status

Search

Clear

Cancel

Search By > Details ; SSN > ; SSN > [redacted] ; Rep Payee Type > Individual

Beneficiary	Payee Name	Payee ID	Termination Date	Reason
[redacted]	[redacted]			



# Representative Payee System

eRPS Links | About | Logout

## Establish Organization/Institution

### Actions:

Return to eRPS Home

### Establish Organizational/Institutional Relationship Information

\*Organization Name

\*Payment Legend 1

\*Payment Legend 2

\*Organization Type

\*Phone Number

\*If-digit Number Ext

\*Phone Type

\*EIN:

\*Location Address

\*Street 1

Street 2

\*City/Town

State

\*ZIP Code

Mailing Address is different than the Location Address

Save & Exit

Cancel

EIN successfully verified in EIF

EIN: [REDACTED]

**Rep Payee Organization Details**  
Organization Name and Address from EIF

[REDACTED]

Is the EIN correct for this Organization?  Yes  No

OK Cancel

https://ssoesef2.addev.ssa.gov/csp/EstablishOrgView Establish Organization/Inst... x

EIN not found in EIF

EIN: [REDACTED]

Do you still want to use this EIN?  Yes  No

OK Cancel



Representative Payee EIN Info From EIF

⚠ EIN NOT ON EIF DATABASE

EIN: E12345670

Do you still want to use this EIN?  Yes  No

\*Proof Type:

\*Enter Reason for Override:   
Characters remaining: 500

Save & Call

Cancel



# Representative Payee System

eRPS Links | About | LogOut

## Approve Selection

### Actions:

[Return to eRPS Home](#)

### Search for Application

\*Rep Payee Type:  Individual  Organization

⚠ Enter applicant SSN, beneficiary SSN, or both.

Applicant SSN:

Beneficiary SSN:

Field Office:

Application Decision:

Search

Clear

Cancel



## Approve Selection

### Actions:

[Return to eRPS Home](#)

### Search for Application

\*Rep Payee Type

Individual  Organization



Enter both SSNs if known, otherwise at least one is required.

\*Applicant SSN

\*Beneficiary SSN

Field Office

Application Decision

Search

Clear

Cancel

Search By > Details, SSN >, SSN > [redacted], Rep Payee Type > Individual

Beneficiary	Applicant/Rep Payee	Applicant/Rep Payee ID	Application Status	Origination Date	Decision	Decision Date	Office
[redacted]	[redacted]	[redacted]	Selected	07/20/2015	Selected	07/20/2015	CCL
[redacted]	[redacted]	[redacted]	Complete	07/22/2015	Nonselected	07/31/2015	CCL



## Approve Selection

### Actions:

[Return to eRPS Home](#)

[Return to Application Search](#)

### Current Application

Applicant Name [redacted]

Beneficiary Name [redacted]

Application Status Attested

Selection Notes Approved N

### Selection Notes



This note requires manager approval.

Note required and Mgr approval:  
Misuse allegation pending. Document selection reason.

No one else to choose



This note requires manager approval.

Note required and Mgr approval:  
History of misuse found. Document selection reason.

No one else to choose from

Approve



# Representative Payee System

## eRPS Application

SSA-11 Application Summary Print Select

**Actions:** Alert Messages

Return to eRPS Home

- eRPS Application**
- Main
- Introduction
- Verification
- Review
- Relationships
- Applicant
- Claimant
- Payment Info
- Application Remarks

### Introduction

**Reminder:** Consider lay evidence you gather in a face-to-face interview before determining that a legally competent adult beneficiary is incapable and needs a representative payee. Although a major factor, medical evidence is not the sole determining factor of capability. It must be evaluated, along with lay evidence, in order to make a sound capability determination.

\* Indicates required information

#### \*Interview Type

In person  By phone  By video

#### \*Applicant Type

Individual  
 Organization  
 Self (claimant is applying to receive direct payment)

### Applicant

\*Applicant SSN

### Claimant

\*Is applicant applying to represent multiple children in his/her household?  Yes  No

\*Is the claimant SSN known?  Yes  No

\*Claimant SSN

Verify SSNs

Cancel

# Representative Payee System

eRPS Links | About | Logout

## eRPS Application

SSA-11 Application Summary Print Select

**Actions:** [Alert Messages](#)  
[Return to eRPS Home](#)

- eRPS Application**
- Man
- Introduction
- Verification
- Review
- Relationship
- Applicant
- Claimant
- Playground Info
- Application Remarks

### Introduction

**Reminder:** Consider lay evidence you gather in a face-to-face interview before determining that a legally competent adult beneficiary is incapable and needs a representative payee. Although a major factor, medical evidence is not the sole determining factor of capability. It must be evaluated, along with lay evidence, in order to make a sound capability determination.

\* Indicates required information

#### \*Interview Type

- In person
- By phone
- By video

#### \*Applicant Type

- Individual
- Organization
- Self (claimant is applying to receive direct payment)

### Applicant

\*Applicant SSN

[Verify SSNs](#) [Cancel](#)

# Representative Payee System

eRPS Application

SSA-11 Application Summary Print Select

Actions: [Alert Messages](#)  
[Return to eRPS Home](#)

- Main
- Introduction
- Verification
- Renew
- Relationship
- Applicant
- Claimant
- Payment Info
- Application Formula

## Introduction

**Reminder:** Consider lay evidence you gather in a face-to-face interview before determining that a legally competent adult beneficiary is incapable and needs a representative payee. Although a major factor, medical evidence is not the sole determining factor of capability. It must be evaluated, along with lay evidence, in order to make a sound capability determination.

\* Indicates required information

\*Interview Type  In person  By phone  By video

\*Applicant Type  Individual  Organization  Self (claimant is applying to receive direct payment)

## Applicant

## Claimant

\*Is the claimant SSN known?  Yes  No

\*Claimant SSN

# Representative Payee System

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

- eRPS Application**
- Mail
- Introduction
- Verification
- Review
- Relationship
- Applicant
- Claimant
- Payment Info
- Application Summary

### Introduction

**Reminder:** Consider lay evidence you gather in a face-to-face interview before determining that a legally competent adult beneficiary is incapable and needs a representative payee. Although a major factor, medical evidence is not the sole determining factor of capability. It must be evaluated, along with lay evidence, in order to make a sound capability determination.

\* Indicates required information

\*Interview Type  In person  By phone  By video

\*Applicant Type  Individual  Organization  Self (claimant is applying to receive direct payment)

### Applicant

\*Applicant SSN

### Claimant

\*Is applicant applying to represent multiple children in his/her household?  Yes  No

### Added Claimants

To add claimants to this application, click the 'Add Claimant' button.

Select Claimant SSN Claim SSN Date of Birth First Name Middle Name Last Name Suffix Gender

No Records Found

- eRPS Application
- Menu
- Introduction
- Verification
- Review
- Applicant Contact Info
- Relationships
- Applicant
- Claimant
- Payment Info
- Other People
- Specialties
- Application Parameters

### Verification

#### Current Information on Record

##### Identity Information

Rep Payee SSN [REDACTED]  
 Name [REDACTED]  
 Sex/Gender Female  
 Date of Birth [REDACTED]  
 Place of Birth [REDACTED]  
 Birth Proof Code B - Birth/baptism certificate (before the age of 5)  
 Birth Proof Type P - Pre-age 5 State or Local Public Birth Certificate  
 Mother's Maiden Name [REDACTED]  
 Father's Name [REDACTED]

##### Death Information

No death record for this person. Go To POMS for more information.

##### Contact Information

Phone [REDACTED]  
 Email [REDACTED]  
 Spoken Language Preference 01. English  
 Written Language Preference 01. English  
 Contact Address [REDACTED]

##### Military Service Information

Wounded Warrior No  
 VA 100% P&T No

##### Accommodation Information

Active Accommodations	Request Date	Occurs
No records found		

Non-Standard Accommodations	Request Date	Occurs	Status
No records found			



# Representative Payee System

eRPS Links | About | Log

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

**Actions:**   Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Main

Introduction

Verification

Review

Applicant Contact Info

Relationships

Claimant

Payment Info

Other People

Miscellaneous

Application Remarks

### Review

Applicant	Applicant SSN	Date of Birth	Gender	Summary
[REDACTED]	[REDACTED]	[REDACTED]	M	<a href="#">View Summary</a>

### Read this statement to the applicant before continuing

During this interview, we will ask you questions that will be used to process your application to receive your benefits directly. At the end of the interview, we will ask you to confirm the truthfulness of your answers under penalty of perjury and to confirm your intent to file this application, and we will record your responses. You should be aware that you can be held legally responsible for giving us false information.

I have read this to the applicant

**Next**

Previous

Save & Exit





# Representative Payee System

eRPS Links | About | Logout

Org ID: [REDACTED]

Applicant Org Name: [REDACTED]

Application Status: **Pending**

Beneficiary SSN: [REDACTED]

Beneficiary Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

Add Issue

### eRPS Application

- Men
- Introduction
- Verification
- Review
- Relationships
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Review

Applicant	Organization ID	Summary		
[REDACTED]	[REDACTED]	<a href="#">View Summary</a>		
Claimant	Claimant SSN	Date of Birth	Gender	Summary
[REDACTED]	[REDACTED]	[REDACTED]	M	<a href="#">View Summary</a>

### Read this statement to the applicant before continuing

During this interview, we will ask you questions that will be used to process your application to serve as representative payee for [REDACTED].

At the end of the interview, we will ask you to confirm the truthfulness of your answers under penalty of perjury and to confirm your intent to file this application, and we will record your responses. You should be aware that you can be held legally responsible for giving us false information.

I have read this to the applicant

**Next**   Previous   Save & Exit



# Representative Payee System

eRPS Links | About | Logo

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: Pending

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

#### eRPS Application

- Main
- Introduction
- Verification
- Review
- Applicant Contact Info
- Relationships
- Applicant
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Review

Applicant	Applicant SSN	Date of Birth	Gender	Summary	
[REDACTED]	[REDACTED]	[REDACTED]	F	<a href="#">View Summary</a>	
Claimant	Claimant SSN	Claim SSN	Date of Birth	Gender	Summary
[REDACTED]	[REDACTED]	[REDACTED]	F	<a href="#">View Summary</a>	

### Read this statement to the applicant before continuing

During this interview, we will ask you questions that will be used to process your application to serve as representative payee for [REDACTED]

At the end of the interview, we will ask you to confirm the truthfulness of your answers under penalty of perjury and to confirm your intent to file this application, and we will record your responses. You should be aware that you can be held legally responsible for giving us false information.

I have read this to the applicant

**Next**

Previous

Save & Exit



### eRPS Application

SSA-11 Application Summary Print Select

#### Actions: [Alert Messages](#)

[Return to eRPS Home](#)

- eRPS Application**
- [Home](#)
- [Introduction](#)
- [Verification](#)
- [Review](#)
- [Feedback](#)
- [Applicant](#)
- [Claimant](#)
- [Payment Info](#)
- [Application Remarks](#)

#### Introduction

**Reminder:** Consider lay evidence you gather in a face-to-face interview before determining that a legally competent adult beneficiary is incapable and needs a representative payee. Although a major factor, medical evidence is not the sole determining factor of capability. It must be evaluated, along with lay evidence, in order to make a sound capability determination.

Indicates required information

**\*Interview Type**  In person  By phone  By video

**\*Applicant Type**  Individual  Organization  Self (claimant is applying to receive direct payment)

#### Applicant

**\*Applicant SSN** \_\_\_\_\_

#### Claimant

**\*Is applicant applying to represent multiple children in his/her household?**  Yes  No

**\*Is the claimant SSN known?**  Yes  No

**\*Claim SSN** \_\_\_\_\_

**\*Claimant Date of Birth** \_\_\_\_\_

**\*Claimant Name** \_\_\_\_\_  
First Middle Last

**\*Claimant Gender**  Male  Female

[Verify SSNs](#) [Cancel](#)

### Rep Payee Record Summary

RP Name: ██████████  
RP Individual SSN: ██████████  
RP DOB: ██████████  
Volume Payee: No  
Active Relationships: 0  
Pending Applications: 6

### Rep Payee Record Summary

RP Name: [REDACTED]  
RP Org Zip Code: [REDACTED]  
Payment Legend: [REDACTED]  
Type of Institution: Privately Owned Non-Mental Institution  
RP EIN: [REDACTED]  
Onsite Payee: Yes  
Fee For Service Org: Yes  
Merging Org Name: [REDACTED]  
Merging Org Zip Code: [REDACTED]  
Volume Payee: No  
Active Relationships: 4  
Pending Applications: 8



## Representative Payee System

[eRPS Links](#) | [About](#) | [Logout](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: Pending  
Decision Code:

### eRPS Application

SSA-11 Application   Summary   Print   Select

#### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

#### eRPS Application

- Main
- Applicant Contact Info
- Proof of Identity
- Addresses
- Phone Numbers
- Relationships
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Proof of Identity

\*Type of applicant ID

Birth Certificate

\*ID number or description

Test

Characters remaining: 251

Next

Previous

Save & Exit

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]Application Status: Pending  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

### Actions: Alert Messages

[Return to eRPS Home](#)   [Add Note](#)   [Add Report of Contact](#)

#### eRPS Application

- Home**
- Applicant Contact Info
- Proof of Identity
- Address(es)
- Phone Numbers
- Relationships
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Application Requests

### Address Details

#### Mailing Address:

\*Mailing Address:

\*Country

\*Street 1

Street 2

\*City/Town

\*State  \*ZIP Code

\*Payment Address:

\*Country

\*Street 1

Street 2

\*City/Town

\*State  \*ZIP Code

- Payment address is same as mailing address
- Residence address is same as mailing address

#### Residence Address:

\*Residence Address:

\*Country

\*Street 1

Street 2

\*City/Town

\*State  \*ZIP Code

\*When did you move to this address?

\*Month   \*Year

[Next](#)   [Previous](#)   [Save & Exit](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]Application Status: Pending  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

[Return to eRPS Home](#)[Add Note](#)[Add Report of Contact](#)

- eRPS Application**
- Home
- Applicant Contact Info
- Proof of Identity
- Addresses
- Phone Numbers
- Relationships
- Claimant
- Payment Info
- Other People
- Attachments
- Application Remarks

### Address Details

#### Mailing Address:

\*Mailing Address:

\*Country

\*Street 1

Street 2  [Add Line](#)

\*City/Town

\*State  \*ZIP Code

#### Payment Address:

\*Payment Address:

\*Country

\*Street 1

Street 2  [Add Line](#)

\*City/Town

\*State  \*ZIP Code

 Payment address is same as mailing address Residence address is same as mailing address

\*When did you move to this address?

\*Month \*Year

[Next](#) [Previous](#) [Save & Exit](#)



Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)**Actions:**   [Alert Messages](#)[Return to eRPS Home](#)[Add Note](#)[Add Report of Contact](#)**eRPS Application**[Main](#)[Applicant Contact Info](#)[Proof of Identity](#)[Addresses](#)[Phone Numbers](#)[Relationships](#)[Claimant](#)[Payment Info](#)[Other People](#)[Microfiche](#)[Application Remarks](#)

### Address Details

#### Mailing Address:

\*Mailing Address:

\*Country \*Street 1 Street 2  [+ Add Line](#)

\*City/Town

\*State

\*ZIP Code

 Payment address is same as mailing address Residence address is same as mailing address

\*When did you move to this address?

-  

\*Month

\*Year

[Next](#)[Previous](#)[Save & Exit](#)





# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Home

Applicant Contact Info

Proof of Identity

Addresses

Phone Numbers

Relationships

Claimant

Payment Info

Other People

Miscellaneous

Application Remarks

### Phone Details

#### Work

[REDACTED] (Preferred)

Change Phone

Add Phone

Next

Previous

Save & Exit

### Rep Payee Phone

U.S.    International

[REDACTED]   [REDACTED]

\*10-digit Number   Ext

Preferred

Delete

Save Change

Cancel



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

#### eRPS Application

Main

Applicant Contact Info

Relationships

Applicant/Claimant

Custodian (Physical)

Parent

Legal Guardian

Applicant

Claimant

Payment Info

Other People

Miscellaneous

Application Remarks

### Applicant/Claimant Relationship

\*What is your relationship to the claimant?

Father - Step

Next

Previous

Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Org Id: [REDACTED]

Applicant Org Name: [REDACTED]

Application Status: **Pending**

Beneficiary SSN: [REDACTED]

Beneficiary Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

Add Issue

#### eRPS Application

Main

Relationships

Custodian (Physical)

Legal Guardian

Parent

Payment Info

Other People

Miscellaneous

Application Remarks

### Custodian

\*Do you have physical custody of the claimant?  Yes  No

\*Who has physical custody of the claimant?

Mother - Natural or Adoptive

\*Custodian Name

[REDACTED]

\*First

[REDACTED]

Middle

[REDACTED]

\*Last

[REDACTED]

Suffix

Next

Previous

Save & Exit



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

**Actions:**   Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

- Main
- Applicant Contact Info
- Relationships
- Legal Guardian
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Court-Appointed Legal Guardian Details

\*Does the claimant have a court-appointed legal guardian?    Yes    No

**Next**

Previous

Save & Exit



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

**Actions:**   Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

- Main
- Applicant Contact Info
- Relationships
- Applicant/Claimant
- Custodian (Physical)
- Parent
- Legal Guardian
- Applicant
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Applicant/Claimant Relationship

\*What is your relationship to the claimant?

Father - Step



**Next**

Previous

Save & Exit



Applicant SSN: ██████████

Applicant Name: ██████████

Application Status: **Pending**

Claimant SSN: ██████████

Claimant Name: ██████████

Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)**Actions:**   [Alert Messages](#)[Return to eRPS Home](#)[Add Note](#)[Add Report of Contact](#)

### eRPS Application

[Main](#)[Applicant Contact Info](#)[Relationships](#)[Applicant/Claimant](#)[Custodian \(Physical\)](#)[Parent](#)[Legal Guardian](#)[Applicant](#)[Claimant](#)[Payment Info](#)[Other People](#)[Miscellaneous](#)[Application Remarks](#)

### Applicant/Claimant Relationship

What is your relationship to the claimant?

Other 

What is other's relationship to the claimant?

Friend [Next](#)[Previous](#)[Save & Exit](#)



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Main

Applicant/Contact Info

Relationships

Applicant/Claimant

Custodian (Physical)

Parent

Legal Guardian

Applicant

Claimant

Payment Info

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Application Remarks

### Custodian

\*Do you have physical custody of the claimant?  Yes  No

\*Does someone take care of the claimant when you are away from home for work or other activities?  Yes  No

**Next**

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Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Org ID: [REDACTED]  
Beneficiary SSN: [REDACTED]

Applicant Org Name: [REDACTED]  
Beneficiary Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

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### eRPS Application

Main

Relationships

Custodian (Physical)

Legal Guardian

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Application Remarks

### Custodian

\*Do you have physical custody of the claimant?  Yes  No

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Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

**Actions:** Alert Messages

Return to eRPS Home

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Add Report of Contact

### eRPS Application

Main

Applicant Contact Info

Relationships

Applicant/Claimant

Custodian (Physical)

Parent

Legal Guardian

Applicant

Claimant

Payment Info

Other People

Miscellaneous

Application Remarks

### Custodian

\*Do you have physical custody of the claimant?    Yes    No

\*Who has physical custody of the claimant?   Other

\*What is other custodian's relationship to the claimant?   Foster Father

\*Custodian Name           

\*First

Middle

\*Last

Suffix

**Next**

Previous

Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

**Actions:** Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Main

Applicant Contact Info

Relationships

Applicant/Claimant

Custodian (Physical)

Parent

Legal Guardian

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Application Remarks

### Custodian

\*Do you have physical custody of the claimant?    Yes    No

\*Who has physical custody of the claimant?   Institution

Search for Institution

**Next**

Previous

Save & Exit



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

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### eRPS Application

Main

Applicant/Claimant Info

Relationships

Applicant/Claimant

Custodian (Physical)

Parent

Legal Guardian

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Payment Info

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Application Remarks

### Custodian

\*Do you have physical custody of the claimant?  Yes  No

\*Does someone take care of the claimant when you are away from home for work or other activities?  Yes  No

\*Caretaker Name

\*First

Middle

\*Last

Suffix

\*What is caretaker's relationship to the claimant?

\*What is other caretaker's relationship to the claimant?

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# Representative Payee System

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Applicant SSN: ██████████

Applicant Name: ██████████

Application Status: **Pending**

Claimant SSN: ██████████

Claimant Name: ██████████

Decision Code:

## eRPS Application

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### eRPS Application

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[Custodian \(Physical\)](#)

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[Claimant](#)

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[Application Remarks](#)

### Claimant Parent Details

Does the child have a living natural or adoptive parent?    Yes    No    Unknown

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[Save & Exit](#)



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]Application Status: Pending  
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## eRPS Application

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#### eRPS Application

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### Claimant Parent Details

Does the child have a living natural or adoptive parent?  Yes  No  Unknown\*Relationship  Father - Natural or Adoptive  
 Mother - Natural or Adoptive\*Parent Name  
\*First  Middle  \*Last  Phone number is unknownParent Phone Number  
 U.S.  International10-digit Number  Ext  Phone Type  Address is unknown

\*Parent Mailing Address

\*Country \*Street 1 Street 2  [Add Line](#)\*City/Town  \*State  \*ZIP Code \*Does this parent show interest in the child?  Yes  No

\*Explain how the parent shows interest:

Characters remaining: 255

[Next](#)[Previous](#)[Save & Exit](#)



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Home

Applicant Contact Info

Relationships

Legal Guardian

Claimant

Payment Info

Other People

Miscellaneous

Application Remarks

### Court-Appointed Legal Guardian Details

\*Does the claimant have a court-appointed legal guardian?    Yes    No

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Previous

Save & Exit

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]Application Status: Pending  
Decision Code:

## eRPS Application

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### Actions: [Alert Messages](#)

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#### eRPS Application

[Home](#)[Applicant Contact Info](#)[Relationships](#)[Legal Guardian](#)[Claimant](#)[Payment Info](#)[Other People](#)[Miscellaneous](#)[Application Elements](#)

### Court-Appointed Legal Guardian Details

\*Does the claimant have a court-appointed legal guardian?  Yes  No\*Do you have proof of the legal guardianship?  Yes  No\*Is the applicant the guardian?  Yes  No

Provide the following information from the court document:

Title of legal guardian as stated in the court document:

\*Type

Conservator 

\*Title

Conservator for a Protected Person 

\*Date Appointed:

mm/dd/yyyy

\*Reason the guardian was appointed:

Characters remaining: 255

\*Is the claimant legally incompetent?

 Yes  No[Next](#)[Previous](#)[Save & Exit](#)

Applicant SSN: ██████████  
Claimant SSN: ██████████Applicant Name: ██████████  
Claimant Name: ██████████Application Status: Pending  
Decision Code:

## eRPS Application

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Mail	
Applicant Contact Info	
Relationships	
Legal Guardian	
Claimant	
Payment Info	
Other People	
Miscellaneous	
Application Reviews	

### Court-Appointed Legal Guardian Details

\*Does the claimant have a court-appointed legal guardian?  Yes  No\*Do you have proof of the legal guardianship?  Yes  No\*Is the applicant the guardian?  Yes  No

Provide the following information from the court document:

Title of legal guardian as stated in the court document:

\*Type: Title: \*Date Appointed:  \*Reason the guardian was appointed: 

Characters remaining: 255

\*Is the claimant legally incompetent?  Yes  No[Next](#) | [Previous](#) | [Save & Exit](#)



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

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### eRPS Application

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[Criminal Warrant Questions](#)

[Self-Reported Crime Record Listing](#)

[PUGFEL Crime Record Listing](#)

[PUPS Crime Record Listing](#)

[Permission for Background Check](#)

[Income](#)

[Claimant](#)

[Payment Info](#)

[Other People](#)

[Miscellaneous](#)

[Application Reminders](#)

## Criminal Warrant Questions

\*Have you ever been convicted of a felony?

Yes    No

\*Have you ever been convicted of an offense resulting in imprisonment for more than 1 year?

Yes    No

\*Do you have any unsatisfied felony warrants for your arrest?

Yes    No

[Next](#)

[Previous](#)

[Save & Exit](#)

Add Crime Record

\*Crime Record Type

\*What Was the crime?

Characters remaining: 255

Barred Crime

\*When Did Crime occur?    
\*Month \*Year

\*On What Date Were You Convicted?    
\*Month \*Year

\*What Was Your Sentence?

Characters remaining: 255

If Imprisonment, When Were You Released?    
Month Year

If Probation Ordered, When Did/Will Your Probation End?    
Month Year



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

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### Actions: Alert Messages

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<b>eRPS Application</b>
<b>Main</b>
<a href="#">Applicant Contact Info</a>
<a href="#">Relationships</a>
<a href="#">Appoint</a>
<a href="#">Criminal Warrant Questions</a>
<a href="#">Self-Reported Crime Record Listing</a>
<a href="#">FUGFEL Crime Record Listing</a>
<a href="#">FIPS Crime Record Listing</a>
<a href="#">Permission for Background Check</a>
<a href="#">Income</a>
<b>Claimant</b>
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<a href="#">Other People</a>
<a href="#">Miscellaneous</a>
<a href="#">Application Remarks</a>

## Self-Reported Crime Record Listing

[Crime Records](#)    [Outstanding Warrants](#)

<a href="#">Crime Description</a>	<a href="#">Barred Crime Description</a>	<a href="#">Crime Date</a>	<a href="#">Conviction Date</a>	<a href="#">Sentence Received</a>
-----------------------------------	--	----------------------------	---------------------------------	-----------------------------------

No records found

[View/Update](#)    [Remove](#)

[Next](#)    [Previous](#)    [Save & Exit](#)



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application   [Summary](#)   [Print](#)   [Select](#)

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### eRPS Application

[Main](#)

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[Relationships](#)

[Applicant](#)

[Criminal Warrant Questions](#)

[Self-Reported Crime Record Listing](#)

[RUGEL Crime Record Listing](#)

[RUPS Crime Record Listing](#)

[Permission for Background Check](#)

[Income](#)

[Claimant](#)

[Payment Info](#)

[Other People](#)

[Miscellaneous](#)

[Application Remarks](#)

## Self-Reported Crime Record Listing

[Crime Records](#)

[Outstanding Warrants](#)

Warrant Date	Warrant Issued Location	Warrant Satisfied Date
--------------	-------------------------	------------------------

No records found

[View/Update](#)

[Remove](#)

[Next](#)

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[Save & Exit](#)



Applicant SSN: ██████████  
Claimant SSN: ██████████Applicant Name: ██████████  
Claimant Name: ██████████Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)**Actions:**   [Alert Messages](#)[Return to eRPS Home](#)[Add Note](#)[Add Report of Contact](#)**eRPS Application**[Home](#)[Applicant Contact Info](#)[Relationships](#)[Applicant](#)[Criminal Warrant Questions](#)[Self-Reported Crime Record Listing](#)[FUGFEL Crime Record Listing](#)[PLPD Crime Record Listing](#)[Permission for Background Check](#)[Income](#)[Claimant](#)[Payment Info](#)[Other People](#)[Miscellaneous](#)[Application Remarks](#)

### FUGFEL Crime Record Listing

Warrant Number	Warrant Date	Offense Code	Warrant Issuing Agency	Warrant Originating Agency Indicator	Warrant Issuing Agency Phone	Warrant Satisfied Date
----------------	--------------	--------------	------------------------	--------------------------------------	------------------------------	------------------------

No records found

[View/Update](#)[View/Update Issue](#)[Next](#)[Previous](#)[Save & Exit](#)



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

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Add Note

Add Report of Contact

### eRPS Application

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- Applicant Contact Info
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- Applicant
- Criminal Warrant Questions
- Self-Reported Crime Record Listing
- FUGEL Crime Record Listing
- PUPS Crime Record Listing**
- Permission for Background Check
- Income
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### PUPS Crime Record Listing

Confinement Date	Conviction Date	Inmate Status	Inmate ID	Inmate Facility ID	Inmate Verif. Code	Release Date
------------------	-----------------	---------------	-----------	--------------------	--------------------	--------------

No records found

[View/Update](#)

[View/Update Issue](#)

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[Save & Exit](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)**Actions:**   [Alert Messages](#)[Return to eRPS Home](#)[Add Note](#)[Add Report of Contact](#)**eRPS Application**[Main](#)[Applicant Contact Info](#)[Relationships](#)[Applicant](#)[Criminal Warrant Questions](#)[Cell-Reported Crime Record Listing](#)[FLX/FEL Crime Record Listing](#)[PUPS Crime Record Listing](#)[Permission for Background Check](#)[Income](#)[Claimant](#)[Payment Info](#)[Other People](#)[Miscellaneous](#)[Application Remarks](#)

### Permission for Background Check

"Do you give Social Security permission to conduct a criminal background check on you?"

 Yes No[Next](#)[Previous](#)[Save & Exit](#)



Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

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#### eRPS Application

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### Applicant Income

Is the main source of your income from employment?  Yes  NoAre there any other sources of income?  Yes  No[Next](#)[Previous](#)[Save & Exit](#)



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: Pending  
Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

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Add Report of Contact

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- Applicant Contact Info
- Relationships
- Applicant
- Criminal Record Questions
- Self-Reported Crime Record Listing
- FUGFEL Crime Record Listing
- FUPB Crime Record Listing
- Permission for Background Check
- Income
- Obtains
- Payment Job
- Other People
- My Information
- Applicant Remarks

### Applicant Income

\*Is the main source of your income from employment?  Yes  No

### Employer

\*Employer Name

\*Employer Country

\*Employer City/Town

\*Employer State/Territory

\*Employment Start Date      
\*Month \*Year

\*Are there any other sources of income?  Yes  No

Check all other sources of income

- SSA/SSI/BL
- Self-Employed
- Pension
- Temporary Assistance for Needy Families (TANF)
- Other State or Public Assistance
- Other

SSA-11 Application    Summary    Print    Select

**Actions:** [Alert Messages](#)

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- [Add Note](#)
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<b>eRPS Application</b>	
Mail	
Applicant Contact Info	
Reasons/Steps	
Applicant	
Criminal Warrant Questions	
Self-Reported Crime Record Listing	
FUGFBI Crime Record Listing	
FUPB Crime Record Listing	
Permission for Background Check	
Income	
Claimant	
Payment Info	
Other People	
Miscellaneous	
Application Remarks	

**Applicant Income**

\*Is the main source of your income from employment?     Yes     No

\*Are there any other sources of income?     Yes     No

Check all other sources of income

SSA/SSI/BL  
\*Describe  
  
 Characters remaining: 255

Self-Employed  
\*Describe  
  
 Characters remaining: 255

Pension  
\*Describe  
  
 Characters remaining: 255

Temporary Assistance for Needy Families (TANF)  
\*County   
 \*State

Other State or Public Assistance  
\*Describe  
  
 Characters remaining: 255

Other  
\*Describe  
  
 Characters remaining: 255



# Representative Payee System

eRPS Links | About | Logout

Org Id: [REDACTED]

Applicant Org Name: [REDACTED]

Application Status: **Pending**

Beneficiary SSN: [REDACTED]

Beneficiary Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

**Actions:**   Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

Add Issue

### eRPS Application

Main

Relationships

Claimant

Capability

Entitlements

Address

Phone Numbers

Payment Info

Other People

Miscellaneous

Application Remarks

### Capability

\*Why is the claimant unable to handle his/her own benefits?

Does Not Know Value of Money

**Next**

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Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

**Actions:**   Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Main

Applicant Contact Info

Relationships

Applicant

Claimant

Capability

Entitlements

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Application Remarks

### Capability

\*Why is the claimant unable to handle his/her own benefits?

Does Not Know Value of Money

**Next**

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Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

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- eRPS Application**
- Main
- Applicant Contact Info
- Relationships
- Applicant
- Claimant
- Capability
- Entitlements
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Capability

\*Why is the claimant unable to handle his/her own benefits?



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

- Return to eRPS Home
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- eRPS Application**
- Main
- Applicant Contact Info
- Relationships
- Applicant
- Claimant
- Capability
- Entitlements
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Capability

\*Why is the claimant unable to handle his/her own benefits?





# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: Pending  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

- eRPS Application**
- Main
- Applicant Contact Info
- Relationships
- Claimant
- Entitlements
- Living Situation
- Payment Info
- Other People
- Miscellaneous
- Application Records

### Claimant Entitlements

<input type="checkbox"/> Include	Claim SSN	BIC/D	Program Type	DA/A	Claimant Name	Claimant DOB	LAF/PSY	Claim Status
<input checked="" type="checkbox"/>	[REDACTED]	A	T2		[REDACTED]	[REDACTED]		IC

### Edit Entitlement

\*Claim SSN: [REDACTED]

\*Program Type:  T2  T16

\*BIC: [c1]

DA/A: [REDACTED]

Add Entitlement



\*Claim SSN

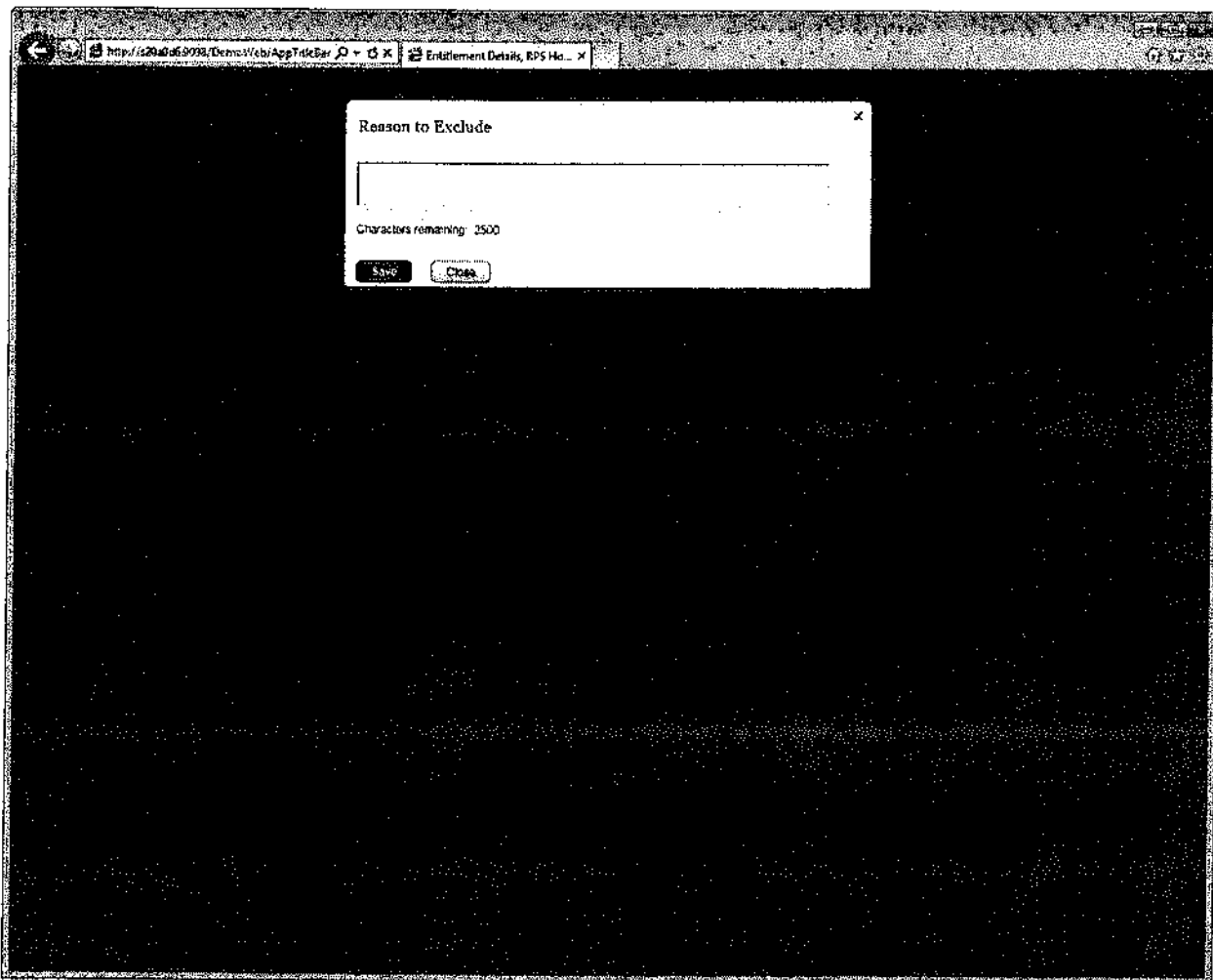
\*Program Type

T2  T16

BA/A

Verify

Cancel





# Representative Payee System

[eRPS Links](#) | [About](#) | [Logout](#)

Org Id: [REDACTED]

Applicant Org Name: [REDACTED]

Application Status: **Pending**

Beneficiary SSN: [REDACTED]

Beneficiary Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

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Add Note

Add Report of Contact

Add Issue

#### eRPS Application

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- [Capacity](#)
- [Entitlements](#)
- [Address](#)
- [Phone Numbers](#)
- [Payment Info](#)
- [Other People](#)
- [Miscellaneous](#)
- [Application Remarks](#)

### Claimant/Beneficiary Address

#### \*Residence Address:

\*Country: United States

\*Street 1: [REDACTED]

Street 2:

\*City/Town: [REDACTED]

\*State: [REDACTED]

\*ZIP Code: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Next   Previous   Save & Exit



# Representative Payee System

[eRPS Links](#) | [About](#) | [Logout](#)

Org Id: [REDACTED]

Applicant Org Name: [REDACTED]

Application Status: **Pending**

Beneficiary SSN: [REDACTED]

Beneficiary Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

Add Issue

#### eRPS Application

- [Main](#)
- [Relationships](#)
- [Claimant](#)
- [Capacity](#)
- [Entitlements](#)
- [Address](#)
- [Phone Numbers](#)
- [Payment Info](#)
- [Other People](#)
- [Miscellaneous](#)
- [Application Remarks](#)

### Phone Details

#### Residence/Home:

[REDACTED] (Preferred)

Change Phone

Add Phone

Next   Previous   Save & Exit

Claimant Phone



U.S.  International

\*10-digit Number Ext

- Preferred
- Delete

Save Change

Cancel

**Claimant Phone** X

US    International

\*10-digit Number   Ext   \*Phone Type

Preferred

---



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
 Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
 Claimant Name: [REDACTED]

Application Status: **Pending**  
 Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

**Actions:** Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact

- eRPS Application**
- Main
- Applicant Contact Info
- Relationships
- Claimant
- Entitlements
- Living Situation
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Living Situation

What is the claimant's living situation?



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

#### eRPS Application

- Men
- Applicant Contact Info
- Relationships
- Claimant
- Entitlements
- Living Situation
- Payment Info
- Other People
- Miscellaneous
- Application Remarks

### Living Situation

\*What is the claimant's living situation?

Other

\*Description of other living situation

diddid

Characters remaining: 248

Next

Previous

Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Org Id: [REDACTED]  
Beneficiary SSN: [REDACTED]

Applicant Org Name: [REDACTED]  
Beneficiary Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

Add Issue

#### eRPS Application

- Men
- Relationships
- Claimant
- Payment Info
- Payment Legend
- Payment/Bank Details
- Other People
- Miscellaneous
- Application Remarks

### Payment Legend

\*Name

AUSTIN AND SALEM HOUSE

OF HOPE

\*Option

For

Next

Previous

Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

#### eRPS Application

Main

Applicant Contact Info

Relationships

Claimant

Payment Info

Payment Legend

Payment/Bank Details

Other People

Miscellaneous

Application Remarks

### Entitlements Info

Active entitlements Payment Method according to Payment System

Claim SSN	BIC ID	Title	Payment Method	Account Number	Routing Number	Account Type
-----------	--------	-------	----------------	----------------	----------------	--------------

No Records Found

Select an entitlement to add, update, or delete payment info

<input type="checkbox"/>	Claim SSN	BIC ID	Title	Payment Method	Account Number	Routing Number	Account Type
--------------------------	-----------	--------	-------	----------------	----------------	----------------	--------------

[REDACTED] A 02 Blank

**Next** Previous Save & Exit



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

#### eRPS Application

Main

Applicant Contact Info

Relationships

Claimant

Payment Info

Payment Legend

Payment/Bank Details

Other People

Miscellaneous

Application Remarks

### Entitlements Info

Active entitlements Payment Method according to Payment System

Claim SSN	BIC ID	Title	Payment Method	Account Number	Routing Number	Account Type
-----------	--------	-------	----------------	----------------	----------------	--------------

No Records Found

Select an entitlement to add, update, or delete payment info

<input checked="" type="checkbox"/>	Claim SSN	BIC ID	Title	Payment Method	Account Number	Routing Number	Account Type
-------------------------------------	-----------	--------	-------	----------------	----------------	----------------	--------------

[REDACTED] A 02 Blank

**Update Payment Info** **Delete Payment Info**

**Next** Previous Save & Exit



Update Bank Accounts Associated To Beneficiary Entitlements



Add to Existing Bank  Add To New Bank  Change To Direct Express

Save

Close

Update Bank Accounts Associated To Beneficiary Entitlements



Add to Existing Bank  Add To New Bank  Change To Direct Express

Select	Account Number	Routing Number	Account Type
--------	----------------	----------------	--------------

No Records Found

Save

Close

Update Bank Accounts Associated To Beneficiary Entitlements



Add to Existing Bank  Add To New Bank  Change To Direct Express

\*Account Number

\*Routing Number

\*Account Type


Save

Close

Update Bank Accounts Associated To Beneficiary Entitlements



Add to Existing Bank  Add To New Bank  Change To Direct Express

 All entitlements for the beneficiary selected will have to be included for Direct Express assignment

Save

Close

https://ssesef2.addev.ssa.gov/erps/BenefitEntitlementsInfoView Entitlements Info, Entidem...

Following bank accounts will be deleted

Account Number	Routing Number	Account Type
██████████	██████████	C

**Representative Payee System**
eRPS Links | About | Logout

Applicant SSN: ██████████	Applicant Name: ██████████	Application Status: <b>Pending</b>
Claimant SSN: ██████████	Claimant Name: ██████████	Decision Code:

**eRPS Application**

SSA-11 Application    Summary    Print    Select

**Actions:**    Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact

**eRPS Application**

- Home
- Applicant Contact Info
- Relationships
- Claimant
- Payment Info
- Other People
- Other People
- Miscellaneous
- Application Remarks

**Other People live with the Claimant**

\*Do other people live with the claimant?     Yes     No

\*Are there any other relatives or close friends who provide support to or show an active interest in the claimant?     Yes     No

   Previous    Save & Exit



Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: Pending  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

### Actions: [Alert Messages](#)

[Return to eRPS Home](#)   [Add Note](#)   [Add Report of Contact](#)

<b>eRPS Application</b>
State
Applicant Contact Info
Relationships
Client
Payment Info
Other People
Other People
Miscellaneous
Application Remarks

### Other People live with the Claimant

"Do other people live with the claimant?"  Yes  No

"What is the person's relationship to the claimant?"

"Person's Name"       
\*First                      \*Middle                      \*Last                      Suffix

"Are there any other relatives or close friends who provide support to or show an active interest in the claimant?"  Yes  No

[Next](#)   [Previous](#)   [Save & Exit](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#) | [Summary](#) | [Print](#) | [Select](#)**Actions:** [Alert Messages](#)[Return to eRPS Home](#)[Add Note](#)[Add Report of Contact](#)

- eRPS Application**
- Math
- Applicant Contact Info
- Relationships
- Claimant
- Payment Info
- Other People
- Other People
- Allegations
- Application Reviews

### Other People live with the Claimant

\*Do other people live with the claimant?  Yes  No\*What is the person's relationship to the claimant? \*Person's Name  
     
 \*First Middle \*Last Suffix\*Are there any other relatives or close friends who provide support to or show an active interest in the claimant?  Yes  No\*What is the person's relationship to the claimant? \*What is other's relationship to the claimant? \*Person's Name  
     
 \*First Middle \*Last Suffix**Phone Number** U.S.  International
    
 10-digit Number Ext Phone Type
\*Address is unknown  Yes  No

\*Please explain how this person shows support or interest

Characters remaining: 255

[Next](#) | [Previous](#) | [Save & Exit](#)



# Representative Payee System

[eRPS Links](#) | [About](#) | [Logout](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

### Actions: Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact

- eRPS Application**
- Main
- Applicant Contact Info
- Relationships
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Miscellaneous
- Application Remarks

### Miscellaneous

\*Why would you be the best representative payee?

- Relative
- Caretaker
- Legal Guardian
- No One Else
- Other

\*Description of other reason you would be the best payee:

dfdf

Characters remaining: 250

[Next](#)   [Previous](#)   [Save & Exit](#)



# Representative Payee System

[eRPS Links](#) | [About](#) | [Logout](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

### Actions: Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact

- eRPS Application**
- Main
- Applicant Contact Info
- Relationships
- Claimant
- Payment Info
- Other People
- Miscellaneous
- Application Remarks
- Application Remarks

### Remarks for the Application (SSA-11)

Remarks on this screen will print on the paper SSA-11 application (500 characters maximum).

test

Characters remaining: 496

[Next](#)   [Previous](#)   [Save & Exit](#)



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application    Summary    Print    Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

eRPS Application	
Home	
Applicant Contact Info	
Relationship	
Applicant	
Claimant	
Payment	
Other People	
Remarks	
Notes	
Selection Notes	
Report of Contact History	
Application History	
Issues	

### Notes

User	Office Code	Date	Notes
SYED, SHAFIA	001	07/28/2015 13:58	/tdfdkdf



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application   Summary   Print   Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

- [Main](#)
- [Applicant Contact Info](#)
- [Relationship](#)
- [Applicant](#)
- [Claimant](#)
- [Payment](#)
- [Other People](#)
- [Remarks](#)
- [Notes](#)
- [Selection Notes](#)**
- [Selection Notes](#)
- [Report of Contact History](#)
- [Application History](#)
- [Issues](#)

### Selection Notes

Selection Manager Approver: 888888

Selection Approval Date: July 7, 2015

User	Office Code	Date	Note Type	Notes
[REDACTED]	B87	08/06/2015 14:11	RE	NH NOT MENTALLY CAPABLE OF HANDLING OWN AFFAIRS & LIVES W/ APPLICANT. FO424 RHX
[REDACTED]	001	08/06/2015 14:11	CO	MINOR CHILD





# Representative Payee System

[eRPS Links](#) | [About](#) | [Logout](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

**Actions:**   [Alert Messages](#)

[Return to eRPS Home](#)

[Add Note](#)

[Add Report of Contact](#)

### eRPS Application

- [Main](#)
- [Applicant Contact Info](#)
- [Relationship](#)
- [Claimant](#)
- [Payment](#)
- [Other People](#)
- [Remarks](#)
- [Notes](#)
- [Report of Contact History](#)
- [Report of Contact History](#)
- [Application History](#)
- [Inquiry](#)

### Report of Contact History

Type of Contact	Person contacted	Date contacted	Subject	Details
-----------------	------------------	----------------	---------	---------

No Records Found



# Representative Payee System

[eRPS Links](#) | [About](#) | [Logout](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

**Actions:**   [Alert Messages](#)

[Return to eRPS Home](#)

[Add Note](#)

[Add Report of Contact](#)

### eRPS Application

- [Main](#)
- [Applicant Contact Info](#)
- [Relationship](#)
- [Claimant](#)
- [Payment](#)
- [Other People](#)
- [Remarks](#)
- [Notes](#)
- [Report of Contact History](#)
- [Application History](#)
- [Application History](#)
- [Inquiry](#)

### Application History

#### Party Type

Please choose a Party Type to narrow down the results.

All    Beneficiary    Rep Payee    Relationship

User	Office Code	Action Taken	Date
------	-------------	--------------	------

No Records Found



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: Pending

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application

Summary

Print

Select

Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Main

Applicant Contact Info

Relationship

Claimant

Payment

Other People

Remarks

Notes

Report of Contact History

Application History

Issues

Issues

### View Issue(s)

Filter by issue status:

Pending

Issue	Type	Trickle Date	Date Resolved	Details
-------	------	--------------	---------------	---------

No Records Found



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: Pending

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application

Summary

Print

Select

Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Main

### Print SSA-11

Select application(s) to print and/or attest

#### Current Application

Claimant Name: [REDACTED] Claimant SSN: [REDACTED]

#### Combined Print

Claimant Name: [REDACTED] Claimant SSN: [REDACTED]

No Records Found



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Print

### Print SSA-11

Read to the applicant

Here is a printed copy of the information that will be used to process your representative payee application. Please review all the information carefully and let me know if anything needs to be corrected. In addition, let us know right away if any of the information changes.



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

Claimant Name: [REDACTED]

Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

### eRPS Application

Print

### Print SSA-11

Please answer the following questions to attest the application(s).

Is all of the information in the application correct?  Yes  No



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact

eRPS Application

Print

### Print SSA-11

Please answer the following questions to attest the application(s).

Is all of the information in the application correct?  Yes  No



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact

eRPS Application

Print

### Print SSA-11

Please answer the following questions to attest the application(s).

Is all of the information in the application correct?  Yes  No

Do you understand that the information you provided on this form will be used to process your application to be rep payee for:

**Claimant Name**  
[REDACTED]

Do you declare under penalty of perjury that this information is correct to the best of your knowledge and that you are declaring your intent to file this application?  Yes  No

\*Date of attestation

08/06/2015

mm/dd/yyyy





# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Attested**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact

### eRPS Application

Print

### Print SSA-11

There are no pending applications for this applicant/claimant. To print an application that has already been attested, go to ORS.



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Attested**  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact

### eRPS Application

Decision  
Saved

### Selection - Decision

In order to select an application, you must first non-select all of the other applications.

### Current Application

Applicant Name	Applicant SSN/Organization ID	Type of Payee	Custody	Guardian	Application Status
[REDACTED]	[REDACTED]	Self	N	N	Attested

Select Non-Select

### All Other Open Applications

Applicant Name	Applicant SSN/Organization ID	Type of Payee	Custody	Guardian	Application Status	Non-Selected Date
----------------	-------------------------------	---------------	---------	----------	--------------------	-------------------

No Records Found

Non-Select Applicant



\*Non-Select Reason

Send non-select notice to applicant

Save

Cancel



# Representative Payee System

[eRPS Links](#) | [About](#) | [Logout](#)

Applicant SSN: [REDACTED]  
Claimant SSN: [REDACTED]

Applicant Name: [REDACTED]  
Claimant Name: [REDACTED]

Application Status: **Attested**  
Decision Code:

## eRPS Application

[SSA-11 Application](#)   [Summary](#)   [Print](#)   [Select](#)

**X** There are errors on the page.

Error: Cannot select this applicant. Applicant is less than 16 years old

### Actions: Alert Messages

[Return to eRPS Home](#)

[Add Note](#)

[Add Report of Contact](#)

### eRPS Application

Decision

Saved

### Selection - Decision

**i** In order to select an application, you must first non-select all of the other applications.

### Current Application

Applicant Name	Applicant SSN/Organization ID	Type of Payee	Custody	Guardian	Application Status
[REDACTED]	[REDACTED]	Self	N	N	Attested

Select

Non-Select

### All Other Open Applications

Applicant Name	Applicant SSN/Organization ID	Type of Payee	Custody	Guardian	Application Status	Non-Selected Date
No Records Found						



# Representative Payee System

eRPS Links | About | Logout

Org Id: [REDACTED]      Applicant Org Name: [REDACTED]      Application Status: **Attested**  
 Beneficiary SSN: [REDACTED]      Beneficiary Name: [REDACTED]      Decision Code:

## eRPS Application

SSA-11 Application    Summary    Print    Select

### Actions: Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact
- Add Issue

**eRPS Application**

Decision: [REDACTED]

Saved

### Selection - Required Notes

To continue selection, a note is required for the issues listed below.

Manager approval is required.

\*Note required and Mgr approval: Misuse allegation pending. Document selection reason.

Characters remaining: 3300

\*Note required and Mgr approval: History of misuse found. Document selection reason.

Characters remaining: 3300

**Save**    Previous





# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Beneficiary SSN: [REDACTED]

Applicant Ind Name: [REDACTED]  
Beneficiary Name: [REDACTED]

Application Status: Pending  
Decision Code:

## eRPS Application

SSA-11 Application Summary Print Select

### Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

Add Issue

### eRPS Application

Decision:  
Saved

### Selection - Decision

In order to select an application, you must first non-select all of the other applications.

### Current Application

Applicant Name	Applicant SSN/Organization ID	Type of Payee	Custody	Guardian	Application Status
[REDACTED]	[REDACTED]	Father - Natural or Adoptive	Y	N	Pending

Non-Select

Protest

### All Other Open Applications

Applicant Name	Applicant SSN/Organization ID	Type of Payee	Custody	Guardian	Application Status	Non-Selected Date
No Records Found						

### Protest Details



\*Protest Reason

\*Protest Date   
mm/dd/yyyy

Save

Cancel



# Representative Payee System

eRPS Links | About | Logout

Applicant SSN: [REDACTED]  
Beneficiary SSN: [REDACTED]

Applicant Ind Name: [REDACTED]  
Beneficiary Name: [REDACTED]

Application Status: **Pending**  
Decision Code:

## eRPS Application

[SSA-11 Application](#) | [Summary](#) | [Print](#) | [Select](#)

### Actions: Alert Messages

- Return to eRPS Home
- Add Note
- Add Report of Contact
- Add Issue

**eRPS Application**

Decision: [REDACTED]

Send

### Selection - Decision

In order to select an application, you must first non-select all of the other applications.

### Current Application

Applicant Name	Applicant SSN/Organization ID	Type of Payee	Custody	Guardian	Application Status
[REDACTED]	[REDACTED]	Father - Natural or Adoptive	Y	N	Pending

- [Non-Select](#)
- [Protest](#)
- [Protest Decision](#)

### All Other Open Applications

Applicant Name	Applicant SSN/Organization ID	Type of Payee	Custody	Guardian	Application Status	Non-Selected Date
----------------	-------------------------------	---------------	---------	----------	--------------------	-------------------

No Records Found

Protest Decision Details

\*Protest Decision

[-] [X]

\*Protest Decision Reason

[Text Area]

Characters remaining: 255

\*Protest Decision Date

[mm/dd/yyyy] [X]

Save Cancel



Representative Payee System

eRPS Links | About | Log Out

Applicant SSN: [Redacted]

Applicant Ind Name: [Redacted]

Application Status: Ready to Process

Beneficiary SSN: [Redacted]

Beneficiary Name: [Redacted]

Decision Code: Selected

eRPS Application

SSA-11 Application Summary Print Select

Actions: Alert Messages

Return to eRPS Home

Add Note

Add Report of Contact

Add Issue

eRPS Application
Decision
Selected

Selection - Confirmation

Application Confirmation

This application has been completed and submitted.

Previous