

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:**
 - A warning icon and text: "Enter applicant SSN, beneficiary SSN, or both."
 - Applicant SSN:** [Text Input Field]
 - Beneficiary SSN:** [Text Input Field]
 - Field Office:** [Text Input Field with value "001"]
 - Application Decision:** [Dropdown Menu]
- 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

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



Search

Actions:

[Return to eRPS Home](#)

Search for Organization

Search by

Organization ZIP Organization Name Organization State

*Organization Name

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

Browser address bar: <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 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



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

Select Organization

Claimant

*Is the claimant SSN known? Yes No

*Claimant SSN

Verify SSNs Cancel

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

Verify SSNs Cancel

- 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	View Summary

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]	View Summary		
Claimant	Claimant SSN	Date of Birth	Gender	Summary
[REDACTED]	[REDACTED]	[REDACTED]	M	View Summary

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	View Summary	
Claimant	Claimant SSN	Claim SSN	Date of Birth	Gender	Summary
[REDACTED]	[REDACTED]	[REDACTED]	F	View Summary	

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
- Personal info
- 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

*Claimant Gender Male Female

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]

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](#)

[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**
- Men
- 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](#)[Microfundator](#)[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 addressWhen did you move to this address?**
*Month *Year[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

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?

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[Previous](#)

[Save & Exit](#)



Applicant SSN: ██████████

Applicant Name: ██████████

Application Status: **Pending**

Claimant SSN: ██████████

Claimant Name: ██████████

Decision Code:

eRPS Application

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Applicant/Claimant Relationship

What is your relationship to the claimant?

Other

What is other's relationship to the claimant?

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Legal Guardian

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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

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Beneficiary SSN: [REDACTED]

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Custodian

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

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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

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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

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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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Claimant Parent Details

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

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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

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Court-Appointed Legal Guardian Details

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

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Claimant Name: [REDACTED]Application Status: Pending
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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
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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

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

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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

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Add Crime Record

*Crime Record Type

Felony Conviction

*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]

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Self-Reported Crime Record Listing

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

Crime Description	Barred Crime Description	Crime Date	Conviction Date	Sentence Received
-------------------	--------------------------	------------	-----------------	-------------------

No records found

[View/Update](#) [Remove](#)

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

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

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Self-Reported Crime Record Listing

[Crime Records](#)

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

No records found

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

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Applicant Name: [REDACTED]
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PUPS Crime Record Listing

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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

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

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

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Permission for Background Check

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

Yes
 No

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Applicant SSN: [REDACTED]

Applicant Name: [REDACTED]

Application Status: **Pending**

Claimant SSN: [REDACTED]

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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](#)



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

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- Payment Job
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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

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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



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Applicant Org Name: [REDACTED]

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Beneficiary SSN: [REDACTED]

Beneficiary Name: [REDACTED]

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Capability

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

Does Not Know Value of Money

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Capability

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

Does Not Know Value of Money

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Capability

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

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Capability

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

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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

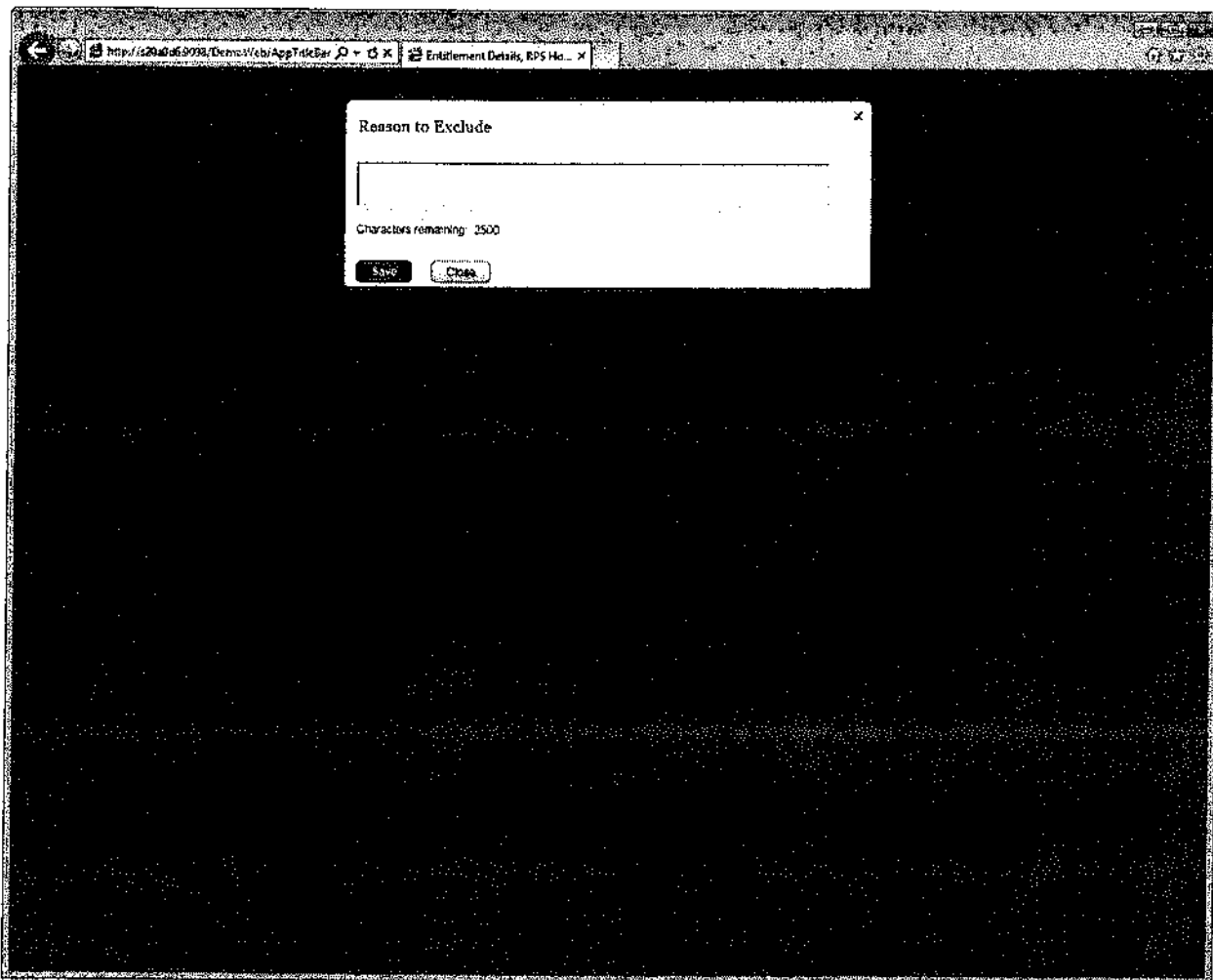
*Program Type

 T2 T16

BA/A

Verify

Cancel





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Beneficiary Name: [REDACTED]

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Claimant/Beneficiary Address

*Residence Address:

*Country:

*Street 1:

Street 2:

*City/Town:

*State:

*ZIP Code:



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Applicant Org Name: [REDACTED]

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Beneficiary Name: [REDACTED]

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Phone Details

Residence/Home:

[REDACTED] (Preferred)

Change Phone

Add Phone

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



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

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Living Situation

What is the claimant's living situation?



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Claimant SSN: [REDACTED]

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

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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
--------------------------	-----------	--------	-------	----------------	----------------	----------------	--------------

<input type="checkbox"/>	[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
-------------------------------------	-----------	--------	-------	----------------	----------------	----------------	--------------

<input checked="" type="checkbox"/>	[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: 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**

 - 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



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	
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
- Aliases/Names
- 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

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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

Notes

Selection Notice

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
- Images

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
- Images

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 SSA-11

Print

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 SSA-11

Print

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]

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

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

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

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



Complete Attestation

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

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

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]
Beneficiary SSN: [Redacted]

Applicant Org Name: [Redacted]
Beneficiary 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
- 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:

Save

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

Text input field with a dropdown arrow icon.

*Protest Decision Reason

Large text input area for the protest decision reason.

Characters remaining: 255

*Protest Decision Date

Date input field with a calendar icon and the format mm/dd/yyyy.

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