

# 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 "eRPS Links | About | Logout" on the right. Below the header, the word "Search" is prominently displayed. Underneath, there is an "Actions:" section with a link "Return to eRPS Home".

The main section is titled "Search for Application". It includes a "Rep Payee Type" section with radio buttons for "Individual" (selected) and "Organization". Below this is a warning box with a triangle icon and the text "Enter applicant SSN, beneficiary SSN, or both.".

There are four input fields:

- Applicant SSN**: An empty text box.
- Beneficiary SSN**: An empty text box.
- Field Office**: A text box containing the value "001".
- Application Decision**: A dropdown menu with "--" selected.

At the bottom of the search area, there are three buttons: "Search", "Clear", and "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] | [redacted] | [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 By > Details, SSN >, SSN > [redacted], Rep Payee Type > Individual

| Beneficiary | Applicant/Rep Payee | Applicant/Rep Payee ID | Application Status | Orination 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: No one else to choose  
Misuse allegation pending. Document selection reason.

This note requires manager approval.

Note required and Mgr approval: No one else to choose from  
History of misuse found. Document selection reason.



# 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 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](#)

- eRPS Application**
- 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

Verify SSNs Cancel

Alert Messages

Return to eRPS Home

- 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]  
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
- 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
- Payment 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]  
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**
- 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]  
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](#)

### 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



# 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
- 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?

Mother - Natural or Adoptive

\*Custodian Name

[REDACTED] [REDACTED] [REDACTED] [REDACTED]  
\*First   Middle   \*Last   Suffix



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

- 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

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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

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### 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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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

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### eRPS Application

Home

Applicant Contact Info

Relationships

Applicant/Claimant

Custodian (Physical)

Parent

Legal Guardian

Applicant

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Application Remarks

### Applicant/Claimant Relationship

What is your relationship to the claimant?

Other

What is other's relationship to the claimant?

Friend

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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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### 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**

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

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### eRPS Application

Main

Relationships

Custodian (Physical)

Legal Guardian

Claimant

Payment Info

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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

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### 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?  

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

\*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

Applicant

Claimant

Payment Info

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Application Remarks

### Custodian

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

\*Who has physical custody of the claimant?  

Search for Institution

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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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[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: [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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### Claimant Parent Details

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

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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

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# 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

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### 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

**Next**

Previous

Save & Exit

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

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#### eRPS Application

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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  
Decision Code:

## eRPS Application

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|                         |
|-------------------------|
| <b>eRPS Application</b> |
| 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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[Criminal Warrant Questions](#)

[Self-Reported Crime Record Listing](#)

[PUGFEL Crime Record Listing](#)

[PUPS Crime Record Listing](#)

[Permission for Background Check](#)

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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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[Save & Exit](#)

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]

Application Status: **Pending**  
Decision Code:

## eRPS Application

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[FUGFEL Crime Record Listing](#)

[FIPS Crime Record Listing](#)

[Permission for Background Check](#)

[Income](#)

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[Application Remarks](#)

## 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

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[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**  
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## eRPS Application

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- 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

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Claimant SSN: [REDACTED]

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

Application Status: **Pending**  
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## eRPS Application

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### eRPS Application

Main

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Relationship

Applicant

Criminal Warrant Questions

Self-Reported Crime Record Listing

FUGEL Crime Record Listing

**PUPS Crime Record Listing**

Permission for Background Check

Income

Claimant

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Miscellaneous

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

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

Application Status: **Pending**  
Decision Code:

## eRPS Application

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  - 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

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

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

Application Status: **Pending**  
Decision Code:

## eRPS Application

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[Current Warrant Questions](#)

[Self Reported Crime Record Listing](#)

[FUGFEL Crime Record Listing](#)

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[Permission for Background Check](#)

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[Claimant](#)

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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

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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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- Applicant
- Criminal Record Questions
- Self-Reported Crime Record Listing
- FUGFEL Crime Record Listing
- FUPB Crime Record Listing
- Permission for Background Check
- Income
- Childrent
- Payment Job
- Other People
- My Information
- Application 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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**eRPS Application**

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- Applicant
- Criminal Warrant Questions
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- 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

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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

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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

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### Actions: Alert Messages

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### eRPS Application

Main

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Claimant

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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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# 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

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- Main
- Applicant Contact Info
- Relationships
- Applicant
- Claimant
- Capability
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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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# 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

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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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# 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

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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

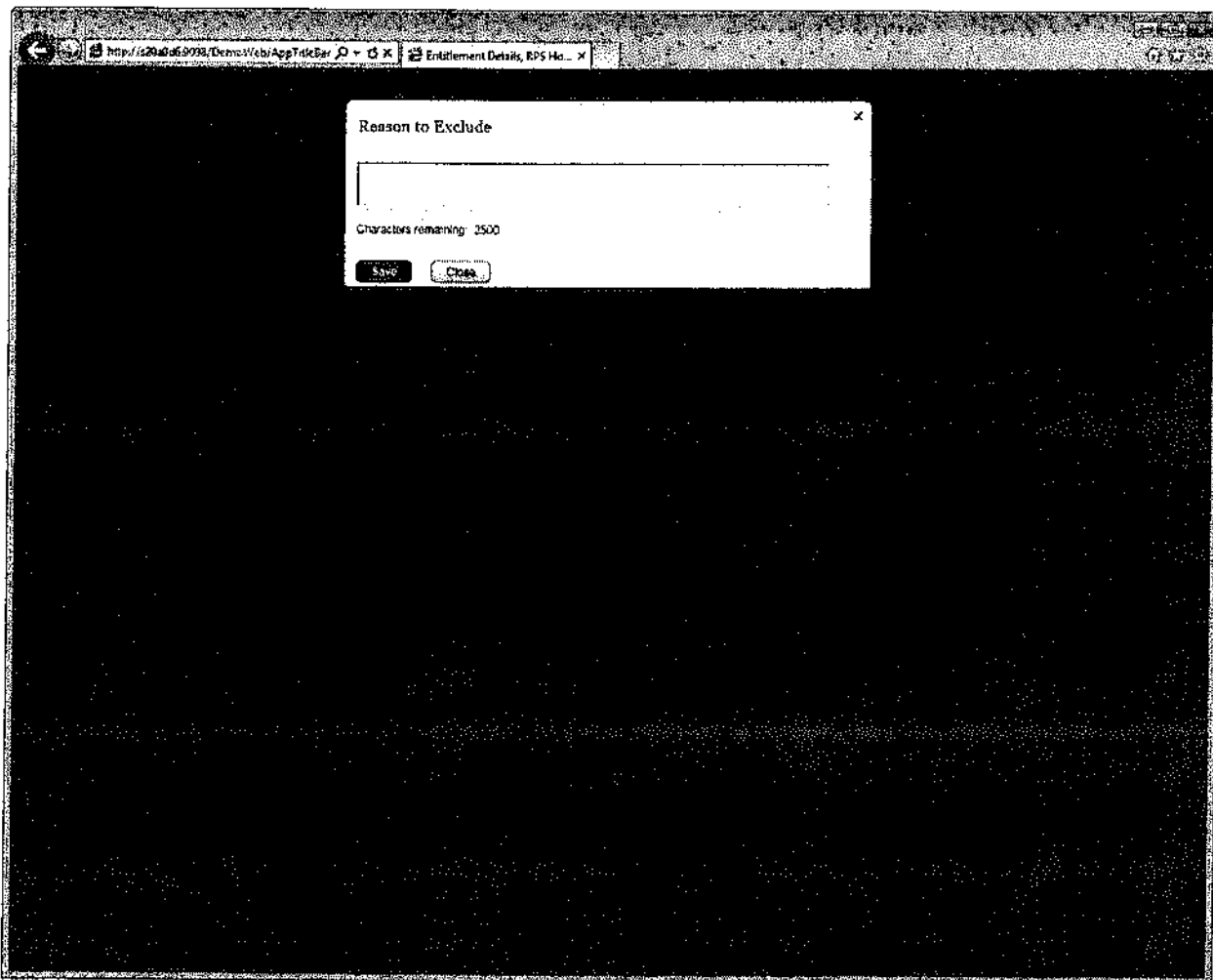
\*Program Type

 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

Return to eRPS Home

Add Note

Add Report of Contact

Add Issue

#### eRPS Application

- Home
- Relationships
- Claimant
- 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]

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

- Home
- 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
- 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?    [v]

\*Person's Name             [v]  
\*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?    [v]

\*What is other's relationship to the claimant?    [v]

\*Person's Name             [v]  
\*First   Middle   \*Last   Suffix

Phone Number  
 U.S.    International  
       [v]  
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
- Issues

### 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
- Issues

### 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

Cancel



# 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

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: [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

Text input field for Protest Decision

\*Protest Decision Reason

Text input field for Protest Decision Reason

Characters remaining: 255

\*Protest Decision Date

Date input field with 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