



# Representative Payee System

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Applicant Org ID: [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	
Relationships	
Custodian (Physical)	
Parent	
Legal Guardian	
<b>Foster Care</b>	
Claimant	
Payment Info	
Other People	
Miscellaneous	
Application Remarks	

### Foster Care Details

\*Is the claimant in foster care?  Yes  No

\*Is the applicant a state, county, or local government agency?  Yes  No

[Next](#)

[Previous](#)

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