

Work First Cash Assistance Protective Payee Agreement

County Name: _____ Case Owner: _____

Name of Case Head/ Minor Parent: _____ PDC# _____

A. Work First Applicant/Recipient Consent:

I, _____, give permission for _____, to serve as
(Print Name) (Print Protective Payee Name)

Protective Payee for the Work First monthly cash assistance payment. I understand the Protective Payee will ensure the cash assistance is used to meet the needs of my family.

- I request for the Protective Payee receive the cash assistance by: (initial one)
_____ EBT card; or
_____ direct deposit to the Protective Payee's personal checking or savings account.

(Applicant/Recipient Signature)

(Date)

B. Protective Payee Information and Consent:

I, _____, have been asked and agree to serve as the
(Print Name)

Protective Payee for the Work First monthly cash assistance payment.

- I assure the cash assistance will be used to meet the needs of the family.
- I agree to receive the monthly cash assistance payment by: (initial one)
_____ EBT Card; or
_____ direct deposit to my personal checking or savings account. I give consent for the direct deposit by completing a DSS-5023, Direct Deposit Enrollment Authorization Form.

The information on the completed DSS-5023 is confidential and protected under North Carolina General Statute and the Identity Protection Act of 2005.

- I understand I **cannot** be a Protective Payee if I meet any of the following criteria:
- A staff member of the NC Division of Social Services or the Department of Health and Human Services;
 - The director of a county social services agency;
 - A county Work First cash assistance caseworker or staff member with the ability to authorize Work First cash payments;
 - A member of the Board of County Commissioners, County Board of Social Services, or the Social Services Commission;
 - An individual who can benefit directly from the payment such as the family's landlord, grocer, or another vendor of goods and services who deals directly with the family; or
 - An employer of the Work First household.

- I understand that the cash assistance on the EBT card or the use of the cash assistance in any liquor store, gambling or gaming establishment or any establishment that provides adult oriented entertainment is prohibited by Federal law.
- I have been given an EBT Brochure and the DSS-8216, FAQ about Electronic Issuance.
- I understand as the Protective Payee, I must return to the county social services agency any unspent Work First funds for which the family is not eligible.

As the Protective Payee for the family, I also agree to assist with the following:

- Assuring compliance with the Mutual Responsibility Agreement on behalf of case head or minor parent, if applicable;
- Working closely with the family to help them assume responsibility for the proper management of the payment;
- Respecting the rights of the family and the confidential nature of the relationship of the family to the county social services agency by not discussing any aspect of the family's situation with anyone other than a representative of the county social services agency or the NC Division of Social Services; and
- Reviewing the continuing need for a protective payee for the family periodically with the county social services agency.

By signing this form, I acknowledge and accept the responsibilities as a Protective Payee and certify the information I have given is true and complete.

Signature of Protective Payee _____
Date

Signature of the County Director of Social Services or his/her designee _____
Date

For Office Use Only		
Name of Protective Payee: _____	DOB: _____	Gender: _____
Address: _____		
Telephone #: _____	Relationship to Case Head/Minor Parent: _____	
Protective Payee: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Date EBT/NC FAST Updated: _____
Effective Date of Protective Payments: _____		

Distribution:

Original: Case Record
 Copies: Protective Payee
 Work First Cash Assistance Household