

Designated Representative Form

Name of SSP Recipient:	Person ID No.:
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Appointment, change, or termination of designated representativeI want to do the following (*please check one box*):

- Appoint a new designated representative

 Change my designated representative
 Termination of Appointment for my designated representative
 Change permissions for my current designated representative

Name of Designated Representative:	
Address:	Telephone Number:

Designated representative level of permissions

I request that my designated representative provide the following services:

- Act as my Payee and receive and manage my monthly SSP Benefits*
 Represent me at Fair Hearing
 Provide and Receive Information on my behalf

***IMPORTANT INFORMATION:** *The Enclosed Direct Deposit form must be completed if your banking account information will be changed.*

Signature of SSP Recipient: X	Signature of Witness if the Recipient is unable to sign. <i>The witness cannot be the designated representative.</i> X
Date Signed:	Date Signed:

Certification of designated representative

As the designated representative for the above named SSP Recipient, I certify that I have read and agree to all provisions contained in the RIGHTS AND RESPONSIBILITIES OF DESIGNATED REPRESENTATIVES FOR SSP form. I certify that the above information is correct, and hereby affirm that I will comply with the following requirements:

Signature of Designated Representative: X	Date Signed:
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Termination of services

If you wish to terminate your services as designated representative, please print your name and sign below.

I, _____, wish to terminate my services as designated representative for the above name recipient. I have notified the recipient of the terminations of my services and have advised the recipient to make the necessary banking changes.

Signature of Designated Representative: X	Date Signed:
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Please return this form to:

NYS OTDA State Supplement Program
PO Box 1740
Albany, New York 12201;

by email to: otda.sm.ssp@otda.ny.gov

OR by fax to: 518-486-3459