



Work First Cash Assistance Protective Payee Agreement

_____ County

Date: _____

I, agree to be a protective payee of the Work First Cash Assistance payment for:

Name of Case head /Minor Parent

Effective Date of Protective Payments

Product Delivery Case Number

As protective payee for the family, I also agree to help with the following:

1. Assuring that the monthly cash assistance payment is used to meet the needs of the family;
2. Assuring compliance with the Mutual Responsibility Agreement on behalf of case head or minor parent;
3. Working closely with the family to help them assume responsibility for the proper management of the payment;
4. Not discussing any aspect of the family's situation with anyone other than a representative of the county department of social services or Division of Social Services;
5. Reviewing the continuing need for a protective payee for the family periodically with the county department of social services; and
6. Respecting the rights of the family and the confidential nature of the relationship of the family to the department of social services.

Signature of the Protective Payee

Date

Signature of the Applicant or Recipient

Date

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

Date

Distribution: Original: Case record
Copies: Protective Payee
Work First Cash Assistance Household