



Organization Name:	Program Name:	Date:
Individual's Name (First MI Last):	Record #:	DOB:
Legal Status Addendum (Check all that apply)		
<input type="checkbox"/> Representative Payee: Name/Agency: Relationship to Individual:		Phone #:
<input type="checkbox"/> Legal Guardian: Name: Relationship to Individual: Comment: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Explain):		Phone #:
<input type="checkbox"/> Conservatorship: Name/Agency: Relationship to Individual:		Phone #:
<input type="checkbox"/> Special Needs Trust Name of Trustee: Relationship to Individual:		Phone #:
Completed By - Print Staff Name/Credentials:	Staff Signature:	Date: