



**Work First Family Assistance
Protective Payee Agreement**

Date: _____

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

Name of Casehead /Minor Parent

Effective Date of Protective Payments

Case ID Number

County Case

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

1. Assuring that the monthly *Work First Family Assistance* payment is used to meet the needs of the family and assuring compliance with the Mutual Responsibility Agreement on behalf of casehead/ minor parent;
2. Working closely with the family to help them assume responsibility for the proper management of the payment;
3. 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;
4. Reviewing the continuing need for a protective payee for the family periodically with the county department of social services; and
5. 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 County Director of Social Services
Or his/her designee

Date

Distribution: Original in the case record
Copies to: Protective Payee
Work First Family Assistance Family