

## **PROTECTIVE PAYEE AGREEMENT FORM**

### **1. Client Information:**

RCA Applicant Name:

Principal Applicant Name:

Date of Birth:

Alien Number:

Phone Number:

Address:

### **2. Protective Payee Information:**

Payee Name:

Relationship to Client:

Agency (if applicable):

Phone Number:

Payee Address:

### **3. Reason for Appointment of Protective Payee**

The client does not have a checking account.

### **4. Source of Income**

Refugee Cash Assistance (RCA)

### **5. Payee Responsibilities**

The Protective Payee agrees to:

- Receive and cash the RCA check.
- Hand over the full check amount to the client promptly.
- Notify the ND Office of Refugee Services immediately once the client opens a checking account.
- Request that the check be reissued directly to the client once an account is available.

### **6. Client Rights**

The client understands that:

- They will receive the full check amount on time to cover monthly expenses.
- They may request a review or change of payee at any time.
- They may file a complaint if funds are mismanaged.

## **7. Consent and Agreement**

I, the client named above, agree to have the individual or agency listed serve as my Protective Payee. I understand that this arrangement is for cashing RCA checks only and will remain in effect until I open a checking account.

Client Signature:

Date:

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Payee Signature:

Date:

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Witness Signature:

Date:

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