

Form OPWDD-170 (7/15) STATE OF NEW YORK OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES PERSONAL ALLOWANCE ACCOUNT OPTION STATEMENT	1. Individual:	3 a. <input type="checkbox"/> SSI b. <input type="checkbox"/> Own Payee <input type="checkbox"/> Non-SSI <input type="checkbox"/> Representative Payee
	2. DDSOO/Agency Name:	4. <input type="checkbox"/> No Personal Income

5. Individual Option
(Use only when individual receives SSI and/or other income in his/her own name)

- a. Yes I want the Director of _____ (DDSOO/Agency Name) to handle my personal allowance for me. I agree to deposit the full amount of this allowance each month. I understand the agency staff will give me cash from my account when I request it, but that larger sums of money may take longer to get depending on bank hours and location. I also understand that I may review my account at any time, that I must sign the ledger each time I receive money, and that I will be sent a copy of the account ledger quarterly for my review.
- b. No I do not want the Director of _____ (DDSOO/Agency Name) to handle my personal allowance.

c. Individual Signature:	Date Signed:
d. DDSOO/Agency Representative Signature:	Date Signed:

6. Representative Payee (RP) Option
(Use when SSI and/or other income is paid to another person on the individual's behalf)

- a. Yes I want the Director of _____ (DDSOO/Agency Name) to handle the personal allowance for the above named individual. I agree to deposit the full amount of this allowance each month. I understand that the agency staff will give cash to the individual upon request, but that larger sums may take longer to get depending on bank hours and location. I also understand that I may review the account at any time and that I (or my designee) will be sent a copy of the account ledger quarterly for my review.
- b. No I do not want the Director of _____ (DDSOO/Agency Name) to handle the personal allowance for the above named individual.

c. Representative Payee Signature:	Date Signed:
d. DDSOO/Agency Representative Signature:	Date Signed: