

Date: _____

Social Security Administration
6011 Odana Road
Madison, WI 53719

To Whom It May Concern:

I am writing this as the Guardian and Representative Payee for
_____. _____'s
Social Security number is _____ - _____ - _____ and date
of birth is _____. I request that Fiscal Assistance, Inc.
become the Representative Payee as soon as possible.

Sincerely,