



Best Payments Foundation

JFS Authorized Representative Service Agreement

I _____ request to have Best Payments be my JFS (Job and
(PRINT YOUR NAME)

Family Services) Authorized Representative. **I authorize Best Payments to deduct \$24.00 per month from my payee account for a service fee to be my JFS Authorized Representative.** The JFS Authorized Representative Services and Fees are separate and independent of any other services provided by Best Payments. Alternatively, services are to be paid from _____ (list source). I understand that if services are not paid through this source, that I am responsible for the monthly service fee.

Services included with being your JFS Authorized Representative include the following items:

- Application for Medicaid and Food Assistance
- Annual Redeterminations
- Cash and Food Assistance Interim Report (happens 6 months after Annual Redetermination)
- Medicaid Annual Renewals
- Reporting Requirements
 1. Earned income
 2. Employment changes
 3. Medical changes
 4. Medical costs
 5. Household composition changes (includes moves, roommate changes and utility changes)
- Programs for Medicaid Buy In for Workers with Disabilities Application and Annual
- Assistance with replacing EBT cards
- Liaison between client and JFS for related problems and resolution regarding JFS Services

Your Responsibilities are:

- To provide accurate information to Best Payments
- To notify Best Payments of any changes regarding my income, expenses, rent, living arrangements and employment.

Print Name

Signature

Address, City, State and Zip

Date

County You Live In

Social Security Number

PO Box 839
Delaware OH 43015
(740) 263-7970

www.bestpayments.net
info@bestpayments.net