

## Payee Agreement

I, \_\_\_\_\_, agree to serve as a protective payee for  
the following child(ren):

\_\_\_\_\_  
\_\_\_\_\_

I agree to receive and use the monthly ATAP payment to meet the current needs of the person listed above. If requested, I agree to provide the Division of Public Assistance with an accounting of how the payments were used. I understand the Division may end my service or I may withdraw as payee at any time

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date