



All Good Things

Nonprofit representative Daily Money Management and Community Services

Client Agreement

As a client of All Good Things, I agree to:

1. *Monthly service fee of \$45 **or** 10% of my benefits, whichever is less, to AGT.
2. Only meet with the staff of AGT by appointment at CEF or as scheduled.
3. Not physically or verbally threaten or harass any person of the AGT staff.
4. Call with my case manager and have the billing address of **ALL** rent, utility and other necessary bills to be paid AGT sent to this address as follows:

Client Name

c/o All Good Things Durham

P.O. Box 52057

Durham, NC 27717

5. Notify AGT staff in writing, of any changes in my housing, employment status, hospitalizations and out of state trips extending over 30 days.
6. Provide paystubs to AGT each month. Otherwise, I am responsible for reporting my wages to the Social Security Administration every month.
7. Request extra funds no later than 12:00pm noon on Friday to be added to my check for the following week.

All Good Things Durham agrees to:

1. Use my benefits on my behalf for essential items including rent, food, utilities, and clothing.
2. Disperse funds for personal spending according to my budget agreement devised with the AGT staff.
3. Save all my unused benefits in the AGT account.
4. Complete and submit all pertinent paperwork to the Social Security Administration as needed.
5. All Good Things reserves the right to terminate this agreement at any time and will return all conserved funds to the Social Security Administration.

I, _____ (client name) have discussed my needs with a staff member of All Good Things Durham and hereby appoint **All Good Things (AGT)** to be my designated Representative Payee for my Social Security benefits.

Signature: _____ Date: _____
Beneficiary

Signature: _____ Date: _____
AGT Staff member

*Client fees are regulated by Social Security and subject to change.