



Instructions for completing the

ODJFS 07120

Please review the following instructions prior to completing ODJFS 07120 form below. **Please note that the applicant should only complete Sections A & C.** Any forms completed incorrectly will need to be resubmitted by the applicant or his/her legal guardian.

Section A

- a) *Name:* Applicant's complete name
- b) *Social Security Number*
- c) *Facility Name and Street Address:* Name & street address of the RSS-eligible community residence, i.e. Adult Care Facility, Adult Foster Home, or Assisted Living Facility. Please note the nursing home should not be listed.
- d) *Phone Number:* Phone number of the RSS-eligible community residence, i.e. Adult Care Facility, Adult Foster Home, or Assisted Living Facility. Please note the nursing home should not be listed.
- e) *City, State, and Zip Code:* Information of the RSS-eligible community residence, i.e. Adult Care Facility, Adult Foster Home, or Assisted Living Facility. Please note the nursing home should not be listed.
- f) *County:* County where the RSS-eligible community residence is located.
- g) *Name and Address of Representative Payee and/or Legal Guardian:* Please note the nursing home should not be indicated as the Representative Payee on this form.
- h) *Phone Number:* Please note the nursing home should not be indicated as the Representative Payee on this form.

Section C

- a) *Signature of Individual in need of RSS (Representative Payee and/or Legal Guardian, if applicable):* Please note that the nursing home should not be indicated as the Representative Payee on this form.
 - b) *Date*
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