



# MEMORANDUM OF AGREEMENT TO ESTABLISH PROTECTIVE PAYMENTS

ND DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 429 (3-2006)

## I. Agreement

Name of Recipient			
Address	City	State	Zip Code
<b>I Agree:</b>			
1. To administer the recipient's public assistance funds consistent with the best interests of the child(ren) listed in Section II, according to a plan approved by the county social service board;			
2. To hold in strict confidence any information about the family which becomes known to me in my role as protective payee; and			
3. To make a reasonable accounting of the assistance funds I spend in behalf of the family, as may be required.			
Signature of Protective Payee			Date

## II. Child(ren) for Whom Protective Payments are to be Made

NAME	AGE

## III. Information About Protective Payee

1. Name			
2. Address	City	State	Zip Code
3. Telephone Number	4. Relationship to Family		

## IV. Designation

Appointed Protective Payee	Appointment Date
Signature of Authorized Person	Date
Title	

DISTRIBUTION: Original - Protective Payee  
 Copy - Recipient  
 Copy - CSSB Eligibility File