



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
MARYE L. THOMAS, M.D., DIRECTOR

Alameda County Substitute Payee Program
P. O. Box 129, San Leandro, CA 94577
(510) 383-1582 FAX (510) 383-1583
QIC 28005

DATE: _____

TO: Social Security Administration

RE: Name of Client _____

SSN: _____

Please consider this letter my notice to you that I wish to relinquish payeeship of the above named beneficiary's SSI/SSA benefits to the ALAMEDA COUNTY SUBSTITUTE PAYEE PROGRAM.

This action is being taken in the best interest of the beneficiary as part of his/her continuing care and treatment.

Sincerely,

Signature of Current Payee

Print Name: _____

Relationship: _____

Addresss: _____

