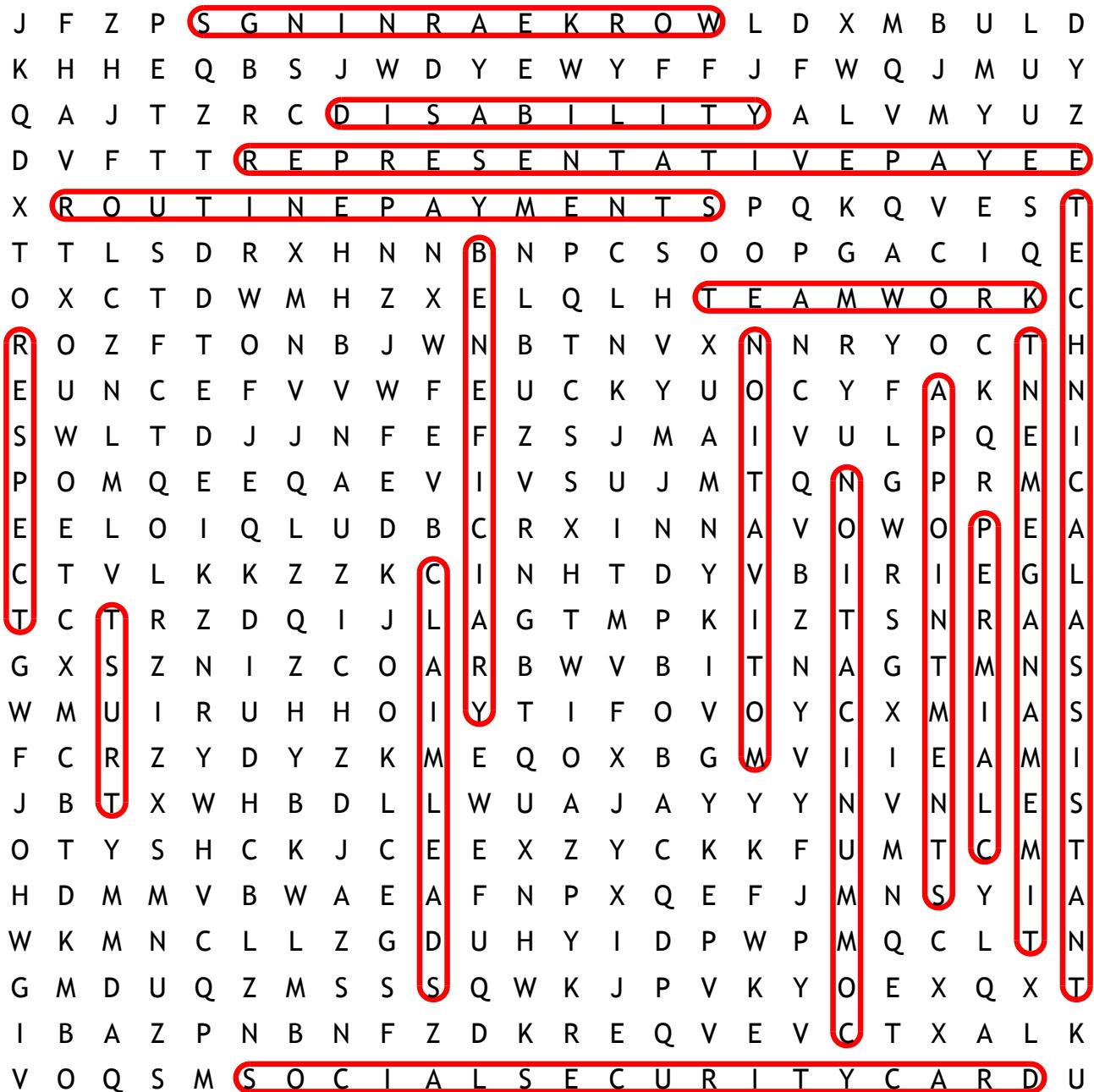


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# TIPS TO REMEMBER THROUGHOUT THE DAY



REPRESENTATIVE PAYEE

SOCIAL SECURITY CARD

TECHNICAL ASSISTANT

ROUTINE PAYMENTS

TIME MANAGEMENT

COMMUNICATION

WORK EARNINGS

APPOINTMENTS

BENEFICIARY

CLAIM LEADS

DISABILITY

MOTIVATION

CLAIM REP

TEAMWORK

RESPECT

TRUST