

DATE: \_\_\_\_\_ CLIENT #: \_\_\_\_\_  
 REFERRED BY: \_\_\_\_\_  
 CURRENT PAYEE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

## INTAKE SHEET FOR REPRESENTATIVE PAYEE

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Claimant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Mother's City of Birth: \_\_\_\_\_

### LIVING ARRANGEMENTS

Claimant's Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
 \_\_\_\_\_  
 Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
 \_\_\_\_\_

### I CURRENTLY LIVE IN:

House:  Room:  Private Home:   
 Mobile Home:  Commercial:  Apartment:

Do you/spouse own the place you live in? YES  NO   
 Do you/spouse rent the place you live in? YES  NO

### I CURRENTLY LIVE WITH:

Alone:  Children:  Eligible Spouse:  Parents:   
 Essential Person:  Sponsor:  Ineligible Spouse:  Other People:

Total number of people in household: \_\_\_\_\_

Name	SS#	Receives Public Assistance:
		Type:
		Type:
		Type:
		Type:

### LANDLORD INFORMATION:

Name:	Rental Agreement	Monthly Rate
Address:	Phone	

## FINANCIAL INFORMATION

TYPE OF INCOME	RECEIVED BY	AMOUNT	FREQUENCY

Do you currently receive any income listed below?

- Private Pensions/Annuity Yes  No
- Unemployment Yes  No
- Workers Compensation Yes  No
- VA Yes  No
- AFDC or State Assistance Yes  No
- Rental Income Yes  No
- Alimony/Child Support Yes  No
- Dividends/Royalties Yes  No
- Interest in Bank Accounts Yes  No
- Money Trust Funds Yes  No
- Money from Organizations Yes  No

- Do you currently receive food stamps? Yes  No
- Have you filed for food stamps in the past 90 days? Yes  No

EXPENSE	AMOUNT
Food	\$
Mortgage/Rent	
Insurance-Property	
Gas	
Electric	
Water/Sewer	
Trash	
Police Fee	
Other	
Other	
Other	
Other	
TOTAL:	\$

## EARNED INCOME

Have you /spouse worked or expect to work in the next 14 months? Yes  No

Name of Worker	Employer Name & Address	Gross Wages

## RESOURCES

Cash with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Checking Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Credit Union Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	
IOU's	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stocks/Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other items can be sold/cashed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

NAME OF EACH ITEM	OWNERSHIP OF ITEM	VALUE

Do you/spouse own any headstones, markers, cemetery lots, crypts, urns, or mausoleums?

Yes  No

If Yes:

NAME OF OWNER	FOR WHOSE BURIAL	RELATIONSHIP	DESCRIPTION/VALUE

Do you/spouse own or are buying any life insurance policies? Yes  No

If Yes:

NAME OF OWNER	NAME OF INSURED	INSURANCE COMPANY	INSURANCE ADDRESS

POLICY NUMBER	TOTAL FACE VALUE	CASH SURRENDER VALUE	DATE OF PURCHASE

Do you/spouse own a vehicle? Yes  No

MAKE	MODEL	YEAR	APPRAISED VALUE

LOAN COMPANY	ADDRESS	ACCOUNT #
INSURANCE COMPANY	ADDRESS	POLICY DATE DUE

REMARKS:

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**MEDICAL INFORMATION**

Do you have a legal guardian? Yes  No

If Yes, Name of Guardian: \_\_\_\_\_ Date Appointed: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you spent more than 30 days in a hospital/institution in the past year? Yes  No

If Yes, Name of Facility: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Are you currently under any medical/psychological treatment? Yes  No

If Yes, Name of Facility: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

Are you currently receiving Case Management from any agency? Yes  No

Case Manager's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your disabling condition for which you are receiving disability benefits?  
\_\_\_\_\_

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Do you receive a Medicaid Card? Yes  No

## REPRESENTATIVE PAYEE PROGRAM

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Consumer Credit Counseling Service  
of the Mid-Ohio Valley  
2715 Murdoch Avenue Suite B4  
Parkersburg, WV 26101  
304-485-3287

### AUTHORIZATION OF RELEASE OF INFORMATION

I, the undersigned, hereby authorize Consumer Credit Counseling Representative Payee for Social Security and SSI benefits to consult with, release to, or receive from:

- All Landlords
- Creditors
- Utility Companies
- All regulatory and funding sources and services providers, (case managers, etc).

The following information necessary to the maintenance of the client's account for the purpose of: the Representative Payee Program for the period and length of the program.

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Date

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Client Signature

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Client's Social Security Number

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Representative Payee

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## Advance Notification of Representative Payment

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Name of Wage Earner, Self-Employed Person or  
SSI Claimant

Social Security Number

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Name of Beneficiary (if other than above)

Relationship to Wage  
Earner, Self-Employed  
Person or SSI Claimant

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I understand and agree with the following.

### Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

### Choice of Representative Payee

SSA has selected \_\_\_\_\_ to be my representative payee.

### My Right to Appeal

I understand that I have the right to appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else to help me.

I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

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Signature

Date

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Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

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1. Signature of Witness

2. Signature of Witness

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Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)