



Representative-Payee Intake

Date ____ - ____ - ____

Dear Potential Clients and Caseworkers,

We appreciate the opportunity to work with you on your goals. To help us better understand your needs and avoid delaying the application process, please be sure to complete all areas of the intake form.

Thank you,

Liliana T. Kelhart, Case Manager Re-Payee Program

Applicant Name _____ Social Security # ____ - ____ - ____

Current Street Address _____

City _____ State _____ Zip Code _____

Home, Cell or contact phone _____ Date of birth _____

Is this your permanent address? Yes ____ No ____ if not, where will you be moving to and when?

Do you live alone? Yes ____ No ____ If not, who do you share the residence with? _____

<u>Ethnic Origin</u>	<u>Gender</u>	<u>History of drug/Alcohol abuse</u>	<u>Criminal record</u>
African American ____	Female ____	Yes ____	Yes ____
Asian ____	Male ____	No ____	No ____
Caucasian ____		<u>High School Dropout</u>	<u>Employed</u>
Hispanic ____		Yes ____	Full time ____
Native American ____		No ____	Part Time ____
Pacific Islander ____		Last grade finished ____	# of hours work weekly ____
Other _____			

Veteran

Yes ___

No ___

Disabled

Yes ___

No ___

Benefit Income

Receive TANF

Yes ___

No ___

Receive SSI or SSD

Yes ___

No ___

Applied for SSI or SSD

Yes ___

No ___

Do you have a representative Payee now? Yes ___ No ____. If you have a rep.-payee now, what is their name or the agency and please explain why you would like to change.

Family member of friend to contact in case of an emergency _____

Relationship _____ Phone number _____

Street address _____

City _____ State _____ Zip code _____

Caseworker name and agency _____

Is there any other information you would like to share with us or feel we should know about you? _____
