Rep Payee Intake Forms Checklist

CLIENT INTAKE SHEET
Please make sure the following are included on the form, otherwise we CANNOT process the request.
☐ Mother's Maiden Name.☐ Place of Birth.
CLIENT CONTRACT
☐ This form MUST be signed by the client.
BUDGET WORKSHEET
Please fill out this form as completely as possible and make sure the following are included
 ☐ Landlords name and address. ☐ Copy of the lease. ☐ Account numbers for utility bills, phone bills, etc.
ADVANCED NOTIFICATION OF REPRESENTATIVE PAYMENT
☐ This form MUST be signed by the client. This is required when we submit the request to Social Security Administration.
CONSENT TO RELEASE INFORMATION- 2 FORMS ARE REQUIRED
☐ OUR form, signed by the client.☐ YOUR agency's form, signed by the client.
PHYSICIAN'S STATEMENT OF PATIENT'S CAPABILITY TO MANAGE BENEFITS
 ☐ This is required if the client has <u>never had a representative payee.</u> ☐ The form MUST be signed by the Physician and submitted to SSA when the Application is filed.
PNC DEBIT CARD ENROLLMENT
☐ If the client elects to receive their personal spending funds on a debit card, the Authorization Form must be signed by the client.

ALLTRUST PAYEE CORP., INC.
P.O. Box 650369

VERO BEACH, FL 32965 PH: 772.226.0165 FAX: 772.618.4647

IF POSSIBLE, PLEASE INCLUDE A COPY OF THE CLIENTS SOCIAL SECURITY CARD,

ADMIN@ALLTRUSTPAYEE.COM