# **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.

## IF POSSIBLE, PLEASE INCLUDE A COPY OF THE CLIENTS SOCIAL SECURITY CARD, DRIVERS LICENSE OR STATE ID

ALLTRUST PAYEE CORP., INC. 2046 TREASURE COAST PLAZA, SUITE A294 VERO BEACH, FL 32960 PH: 772.226.0165 FAX: 772.618.4647 ADMIN@ALLTRUSTPAYEE.COM