



Best Payments Foundation

New Client Application

Client Information:

Date _____

First Name _____ Last Name _____

Date of Birth _____ Social Security Number _____

Current Address _____

City _____ State _____ Zip Code _____

Client Phone Number _____ County _____

Client Email _____

Type of Services Being Requested – Please check all that apply

- Payee Services Authorized JFS (Job and Family Services) Representative

How will Services be Paid:

- Self-Pay \$48 monthly for payee services and \$15 monthly for JFS services
- Bill Local County Board of DD - **Please send ISP and PAWS to ISP@bestpayments.net**
- Bill Money Management through I/O Waiver or Level 1 Wavier - **Please authorize 30 units of Money Management per month and email the full ISP to ISP@bestpayments.net**

Guardian Information**(Please mail the court certified guardian document to our Po Box 839 Delaware OH 43229)**

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

New Client Application (Page 2)

SSA / Case Manager Information

Contact Name _____

Email _____ Phone Number _____

Income/Assistance Information

Social Security Employment Food Stamps Medicare Medicaid

Other _____

Rent Subsidy Type (Who) and Amount _____

Employer Information

Employer Name _____

HR Contact Name _____ Phone Number _____ Email _____

Living Arrangements

Live Alone Live with Family (Describe) _____

Have Roommates (Who are your roommates) _____

Reason for Payeeship _____

Current Payee Information

Company Name _____ Contact Name _____

Phone # _____ Email _____

For Authorized JFS Representative Services – Please complete the attached form labeled Designation of Authorized Representative. We are NOT required to be your JFS Rep to be your payee; however, we are required to be your payee if you would like us to be your Authorized JFS Rep.

Person Completing This Form

Name _____ Relationship to Client _____

Email _____ Phone Number _____