



# Best Payments Payee Services

## 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 \_\_\_\_\_

Birth Place \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

**Please provide a copy of the clients ID, Birth Certificate, and Lease**

Primary Doctors Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**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 \$57 monthly for payee services and \$24 monthly for JFS services
- Bill Local County Board of DD - **Please send ISP and PAWS to [ISP@bestpayments.net](mailto:ISP@bestpayments.net)**
- Bill Money Management through I/O Waiver or Level 1 Waiver - **Please authorize Money**

**Management and email the full ISP and PAWS to [ISP@bestpayments.net](mailto:ISP@bestpayments.net).**

## New Client Application (Page 2)

### Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Appointment \_\_\_\_\_ Guardian of  Person  Estate

**Please mail the court certified guardian document to Best Payments PO Box 839 Delaware OH 43015**

### SSA / Case Manager Information

Contact Name \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Provider Information

Provider Name \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Income/Assistance Information – check all that you CURRENTLY RECEIVE

Social Security  Employment  Food Stamps  Medicare  Medicaid

Other \_\_\_\_\_

**Do you receive a Rent Subsidy? Yes No**

If yes, what type of rent subsidy do you receive? \_\_\_\_\_ Amount \_\_\_\_\_

**Do you have a Stable Account Yes No**

If yes, please provide the Stable Account Number \_\_\_\_\_

## New Client Application (Page 3)

### Current Employer Information

Employer Name \_\_\_\_\_

HR Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Living Arrangements

Live Alone       Live with Family (Describe) \_\_\_\_\_

Have Roommates (Who are your roommates) \_\_\_\_\_

### Payee

Current Payee Name \_\_\_\_\_ Company Name \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Change in Payee \_\_\_\_\_

Reason a Payee is Needed \_\_\_\_\_

***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 \_\_\_\_\_

Other Information we should know before applying to be payee about this individual. Please be specific.

\_\_\_\_\_

\_\_\_\_\_