

PAYEE/GUARDIAN INTAKE

Date _____

Name: _____ **D.O. B.** _____
First MI Last

SS #: _____ **Do you have a:** Payee Guardian Conservator

Are you a Veteran, spouse, dependant or parent of a Veteran? _____

Do you live in an AFC: _____ **Marital Status:** _____
Name of AFC

Address: _____

Phone: _____ **Home/Cell MI ID:** _____

Medicare #: _____ **A or B Rx D Plan:** _____

DHS Caseworker: _____
Name Office Location Phone #

Medicaid #: _____ **DHS Case #:** _____

Referral Source: _____
Name & Agency Phone #

Landlord: _____
Name/Business Phone #

_____ **Complete Address (If you want your checks mailed to a P. O. Box let us know)**

Next of Kin/Emergency Contact: _____
Name Relationship

_____ **Complete Address Phone**

Income: _____
Source and Amount Circle: SS SSI Pension Work Checks

Other Information: _____