

People First Payee Services Intake Form

Today's Date: _____

Name: _____ Soc.Sec.# _____

Mailing address: _____ DOB _____

Phone: _____ Referral Agency: _____

Picture ID ___ Yes ___ No Caseworker _____

Mother's Maiden Name: _____ Place of Birth _____

Guardian: _____

Emergency Contact Person: _____

Living Arrangements: _____

Contact Person: _____ Phone #: _____ Method of

Monthly Contact: _____

Type of Income: _____

Medicaid #: _____ Medicare #: _____

Commercial Ins. _____

Monthly Expenditures:

Housing: _____

Telephone: _____

Utilities: _____

Transportation: _____

Food: _____

Clothing: _____

Medical : _____

Bank Routing Number _____

Acct #: Checking: _____

Acct # -ATM card _____ Debit _____ No card/checks _____

Bank acct opened _____ SSA visit date _____ Est. direct dep. Date _____

FILL OUT AND SEND TO:

Box 888101 GR 49588

OR

FAX TO: 616-455-2505

QUESTIONS? Phone: 616-455-2505