

NORTHWEST WASHINGTON PAYEE SERVICES

Representative Payee Services

Client Intake Packet

NWWPS



Northwest Washington Payee Services

PO BOX 4202

Nooksack, WA 98276

Phone 360-988-4517 - Fax 360-353-4304

Email: nwwps@hughes.net

Website: nwwps.org

Northwest Washington Payee Services

Instructions for Completing the Client Intake Packet

1. Complete all of the forms included in this document and sign where designated.
2. If this is the first time you are applying for a Representative Payee, Social Security will require a statement from your physician stating whether you are capable to manage your own finances. Social Security will send the form to your physician.
3. Submit 2 forms of identification (copies are fine)– preferably 1 photo I.D. and 1 other form of I.D. such as:
 - a. WA driver license, WA Identification Card, Veterans’ Administration Identification
 - b. Social Security Card
4. If possible, provide a copy of your Medicaid/Medicare Card.
5. In order to assist in developing an accurate budget, please provide copies of the following bills, if applicable:
 - a. Rental agreement – it is vital we receive this document immediately. Without a rental agreement, Social Security benefits can be delayed.
 - b. Utilities such as gas and electric
 - c. City or county water, sewer & garbage bills
6. You may complete and submit budget worksheet yourself or with your payee. This is helpful if you have bills such as cell phone or auto insurance that will be paid out of personal and incidental funds making it is necessary to have those funds dispersed at a particular time of month. Northwest Washington Payee Services’ staff will review the worksheet you submit and work with you if adjustments are necessary to ensure benefits last for the entire month.
7. Review and sign the “Client Agreement / Policies and Procedures”; “What Happens During Intake”; and “What Happens After I Sign Up” pages from this intake packet and submit to NWWPS. Keep a copy for your records
8. Fax the completed intake packet to: (360) 353-4304 or you can email to: nwwps@hughes.net.

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CLIENT INTAKE

Date: _____

LAST NAME FIRST MI

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PLACE OF BIRTH

MOTHER'S MAIDEN NAME

FATHER'S NAME

REFERRING AGENCY

CONTACT PERSON PHONE NUMBER

AGENCY WEBSITE

CONTACT PERSON EMAIL

LIVING ARRANGEMENT

C/O

Telephone Number

Street Address

Move In Date

City, State, Zip Code

Monthly Rent Amount

Do you live alone? Yes No

If no, whom do you live with?

NAME RELATIONSHIP

NAME RELATIONSHIP

NAME RELATIONSHIP

NAME RELATIONSHIP

NOTES: _____

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INCARCERATION

JAIL / PRISON LOCATION: _____

DATE IN: _____ DATE OUT: _____

DOC#: _____

PAROLE / PROBATION OFFICE NAME: _____

OFFICE TELEPHONE #: _____

SOCIAL SECURITY INFORMATION

FORMER REP PAYEE: _____ CLAIM OFFICE: _____

BENEFITS: SSI: _____ SSA: _____

OVERPAYMENT: YES NO BALANCE: _____

RESOURCES: _____

FROM OUT OF STATE: YES NO

DATE ENTERED STATE? _____ PROOF OF ENTRY: YES NO

ATTORNEY: YES NO NAME: _____

PHONE: _____

DSHS CLIENT INFORMATION

DSHS OFFICE: _____ SOC. WORKER: _____

DSHS ID/ACES NUMBER: _____

OTHER DSHS INFORMATION: _____

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OTHER BENEFITS

VA: \$ _____ CLAIM#: _____ RRR: \$ _____ CLAIM#: _____

EBT FOOD: \$ _____ EBT CASH: \$ _____ CLAIM #: _____

OTHER: NAME: _____ \$ _____ CLAIM #: _____

UNEARNED INCOME

Check All That Apply

- | | | |
|------------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> PRIVATE PENSION | <input type="checkbox"/> TANF/ GA /BASIC FOOD | <input type="checkbox"/> RENTAL INCOME |
| <input type="checkbox"/> UNEMPLOYMENT | <input type="checkbox"/> ALIMONY | <input type="checkbox"/> CHILD SUPPORT |
| <input type="checkbox"/> DIVIDENDS | <input type="checkbox"/> ROYALTIES | <input type="checkbox"/> TRUST FUND |

WAGES

YES NO EMPLOYER: _____

CONTACT INFO: _____

TURN IN COPIES OF PAYSTUBS MONTHLY. IF NOT TURNED IN TO SSA, THIS MAY CAUSE AN OVERPAYMENT AND A LARGE WAGE ESTIMATE ON YOUR RECORD. YOU MAY REQUEST STAMPED ENVELOPES.

OTHER HELPFUL INFORMATION

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RESOURCES

THE RESOURCE LIMIT IS \$2000 FOR A SINGLE PERSON AND \$3000 FOR A MARRIED COUPLE.
THE LIMIT APPLIES TO SSI AND MEDICAID ONLY.

Mark All that Apply

CHECKING ACCOUNT
NAME _____
ACCT# _____

SAVINGS ACCOUNT
NAME _____
ACCT# _____

CREDIT UNION
NAME _____
ACCT# _____

CASH

STOCKS / BONDS

REAL ESTATE

BURIAL PLOT

LIFE INSURANCE

CAR / MOTORCYCLE

BOAT

TRAILER

TRUST

OTHER: _____

WILL / BURIAL

YES NO

(Get copy of this information for the file)

TYPE: _____

WHEN ESTABLISHED: _____

VALUE: _____

CONSERVED / GUARDIANSHIP

IS THE CLAIMANT CONSERVED OR IS THEIR A GUARDIAN? YES NO

CONSERVATOR/GUARDIAN NAME AND PHONE NUMBER: _____

CONSERVATOR/GUARDIAN ADDRESS: _____

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MARITAL STATUS / CHILDREN

SINGLE MARRIED (DATE: _____) SEPERATED (DATE: _____)

DIVORCED (DATE: _____) ANNULLED DATE: _____

WIDOWED (DATE: _____)

CHILDREN? YES NO IF YES, HOW MANY? _____

EMERGENCY CONTACTS

NAME

STREET ADDRESS

CITY / STATE / ZIP CODE

TELEPHONE

RELATIONSHIP

NAME

STREET ADDRESS

CITY / STATE / ZIP CODE

TELEPHONE

RELATIONSHIP

OTHER CONTACTS

NAME

STREET ADDRESS

CITY / STATE / ZIP CODE

TELEPHONE

RELATIONSHIP

NAME

STREET ADDRESS

CITY / STATE / ZIP CODE

TELEPHONE

RELATIONSHIP

IDENTIFICATION

PLEASE INCLUDE A COPY OF THE FOLLOWING FOR FILE:

PHOTO ID

SSA CARD

MEDICAID CARD

OTHER ID

Northwest Washington Payee Services

**CONSENT TO RELEASE INFORMATION
TO:
NORTHWEST WASHINGTON PAYEE SERVICES**

Name: _____ Date of Birth: _____

SSN: _____

I hereby give my consent to Northwest Washington Payee Services to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continuing eligibility for Social Security benefits.

I also hereby give my consent to Northwest Washington Payee Services to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

- | | | |
|-----------------------------------------------------|------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Medicare/aid | <input type="checkbox"/> Current Monthly SSA/SSI |
| <input type="checkbox"/> Bank Account | <input type="checkbox"/> Burial Trust | <input type="checkbox"/> Creditors |
| <input type="checkbox"/> Wages/Employment Record | <input type="checkbox"/> Social History | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> Address/Living Arrangement | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other (explain below) |

I am the individual, to whom the requested information/records applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that Northwest Washington Payee Services is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and Northwest Washington Payee Services is not responsible for any effect to your benefits caused by releasing the requested information.

Print Name

Date

Signature of Claimant or Legal Guardian

Relationship (if not claimant)

NWWPS Staff Member

Date

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CLIENT AGREEMENT **Policies and Procedures**

Supplemental Security Income (SSI) is a needs-based benefit. That means that the amount of money for which you are eligible is based on three things:

1. Your living arrangements
2. Other income/benefits you may receive
3. Your total resource, which are things you own. For example; bank accounts, stocks, bonds, homes, vehicles, jewelry, etc.

Northwest Washington Payee Services will not be held responsible for any overpayments due to your failure to notify our office of changes. Notification of changes must be made in writing. This can be done by fax, email, or by mailing a signed letter to Northwest Washington Payee Services.

IT IS VERY IMPORTANT TO NOTIFY US WITHIN 10 DAYS IF ANY OF THE ITEMS BELOW OCCUR.

RESIDENCE

- You move from your residence
- Someone permanently moves into or out of your residence
- You enter jail or prison (Northwest Washington Payee Services does not accept collect phone calls from jail or prison)
 - **Note: If you fail to notify us by phone, email, or mail and money is issued for rent, utilities and other expenses, Northwest Washington Payee Services is not responsible for any overpayment that occurs.**
- You change your phone number
- You enter or leave a hospital or skilled nursing facility.
- You leave the state of Washington.

RESOURCES

- The amount of alimony or child support you receive changes
- You inherit or are given money
- You open or close a bank account, and if you receive interest on the account
- The amount of any benefit checks you receive directly changes
- You receive money from another source (VA, Railroad Retirement, or pension)
- Your benefit from another source stops
- You start or stop working
 - **Note: If you work, you must provide copies of your wage stubs to Northwest Washington Payee Services to submit to the Social Security Administration. If you do not provide copies of your wage stubs and are overpaid, Northwest Washington Payee Services will not be held responsible.**
- Purchase a burial plot or make burial arrangements
- Purchase a life insurance policy on yourself or someone else
- Buy or sell any auto, truck, boat, motorcycle, RV, etc.
- Buy or sell any real estate, including a house, condo or mobile home

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WHAT HAPPENS DURING THE INTAKE INTERVIEW?

1. At the time of intake, the representative payee can tell you when Northwest Washington Payee Services will **expect** to begin receiving your benefits.
 - If the intake is completed before the Social Security Administration's "cut off" date for the month (this is usually the second Friday of each month), Northwest Washington Payee Services should receive your next month's benefits.
 - If your benefits are in suspense (your benefits are stopped for some reason), Northwest Washington Payee Services will work to get your benefits reinstated as quickly as possible.
 - If you are a new claimant, Northwest Washington Payee Services, will contact the Social Security Administration regularly until your benefits are approved and the Social Security Administration begins distributing your benefits.
2. You will be provided with the rep payee's contact information. The rep payee is the person you will speak with regarding your budget and account. You will need to notify your rep payee in the event any changes occur such as moving, living arrangements, and phone number.
3. Your rep payee can be contacted via voicemail or email message and will respond to your message as soon as possible. The office hours are from 8:00am to 4:00pm Monday through Friday and closed on all federal holidays. It is important to leave full details on your voicemail message. Always leave your first and last name, social security number, phone number where you can be reached, and detailed reason for your call. **PLEASE LEAVE ONLY ONE MESSAGE PER DAY AND ALLOW THE PAYEE TIME TO RETURN YOUR CALL.** Leaving multiple messages will only delay your return call.
4. If possible, your budget is established at the time of the intake. If we are unable to establish a budget at the time of your intake, you will need to contact your rep payee to do so before Northwest Washington Payee Services can release your funds. You will need to provide a copy of your rental agreement and bills that you would like Northwest Washington Payee Services to pay before payment can be made.

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What Happens AFTER I Sign Up?

1. If you need to speak to your rep payee, call (360) 988-4517.
2. You must have an appointment to meet with your payee. You can schedule an appointment by calling or emailing your rep payee. **Same day appointments will not be scheduled.**
3. Once your budget is set for the month, you must follow the spending plan that is in place for that month. Any requests to change your budget for the following month must be submitted at least 5 days before the last business day of the current month.
4. If you have additional funds available after your budgeted expenses are set, you may request to have a portion of those funds issued to you.
 - You must complete an Expenditure Request form if you are requesting funds in excess of \$100.
 - **You must give your rep payee at least 24 hours to process your request. It is not possible to approve requests immediately.**
 - You are required to submit receipts to show how the funds outside of your set budget are spent.
5. You can receive your personal spending money via check mailed to your address or by directly depositing funds into an account belonging to you. Rent and vendor checks are mailed directly to the person to whom the check is made payable.
6. You can have your utility bills mailed directly to Northwest Washington Payee Services' post office box for payment. Your name must be on the bill.
7. If you are homeless and do not have a mailing address, we encourage you to obtain a post office box.
8. Vendor checks will not be released to clients. Vendor checks are mailed to the address Northwest Washington Payee Services has on file for that vendor.
9. Northwest Washington Payee Services is always closed the last business day of each month to prepare for the coming month.
10. Northwest Washington Payee Services observes all Federal holidays. If you are scheduled to receive a check on a holiday or a weekend, you should receive your check the day before that holiday.

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I understand the above statements and I also understand the following:

1. If you do not receive your check, report it lost or stolen immediately. We will place a stop payment and reissue the check. It takes 45 days from the original check date to reissue another.
2. IT IS VERY IMPORTANT TO NOTIFY YOUR REP PAYEE BEFORE THE LAST DAY OF THE MONTH IF YOU ARE PLANNING TO MOVE THE FOLLOWING MONTH. IF YOU FAIL TO DO SO, YOUR RENT MIGHT NOT BE PAID CORRECTLY AND YOUR PERSONAL SPENDING CHECK MAY BE MAILED TO THE INCORRECT ADDRESS.
3. You are expected to be a good neighbor and responsible member of your community. We reserve the right to terminate payee services if we receive complaints that you've damaged property, are verbally or physically abusive to neighbors or other members of the community, or are (or appear to be) chronically intoxicated or under the influence of drugs in public. Any funds remaining in your account will be returned to the Social Security Administration.
4. Northwest Washington Payee Services is here to serve you and administer your benefits according to the Social Security Administration regulations. Northwest Washington Payee Services will terminate payee services if a client is physically or verbally abusive to Northwest Washington Payee Services' staff or other clients or damages Northwest Washington Payee Services' property. Any funds remaining in your account will be returned to the Social Security Administration. Northwest Washington Payee Services reserves the right to withhold a check or deposit from any client who appears to be intoxicated or under the influence of drugs. This policy is for our client's own protection.

I hereby acknowledge that I understand the Client Agreement as well as the policies and procedures of Northwest Washington Payee Services. I agree to abide by the reporting and procedure requirements to maintain my payee service with Northwest Washington Payee Services. I have received a copy for my records.

Client Signature

Date

Northwest Washington Payee Services' Staff Member

Date

Northwest Washington Payee Services

Budget Worksheet

Client Name: _____ SSI: _____

SSN: _____ SSA: _____

Effective Date: _____ Other: _____

Total Income: _____

| Type | Amount | Date/Frequency | Vendor Name & Address |
|------------------------------|--------|----------------|-------------------------------------|
| Rent | | | |
| Utilities: Electricity | | | |
| Utilities: Gas | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |
| Rep Payee Fee-for-Service | \$44 | Monthly | Northwest Washington Payee Services |

Total: _____

Client Signature: _____ Date: _____