

**APPLE PAYEE NEW CLIENT INTAKE**

**Please return this form with supporting documents to:**

**Mail: PO Box 9339, Spokane, WA 99209**

**Email: sb@applepayee.com / Phone: 509-241-8125 / Fax: 208-471-8950**

**DATE:** \_\_\_\_\_

***PERSONAL INFORMATION***

Name (First, Middle, Last) _____	
Current Address: _____	
City, State, Zip Code _____	
Phone Number _____	
SSN: _____	
Date of Birth: _____	City and State of Birth: _____
Mother's Maiden Name _____	Father's First Name _____
Type of Living Situation: Adult Family Home In my Own Home Hospital Institution Incarcerated Transient	
Name of Landlord / Facility _____	
Admit / Move-In Date _____	
Highest Level of Education _____	Gender _____
Race: _____	Ethnicity: _____
Employment Status: _____	Primary Language: _____
Did you serve in the Military? _____	NO / YES Branch: _____
Marital Status (circle one): Never Married / Widowed / Divorced Any marriages over 10 years?	

***DISABILITIES***

Diagnosed Mental/Intellectual Disabilities: _____	
How do these disabilities affect your (or the applicant's) ability to manage finances? _____	
Is there any history of drug or alcohol abuse?	YES/NO
Is there a history of homelessness?	YES/NO
Is the applicant agreeable to having a payee?	YES/NO

***CURRENT PAYEE***

	Self	Agency	Family Member	Other
If not "self", who is your current payee? _____				
Why are you changing payees? _____				
How long have you had a payee? _____				
Are there any family members willing/able to be your payee?				YES/NO

**WHO IS COMPLETING THIS APPLICATION (If not the applicant)?**

Name	_____
Relationship to Applicant	_____
Agency	_____
Phone Number	_____
Email Address	_____
Frequency of Contact with Applicant	_____

**EMERGENCY CONTACT:**

Name	_____
Relationship to Applicant	_____
Phone Number	_____
Email Address	_____
Frequency of Contact with Applicant	_____

**CURRENT BENEFITS**

Currently Receiving (circle all that apply)	SSA/SSDI/SSI	PENSION	TRIBAL	VA BEN	NONE	OTHER
Are your Social Security benefits currently suspended?	YES / NO					
If yes, why are they suspended?	_____					

**OTHER IMPORTANT INFORMATION**

Does applicant have a legal guardian?	YES/NO
Name of Guardian	_____
Contact Information	_____
Guardian of	Estate      Person      Both
Date of Appointment	_____
Circumstances (Reason) for Appointment	_____

**OTHER IDENTIFYING INFORMATION (Provide copies if available)**

Provider One Number	_____
DSHS/HCS Client ID (ACES) Number	_____
Medicare Number	_____
Driver's License # or State Issued ID #	_____
	_____
	_____
	_____

**ADDITIONAL IMPORTANT INFORMATION:**

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