



THE CORPORATION OF
GUARDIANSHIP

REPRESENTATIVE PAYEE INTAKE FORM

Please complete the following forms – Representative Payee Intake Form; Representative Payee Budget Form; and Representative Payee Authorization Form (signature required). The completed forms can be faxed to 336-275-8879 or mailed to PO Box 13742, Greensboro, NC 27415. Please note that the Corporation of Guardianship charges a monthly fee of \$41.00 to provide Representative Payee services. The client will receive all funds by mail and may not pick up funds in person. Please contact us at 336-273-5389 if you need further information.

Client Name: _____
(First) (Middle) (Last)

Street Address: _____
(Street) (City) (State/Zip)

Telephone Number: _____
(Home) (Cell) (Other)

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Social Security Benefits (Check all that apply and list benefit amount):

_____ Social Security Disability	Monthly Amount: \$ _____
_____ Social Security Retirement	Monthly Amount: \$ _____
_____ Supplemental Security Income	Monthly Amount: \$ _____

List Other Persons Living in Household by Name & Relationship

Prior Payee, if any (Name/Agency/Contact Information)

Referred by (Name/Agency/Contact Information)

Please provide a brief description of the reason why this individual needs a Representative Payee