



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 \$42.00 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) (County)

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

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

Marital Status: Single Married (Spouse's Name: _____) Separated Divorced Widowed

Client's Mother's Maiden Name: _____ Client's Father's First Name: _____

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): _____

What is the **PRIMARY** nature of the client's disability?

- | | | |
|---|--|---|
| <input type="checkbox"/> Brain/Head Injury | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Dementia/Alzheimer's Disease |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Substance Abuse/Addiction | <input type="checkbox"/> Other - |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Sclerosis | Specify: _____ |
| <input type="checkbox"/> Intellectual/Dev. Disability | <input type="checkbox"/> Spinal Cord Injury | |

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

