

JACKSON COUNTY PROTECTIVE PAYEE

Application for Representative Payee Services

APPLICANT INFORMATION:

Name: _____ Date: ____ / ____ / ____
Last First MI Previous (Maiden) Name

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

What date did you move to this address? _____

Phone: (____)-____-____ Social Security Number ____-____-____

HOUSEHOLD INFORMATION (STARTING WITH APPLICANT):

NAME	SEX	SS#	RELATIONSHIP	DOB
			SELF	

PERSONAL INFORMATION:

Are you your own guardian? Yes ____ No ____

I am presently: Single ____ Married ____ Divorced ____ Widowed ____ Separated ____ Other ____

Are you or your spouse a veteran? Yes ____ No ____ Enlist Date? _____ Discharge? _____

If yes, give dates of service: _____ Type of discharge: _____

How long have you lived in U.S.? _____ Iowa? _____ Jackson County? _____

Do you have medical coverage? ____ Title XIX (Medicaid) ____ Medicare ____ Private Insurance
 If Private Insurance, name of Company and policy # _____

PAYEE INFORMATION:

Diagnosis or type of disability: MR CMI DD BI (circle all that apply)

Do you receive: _____ SSI _____ SSDI
 \$ _____ Amount \$ _____ Amount

Are you currently employed? If yes, give name, address and phone number of employer. _____

Are you required by SS to have a payee? ____ Yes ____ No

Is there a Payee/Guardian/Conservator/Court Appointed legal Representative at this time?

____ Yes ____ No If yes, give name, address and phone number:

Give your parents names: _____

Are they still living? ____ Yes ____ No If yes, give address and phone number:

Are there other close relatives? ____ Yes ____ No If yes, give name, address and phone number:

Is there a relative that would be willing to serve as your payee? ____ Yes ____ No

If yes, give name, address and phone number.:

Why are you requesting Payee services from Jackson County?

Do you expect your living arrangements to change in the next year? ____ Yes ____ No If yes, how?

What monthly bills or outstanding debt do you have?

\$ _____ Rent \$ _____ Gas \$ _____ Cable \$ _____ (Other)

\$ _____ Electricity \$ _____ Phone \$ _____ Water \$ _____

ASSETS:

Do you own or rent your home? ____ Own ____ Rent

Give name, address and phone number of who you pay rent or house payment to:

Landlord/Mortgage Company Name: _____

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

Phone #: (____) - _____ - _____

List all motor vehicles, including: cars, truck, motorcycles, recreational vehicles, boats, etc.

Year	Type	Make	Fair Market Value	Amount Owed
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INCOME: Please indicate yes or no for each source of income along with the monthly net amount received where applicable.

SOURCE:	NO	YES	MONTHLY NET AMOUNT
FIP (ADC / ADC-UP			
Cash from friends or family			
Child Support / Alimony			
Employment			
Inheritance / Estate			
Interest / Dividends			
Pension			
Rent Paid to you			
Self-Employment			
SSI or Social Security Disability			
Social Security			
Student Loans / Grants			
Unemployment / Comp.			
Worker's Comp.			
Any other income			
TOTAL HOUSEHOLD INCOME			

Do you, or does anyone in your household, have any of the following assets:

ITEM:	NO	YES	VALUE
Cash on hand			
Jewelry besides wedding rings			
Machinery, tools, or equipment			
Antiques or Collectables			
Guns or firearms			
Livestock			
Farm Equipment			
Lift Insurance with cash value			
Burial trusts / contracts			
CD's or IRA's			
Stocks or bonds			
Checking Account			
Savings Account			
Any other asset			
TOTAL VALUE OF ASSETS			

EMPLOYMENT INFORMATION:

Are you employed? Yes ___ No ___

If yes, where? Employers name: _____

Street Address: _____

City, State and Zip: _____

SIGNATURES:

 (Signature of Applicant) Date _____

 Signature of Director Intake Date _____