Clear Form

Summit Payee Services, Inc.

Intake Questionnaire

Today's Date:	
SSN:	
State ID # and State:	
First Name-Middle-Last:	
Current Address, City, Zip:	
Home or Contact Phone:	
Personal Cell Phone:	
Current or Former Payee:	
Payee/Claimant relationship:	
Note: If you are currently your own payee, you must have a doctor complete and sign an SSA-787	
Referred by:	
Person to notify	Name:
In Case of Emergency:	Phone #:
Your date of birth:	
City you were born in:	
Birth County & State:	
Mother's birth name:	
Father's birth name:	
SS Income	
SSI Income	
Determination Date	
Other Income	
Other Income	
Rent	
Effective Date	
Rent payable to	
Payment Address	
Payment City, State, Zip	
Phone/Fax	
Notes & Comments:	
for Summit use only:	
Check Database:	
Misc Database:	
Ledger:	

Print Form