

Summit Payee Services

Intake Questionnaire

SSN:		Alternate SSN:	
First Name-Full Middle-Last:	M <input type="checkbox"/> F <input type="checkbox"/>	Married <input type="checkbox"/> Sing <input type="checkbox"/> Wid <input type="checkbox"/> Div <input type="checkbox"/>	
Current or Former Payee:			
Payee/Claimant relationship:			
Reason for Changing:			
State ID #		State:	
Photo Taken?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Referred by:			
Intake Date:			
Current Address:			
City, State, Zip:		DP:	
House or Contact Phone			
Personal Cell Phone			
In Case of Emergency, Name and Phone Number:		Alternate:	
		Alternate:	
Hospitalization:	Admittance Date:		Discharge Date:
Birth City:			
Birth County & State:			
Mother's Full Maiden Name:	Living: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Father's Full Name:	Living: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Personal Final Wishes: Cremation: <input type="checkbox"/> Buried: <input type="checkbox"/>	Current Arrangements	Insurance: <input type="checkbox"/> None: <input type="checkbox"/>	
Are you employed: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Name of Employer:			
Weekly Hours Worked:			
Wages:			
Any criminal convictions: Felony: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Misdemeanor: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Are you on Parole or Probation: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	CDC Number:		
SS Income:			
SSI Income:			
Other Income:			
Trust Account:	Are you the beneficiary of a special needs or any other trust? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Effective Date		Where?	↓
Rent payable to			
Payment Address			
Payment City, State, Zip		DP:	
Phone		Fax:	
Rental Agreement on File			
Notes:			