APPLE PAYEE NEW CLIENT INTAKE

Please return this form with supporting documents to:

Mail: PO Box 9339, Spokane, WA 99209

Email: sb@applepayee.onmicrosoft.com OR office@applepayee.onmicrosoft.com

Phone: 509-241-8125 / Fax: 208-471-8950

PERSONAL INFORMATION

Name (First, Middle, Last)	
Current Address:	
City, State, Zip Code	
Phone Number	
SSN:	
Date of Birth:	City and State of Birth:
Mother's Maiden Name	Father's First Name

Type of Living Situation: Adult Family Home In my Own Home Hospital Institution Incarcerated Transient

Name of Landlord / Facility

Admit / Move-In Date

Highest Level of Education	
Did you serve in the Military?	YES NO

Marital Status: Never Married Widowed Divorced Any marriages over 10 years? YES NO

DISABILITIES

Diagnosed Mental/Intellectual Disabilities:	
Is there any history of drug or alcohol abuse?	YES NO
Is there a history of homelessness?	YES NO
How do these disabilities affect your (or the applicant's) ability to manage finances?	
Is the applicant agreeable to having a payee?	YES NO

CURRENT PAYEE

Self Agency Family Member Other

If not "self", who is your current payee?	
Why are you changing payees?	
How long have you had a payee?	
Are there any family member willing/able to be your payee?	YES NO

WHO IS COMPLETING THIS APPLICATION (If not the applicant)?

Name	
Relationship to Applicant	
Agency	
Phone Number	
Email Address	
Frequency of Contact with Applicant	

EMERGENCY CONTACT:

Name	
Relationship to Applicant	
Phone Number	
Email Address	
Frequency of Contact with Applicant	

CURRENT BENEFITS

Currently Receiving (circle all that apply)	SSA/SSDI/SSI	PENSION	TRIBAL	VA BEN	NONE	OTHER
Are your Social Security benefits currently suspended?			YES	NO		
If yes, why are they suspended?						

OTHER IMPORTANT INFORMATION

Does applicant have a legal guardian?		YES	NO	
Name of Guardian				
Contact Information				
Guardian of	Estate	Person	Both	
Date of Appointment				
Circumstances (Reason) for Appointment				

OTHER IDENTIFYING INFORMATION (Provide copies if available)

Provider One Number	
DSHS/HCS Client ID (ACES) Number	
Medicare Number	
Driver's License # or State Issued ID #	

ADDITIONAL IMPORTANT INFORMATION: