**TO:** Applicants/Referring Agencies 

**FROM:** PayCo

**RE:** Required Referral Information

Thank you for your interest in our organization. PayCo is dedicated to providing the best possible service to our clients. The following are guidelines that should be followed when making application and/or referrals to us. We charge a fee for our services which is set each year by the Social Security Administration (SSA).

**REFERRAL**

Part I: All potential clients (or if the client has a guardian, the guardian) must sign an Advance notice. ***If the potential client does not currently have a payee, a physician’s form SSA 787 stating the need for a payee is required by the Social Security Administration, in addition to the other forms in the application. Please be aware that once someone is identified as needing a payee it is not an easy process to reverse.*** ***If the potential client has a Guardian of Person, please include an original copy of the guardianship order for the Social Security Administration.***

Part II: The client profile and general household information is used to complete the Social Security Administration’s application for payeeship. This information is also used for future reports we are responsible for as payees.

Part III: Referral should include a Client/Agency Responsibility Checklist and Authorization to Release Information.

Part IV: Payeeship can take up to 90 days. In emergency situations there are steps the beneficiary can take to expedite this process. Please ask us for further instruction.

**ACCOUNT MANAGERS**

**Our Columbus office number is 614-297-6420** Extension numbers/email addresses are as follows

* KC Foster, Ext. 208 Account Manager columbus1@paycopayee.org
* Maurice Neal, Ext. 201 Account Manager maurice@paycopayee.org
* Misty Foster, Ext. 205 Account Manager misty@paycopayee.org
* Michael Crawford, Ext. 399 Regional Director michael@paycopayee.org
* Brittany McCoy, Ext. 204 Director of Operations brittany@paycopayee.org

**Regional Offices**

**Dayton PayCo office number is 939-949-7470**

**Dayton fax number is 937-949-7471**

Sue Binder, Ext. 302 Dayton Office Manager sue@paycopayee.org

Vickie Barnhill, Ext. 398 Account Manager vickie@paycopayee.org

Michael Crawford Ext 399 Regional Acct. Manager michael@paycopayee.org

|  |
| --- |
| **Personal Information** |
| Client Name | DOB |
| Current Address | SSN |
|  | Phone # |
| City, State ZIP | City Born |
| Previous Address | State Born |
|  | Mother’s Maiden Name |
| Previous City, State ZIP | Male Ο Female Ο |
| Do you receive food stamps? Ο Yes Ο No ***If yes, how much? $*** |
| Have you ever been convicted of a felony? Ο Yes Ο No |
| History of drug abuse? Ο Yes Ο No |
| Have you been incarcerated in the last year? Ο Yes Ο No | If yes, date span: From: to: |
| Are you currently on probation? Ο Yes Ο No |  |
| Are you currently married? Ο Yes Ο No | If yes, input details under ‘Household Members’ |
| Have you ever been divorced? Ο Yes Ο No |  |
| Do you currently have a payee? Ο Yes Ο No | If yes, who/reason for changing? |
|  |

|  |
| --- |
| **Case Management Services/Supported Living Provider** |
| Do you receive case management services or have a SL Provider? Ο Yes Ο No |
| Name of Agency & Contact person |
| Address |
| Phone Fax Email |

|  |
| --- |
| **Household Members** |
| Spouse/Significant Other | DOB | SSN |
| Monthly Income | Income Source |  |

|  |
| --- |
| **Please provide the following requested information for each household member:** |
| Full Name | Age | Client Relationship | Monthly Income | Income Source |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

|  |
| --- |
| **Alternate Payees: Please indicate here if anyone in the household has a Payee other than themselves or PayCo** |
| Payee’s Full Name | Payee’s Phone Number |
|  |  |
| **Guardian Information** |
| Have you been deemed legally incompetent? Ο Yes (Provide original guardian paperwork) Ο No |
| Do you have a guardian of estate? Ο Yes Ο No If yes, fill in the following fields |
| If you answered yes to the above questions, please complete the following. PayCo will not be able to apply for payeeship without an original copy of court appointed guardian documentation. |
| Guardian Name: |
| Guardian Title: |
| Guardian Address: |
| Guardian Phone Number: |
| Guardian Date of Appointment: |
| **Landlord/Mortgage Information** |  |
| Landlord Name | Landlord Phone |
| Address | Amount of rent $ |
|  | Date rent due |
| City, State ZIP | Date last moved |

Is the client or anyone living at the residence related to the landlord? Ο Yes Ο No

|  |
| --- |
| **Utility Information**: Please provide the requested information for each utility bill paid by the client and provide a copy of a current bill or statement for each.  |
| Name of company | Address | Account # | Amount |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **Employer Information** |
| Employer Name | Amount $ | Frequency |
| Employer Address |
| Hourly Rate $ /hr. | Employer Phone |
| Hire Date |  |
| Paper Check Ο or Direct Deposit Ο (See attached D.D. Form) |  |
| Paystubs must be submitted to PayCo regularly to be in compliance with the Social Security Administration. Paystubs not turned in can create an overpayment for SSI benefits or wages to be estimated by Social Security. |
| **Monthly Printout** |
| Would you like a copy of your account activity each month? Ο Yes Ο No |
| Check one: Ο Fax Ο Email Ο US Postal Mail |
| Please indicate the fax number, email address or physical address and person to send to: |

**Signatures**

|  |
| --- |
| I affirm that all the information provided is true and up to date. I also understand that it is my responsibility to make sure that PayCo has complete and accurate information on my record at all times. |
| Client Signature | Date |

**PART III CLIENT/AGENCY RESPONSIBILITY CHECKLIST**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*My signature below indicates the following items have been discussed with me to my satisfaction and any questions have been answered.*

**PayCo (Agency) rules have been explained:**

Services are made available to clients without regard to race, religion, creed, origin, disability or sexual orientation.

**The Agency’s expectations of me have been explained:**

A client is expected to provide truthful, accurate information to the best of his/her knowledge.

The client needs to notify the Agency when changes occur in health, living arrangements, employment

or income. Our services are voluntary and either party may terminate services with notice.

**Hours of operation:**

**Columbus Office**: Monday – Friday 9am-3:30pm **closed Wednesdays**

**Dayton Office-** Monday, Tuesday, Thursday 9am to 3pm, **closed Wednesdays and Fridays**

**All PayCo locations are closed on all federal holidays and as posted by Administration.**

***I agree to release any information from* PayCo** ***to any agency that is acting in an advocacy role for the benefit of my finances. I agree to have all information on all sources of income (and bank accounts) and bills directed to* PayCo*.***

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby authorize PayCo at (checkmark a location)**

**\_\_\_\_\_ 895 S. HIGH ST. COLUMBUS, OHIO 43206**

**\_\_\_\_\_ 10 N. Williams St, Dayton, OH 45402**

**to receive from and/or release financial information to the following:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE/FAX NUMBERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this authorization for the release of information is continuous and will not expire unless otherwise indicated below.

DATE OF EXPIRATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this release can be revoked by me at any time except to the extent that the program or person who is making the disclosure has already released information and that the revocation must be signed and dated.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby revoke my consent for the release of information:

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICIES & PROCEDURES OVERVIEW

FEE

* We charge a monthly fee of $44.00. Our fee can increase by $1.00 at the beginning of each year in the event beneficiaries receive an increase on their check from the Social Security Administration

BUDGETS:

* Budget changes MUST be in by the 22nd of the month and will go into effect the following month.
* All vehicle purchases must be approved by the CEO. Please note that beneficiaries receiving SSI benefits will typically not be permitted to purchase any type of motor vehicle. This includes SSI recipients who receive large back payments.
* PayCo reserves the right to adjust discretionary funds to cover rent and utility costs that exceed the monthly budget.

RENT/HOUSING:

* All rent checks are mailed. SSI recipients’ rent checks are mailed on the 1st of every month, SSDI recipients’ rent checks are mailed on the 3rd of every month.
* A signed lease must be turned in prior to paying any landlord.
* All rent checks must be made payable directly to the legal landlord as described on the county auditor website. NO rent checks are payable to family, friends or unauthorized individuals.
* The Number living in the household does affect rent payments. SSI recipients cannot pay rent for other individuals in the household. PayCo is only responsible for the rent payment of its contracted clients.

ADDITIONAL REQUESTS FOR FUNDS:

* Individuals are entitled to (3) requests per month for $100.00 each. Requests may be combined to equal the maximum amount of $300.00, but in that case, counts as all 3 requests

BILLS:

* RENT, GAS, ELECTRIC, and WATER payments are made in full each month unless there are insufficient funds in the client’s account. As stated previously discretionary funds may be adjusted so that the bills are paid in full.
* Bill payment will depend on the number of residents living in the household.

INITIAL BUDGET MEETING REQUIREMENTS:

Please bring the following documents to your initial budget meeting. PayCo will not be responsible for any late fees associated with rent, utilities, or any other fee incurring bill, if the following documents are not presented prior to receiving your first check:

* Identification (current State ID or Drivers License)
* Lease or Mortgage Statement – Lease must be a legitimate document indicating the owner of the property as the landlord.
* Any current utility bills

I agree to comply with and understand PayCo’s policies and procedures. By signing below I further acknowledge that I have received a copy of all policies and procedures including ones not listed above.

I also agree that I have received a copy of PayCo’s paycard policies and procedures.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*PayCo is obligated, by law, to notify the Social Security Administration in the event of the following:*

□ Hospitalization beyond 30 days □ Incarceration beyond 30 days

□ Change in employment status □ Change in marital status

□ Change in number in household or in rent □ Change in address

□ No contact with PayCo, beyond 30 days

**MONTHLY BUDGET PLAN - EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **INCOME** | **MONTHLY AMT** |  |
|  T16 SSI |  |  |
|  T2 SSDI |  |  |
| VA/RR/BLACK LUNG INCOME |  |  |
| \*PENSION/ANNUITY |  |  |
| \*Provide name where pension/annuity is coming from |  |  |
| WORK (if sent here, monthly) |  |  |
| OTHER |  |  |
|  **TOTAL** |  |  |
| PAYCO FEE |  -44.00 |  |
|  **TOTAL** |  |  |
|  HOUSING BUDGET?  |  - | X .55% |
|  **INCOME TOTAL** |  |  |
| **EXPENSES** | **$$$** |
|  RENT |  |
|  GAS |  |
|  ELECTRIC |  |
|  WATER/SEWAGE/TRASH |  |
|  PHONE \*indicate if required for housing |  |
|  BURIAL PLAN |  |
|  RENTERS INSURANCE |  |
|  OTHER INSURANCE |  |
|  MEDICARE PART D/CO-PAY/PHARMACY |  |
|  BUS PASS |  |
|  FOOD |  |
|  CABLE/INTERNET |  |
|  OTHER |  |
|  OTHER |  |
|  OTHER |  |
|  **TOTAL EXPENSES** |  |
|  **TOTAL INCOME MINUS TOTAL EXPENSES** |  |  |
| **DISRIBUTION OPTIONS** |  | **Load, Mail or Pick Up** |
|  1ST & 15TH ÷ 2 |  |  |
|  3RD & 15TH ÷ 2 |  |  |
|  Weekly check – Monday ÷ 5 |  |  |
| Bi-weekly check – Monday and Thursday ÷ 5, then ÷ 2  |  |  |
|  Mail to Provider? Client? |  |  |

I understand that this is a tentative budget plan based off information provided from the initial

 Intake appointment and may be subject to change. Any changes will be discussed with me prior

to being implemented.

CLIENT SIGNATURE: \_\_\_\_ ACCT MGR INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_

DAYTON

PAYCO APPLICATION FOR VANTIV DEBIT CARD

I authorize PayCo to give the following information to Vantiv for the sole purpose of loading my funds onto a debit card to be used by me and any authorized user named. I agree that PayCo can update my information as needed with Vantiv throughout my enrollment with this program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Client Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ATM: Yes\_\_\_\_ No\_\_\_\_ |

Please attach a photo copy of your valid state I.D.

Please fill out **ALL** of the information above. An application can **NOT** be processed with any information missing.

Disclaimer:

Additional fees may be charged to the card holder account. PayCo will cover the charge for one initial debit card. However lost debit cards will be at the expense of the card holder. Additional fees may also include, but are not limited to replacing cards, emergency funds, and cancellation or transfer of funds on the card. For Sale of Purchase the card should **always** be used as a debit (not credit) transaction. Holds for the actual purchase amount will always be placed on the card. Gas, hotels, rental car, and restaurants may place larger hold than the purchase price depending on their own policies and procedures regarding debit transactions. Non-5/3rd ATM’s may generate withdraw fees.