



**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 emergencies there are steps the beneficiary can take to expedite this process. Please ask us for further instructions.

ACCOUNT MANAGER	LOCATION or TITLE	EMAIL ADDRESS	PHONE #	PHONE OPTION
Josh Crawford	North/Columbus	josh@paycopayee.org	614-297-6420	3
Jasmine Jackson	Dayton	jasmine@paycopayee.org	937-949-7470	1
Reece Frederick	Dayton/Columbus	reece@paycopayee.org	614-297-6420	9
Foster Beveridge	Dayton/Columbus	foster@paycopayee.org	614-297-6420	8
Michael Crawford	Director of Operations	michael@paycopayee.org		
Chris Crabtree	C.O.O.	chris@paycopayee.org		
Brittany McCoy	Executive Director	brittany@paycopayee.org		

# A Few Things to Know.....

- When filling out our intake packet, please complete all fields. If a field does not apply, simply write N/A for not applicable in the section
- If you have printed a copy of our intake from online, be sure to print out a copy of PayCo's Policies and Procedures and read them carefully to ensure that you are aware of how PayCo operates and what the expectation of our services will be for you and for us.
- When returning your intake packet be sure to include:
  - Current ID
  - Copy of Social Security card OR most recent letter from Social Security
  - Copy of current lease, if any

If you have any questions about your intake application, please contact Michael Crawford, PayCo Intake Coordinator at 614-297-6420 or email at [michael@paycopayee.org](mailto:michael@paycopayee.org)

## OFFICE INFO:

**IMPORTANT:** Please have all bills sent to P.O. Box 6006, Columbus OH 43206. Remember to contact any vendor you do business with and make this change. Also, keep your name on the bill (only change the mailing address) so we know who the bill belongs to.

PayCo Columbus  
895 South High Street  
Columbus, Oh 43206  
Call 614-297-6420 Fax 614-737-0518

PayCo Dayton  
31 South Main Street  
Dayton, OH 45402  
Phone: 937-949-7470 Fax: 937-949-7471  
PayCo North office: 567-235-2481 (O) 614-737-0518(f)

PayCo North  
1649 Tiffin Ave Unit D  
Findlay, OH 45840  
Phone: 567-235-2481 Fax: 614-737-0518

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 <input type="radio"/> Female <input type="radio"/>
Do you receive food stamps? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, how much? \$</i>	
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No	
History of drug abuse? <input type="radio"/> Yes <input type="radio"/> No	
Have you been incarcerated in the last year? <input type="radio"/> Yes <input type="radio"/> No	If yes, date span: From: _____ to: _____
Are you currently on probation? <input type="radio"/> Yes <input type="radio"/> No	
Are you currently married? <input type="radio"/> Yes <input type="radio"/> No	If yes, input details under 'Household Members'
Have you ever been divorced? <input type="radio"/> Yes <input type="radio"/> No	Name of current payee (below)
Are you your own payee? <input type="radio"/> Yes <input type="radio"/> No	How many payees have you had in the past 2 years?
Who is your current payee?	
Case Management Services/Supported Living Provider	
Do you receive case management services or have a SL Provider? <input type="radio"/> Yes <input type="radio"/> No	
Name of Agency & Contact person	
Address	
Phone	Fax
Email	
STABLE ACCOUNT INFO/ TRUST ACCOUNT INFO	
Do you have a Stable Acct? Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>	Acct #
Authorized Legal Rep on Acct:	Email:
Do you have a Trust Account? Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>	Phone:
Institution Name:	If yes, please provide: Account #
Legal Rep Email and Phone Number:	Auth. Legal Rep on Acct:
LIFE INSURANCE POLICIES	
Any life insurance policies? Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>	If yes, acct #
Name on Policy:	Name of Institution:
Phone and Email of Policyholder:	
Additional Policies? If yes, please provide a full list to PayCo	

ROOMMATES	Please provide the following requested information for each household member:				
Full Name	SSN	DOB	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
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**Guardian Information**

Have you been deemed legally incompetent?  Yes (Provide original guardian paperwork)  No

Do you have a guardian of estate?  Yes  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
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Address	Amount of rent \$
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	Date rent due
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City, State ZIP	Date last moved
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Is the client or anyone living at the residence related to the landlord?  Yes  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
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Employer Address

Hourly Rate \$ /hr.	Employer Phone
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Hire Date

Paper Check  or Direct Deposit  (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?  Yes  No

Check one:  Fax  Email  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
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MONEY MANAGEMENT WAIVER SERVICE

PayCo is a certified Money Management Waiver Service Provider. This program is open to clients with active waiver services through their local county Board of DD.

To see if you qualify for this service, please answer the following questions:

1. Do you currently have services through a county board? If yes, please list what county:

\_\_\_\_\_

**AND**

2. Do you have an active ISP? Yes\_\_\_ No\_\_\_
  - a. If you answered 'NO' to either one of these questions, you **do not** qualify for the Money Management Waiver Services.
  - b. If you answered yes, please continue to fill out the remainder of this form.

Service Coordinator Info:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Client Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Name of SL Provider (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**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:**

**Our offices are not open to the public without a scheduled appointment**

**Columbus Office:** Monday through Friday 8am-4:30pm

**Dayton Office-** Monday through Friday 9am to 4:30pm

**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 \_\_\_\_\_

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

- Hospitalization beyond 30 days
- Change in employment status
- Change in number in household or in rent
- No contact with PayCo, beyond 30 days
- Incarceration beyond 30 days
- Change in marital status
- Change in address

**AUTHORIZATION TO RELEASE INFORMATION**

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

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

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

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

\_\_\_ **31 S Main St, Dayton OH 45402**

\_\_\_ **1649 Tiffin Ave, Unit D, Findlay, OH 45840**

**to receive 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: \_\_\_\_\_

# POLICIES & PROCEDURES OVERVIEW

## IN-PERSON VISITS

- All in-person visits are by appointment only. Please call/text/email your Account Manager and request an in-person visit to discuss your finances. We are also able to hold virtual meetings.

## FEE

- We charge a monthly fee of \$55.00. Our fee can increase at the beginning of each year in the event beneficiaries receive an increase on their check from the Social Security Administration. Social Security determines the fee PayCo charges.

## BUDGETS:

- Budget changes MUST be in by the 22<sup>nd</sup> of the month and will go into effect the following month.
- The Executive Director must approve all vehicle purchases. 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.

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## RENT/HOUSING:

- All rent checks are mailed or paid online. SSI recipients' rent checks are mailed/paid on the 1st of every month, and SSDI recipients' rent checks are mailed/paid on the 3rd of every month.
- A signed lease must be turned in before 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 of people 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.

## NON-CLIENT ROOMMATES(NCR):

- Individuals with a roommate(s) who are not a client of PayCo must pay their portion of the bill first. The bill should be sent to the household and then sent via email or fax to PayCo to pay the equal, remaining portion..
- PayCo is not responsible for any additional parties not receiving a bill if that bill is being mailed directly to PayCo.

## ADDITIONAL REQUESTS FOR FUNDS:

- Individuals are entitled to (3) monthly requests for \$100.00 each. Requests may be combined to equal the maximum amount of \$300.00, but in that case, it 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 provide the following documents along with your intake application. 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 before receiving your first deposit from Social Security:

- 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 separate copy of all policies and procedures including the ones not listed above. In addition, I understand that policies and procedures may be updated at will by the company, and I must request a copy of the most recent policy and procedures.

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

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

CLIENT NAME (PLEASE PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

