



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

• Josh Crawford Ext 203	Account Manager	josh@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

Dayton Office

Dayton PayCo office number is 937-949-7470

Dayton fax number is 937-949-7471

• Jasmine Jackson Ext 301	Account Manager/ Office Manager	jasmine@paycopayee.org
• Candace Edwards Ext 302	Account Manager	candace@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 ext 399

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

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?		<input type="radio"/> Yes (Provide original guardian paperwork) <input type="radio"/> No	
Do you have a guardian of estate?		<input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> or Direct Deposit <input type="radio"/> (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? <input type="radio"/> Yes <input type="radio"/> No			
Check one: <input type="radio"/> Fax <input type="radio"/> Email <input type="radio"/> 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:

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 _____

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 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

FEE

- We charge a monthly fee of \$52.00. 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 or paid online. SSI recipients' rent checks are mailed/paid on the 1st of every month, SSDI recipients' rent checks are mailed/paid 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 provide the following documents for 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 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 ones not listed above. In addition, I understand that policies and procedures may be updated at will by the company, and it is my duty to 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 _____

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

- | | |
|---|---|
| <input type="checkbox"/> Hospitalization beyond 30 days | <input type="checkbox"/> Incarceration beyond 30 days |
| <input type="checkbox"/> Change in employment status | <input type="checkbox"/> Change in marital status |
| <input type="checkbox"/> Change in number in household or in rent | <input type="checkbox"/> Change in address |
| <input type="checkbox"/> No contact with PayCo, beyond 30 days | |

CLIENT NAME (PLEASE PRINT): _____ DATE: _____

MONTHLY BUDGET PLAN - CLIENT NAME AND EFFECTIVE DATE: _____

<u>INCOME</u>		MONTHLY AMT	
INCOME SECTION FOR INTERNAL USE ONLY - PAYCO			
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		-52.00	
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 or Mail
1 ST & 15 TH	÷ 2		
3 RD & 15 TH	÷ 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: _____