



**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 MANAGERS**

<b>ACCOUNT MANAGER</b>	<b>LOCATION</b>	<b>EMAIL ADDRESS</b>	<b>PHONE OPTION #</b>	
<b>Josh Crawford</b>	<b>Payco North/Columbus</b>	josh@paycopayee.org	<b>3</b>	
<b>Jasmine Jackson</b>	<b>Dayton PayCo</b>	jasmine@paycopayee.org	<b>1</b>	
<b>Chante Fuller</b>	<b>Dayton/Columbus</b>	chante@paycopayee.org	<b>7</b>	
<b>Antoina Williams</b>	<b>Columbus</b>	antoina@paycopayee.org	<b>5</b>	
<b>Foster Beveridge</b>	<b>Dayton/Columbus</b>	foster@paycopayee.org	<b>8</b>	
<b>Reece Frederick</b>	<b>Dayton/Columbus</b>	reece@paycopayee.org	<b>9</b>	
<b>Michael Crawford</b>	<b>Director of Operations</b>	michael@paycopayee.org		
<b>Chris Crabtree</b>	<b>C.O.O.</b>	chris@paycopayee.org		
<b>Brittany McCoy</b>	<b>Executive Director</b>	brittany@paycopayee.org		

**Office Numbers:****Columbus: 614-297-6420 (o) 614-737-0518(f)****Dayton PayCo office number:937-949-7470 (o) 937-949-7471 (f)****PayCo North office: 567-235-2481 (o) 614-737-0518(f)**

## 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 Option 2

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

<b>Guardian Information</b>			
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:			
<b>Landlord/Mortgage Information</b>			
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			
<b>Utility Information:</b> 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
			\$
			\$
			\$
			\$
			\$
<b>Employer Information</b>			
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.			
<b>Monthly Printout</b>			
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:			
<b>Signatures</b>			
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 \_\_\_\_\_

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

**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**

\_\_\_ **10 N. Williams 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

## FEE

- We charge a monthly fee of \$54.00. 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.
- All vehicle purchases must be approved by the Executive Director. 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 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: \_\_\_\_\_

**MONTHLY BUDGET PLAN - CLIENT NAME AND EFFECTIVE DATE:** \_\_\_\_\_

<b>INCOME</b>		<b>MONTHLY AMT</b>	
<b>INCOME SECTION FOR INTERNAL USE ONLY- PAYCO</b>			
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			
<b>TOTAL</b>			
PAYCO FEE		54.00	
<b>TOTAL</b>			
HOUSING BUDGET?		-	X .55%
<b>INCOME TOTAL</b>			
<b>EXPENSES</b>			<b>\$\$\$</b>
		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	
<b>TOTAL EXPENSES</b>			
<b>TOTAL INCOME MINUS TOTAL EXPENSES</b>			
<b>DISRIBUTION OPTIONS</b>			<b>Load or Mail</b>
1 <sup>ST</sup> & 15 <sup>TH</sup>	÷ 2		
3 <sup>RD</sup> & 15 <sup>TH</sup>	÷ 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: \_\_\_\_\_