



CATHOLIC SOCIAL SERVICES

Catholic Social Services (CSS) welcomes the opportunity to serve you with our Payee Services. The list below details the required documents needed to process your application for service.

Please note that forms requiring an individual's signature, must be submitted as originally signed forms (no faxed, copied, or emailed forms will be accepted).

Did you submit the following documents? (Please check the box)

Copy of Social Security Card

Photo ID

New Client Questionnaire

Consent for Service

Release of Information

Lease &/or Housing Voucher

Please feel free to contact our office with any questions or concerns at
740-452-5057 (ext. 1) or 1-800-536-5057 (ext. 1).



CATHOLIC SOCIAL SERVICES

PAYEE SERVICES NEW CLIENT QUESTIONNAIRE

Client's Name: _____

Date of Birth: _____ Social Security Number: _____

Client's Address: _____ Phone Number: (____) _____

City: _____ State: _____ Zip Code: _____ County: _____

Does the client currently have a Payee? Y N If yes, who? _____

What is the client's income? _____SS _____SSI _____WORK

_____PENSION/RETIREMENT _____OTHER: _____

Does the client have a Guardian? Y N _____Person _____Estate _____BOTH

Guardian Name/Address/Phone #: _____

What is the client's current living arrangement?

___Lives Alone ___Roommate(s) ___With Family ___Group Home ___OTHER: _____

Arrangement Info: _____

CURRENT RENT AMOUNT: \$ _____

Landlord Name, Address, & Phone #: _____

Employment History for the past 12 months (Please provide employer information, dates of employment, amount paid each month, & frequency of payment):

Office Use Only: Social Security Mail Date: _____

Direct Deposit Information (checking account):

Routing # _____ Account # _____

Additional Contact Name (Does the client have a case worker, service coordinator, family member, or any other outside services that we could use as secondary contact?) **Y N**

Contact's Name, Agency, & Phone Number: _____

Where does the paperwork need to be sent (address, if different than clients)?

Referral Source:

___ Self ___ Outside Agency: _____

___ Other: _____

Additional Information:



CATHOLIC SOCIAL SERVICES

PAYEE SERVICES CONSENT FOR SERVICE

I, _____, request that Catholic Social Services provide payee services to assist me in the management of my financial situation.

I have the right to choose only those services I wish to receive and the intensity of the services.

I understand that if I have needs that cannot be met by the services provided by Catholic Social Services, my social worker will work with me to find more appropriate services.

I understand that I may discontinue services at any time with no repercussions from Catholic Social Services.

I understand that these services are provided to assist me in the management of my financial situation and I am solely responsible for any financial liability which may apply in this case.

Date: _____ Signature: _____

Date: _____ Witness Signature: _____

Catholic Social Services
PO Box 3446
Zanesville, OH 43702-3446



CATHOLIC SOCIAL SERVICES

PAYEE SERVICES RELEASE OF INFORMATION

Client Name: _____ **D.O.B.:** _____

Social Security Number: _____

I hereby authorize Catholic Social Services to disclose, release and receive information contained in my client file (current and future documentation) to the listed authorized funders/providers that may assist me with my financial management needs. Any other inquiries must obtain a separate signed release of information.

I understand that my client records/health information (HIPPA) will be kept confidential and released only as need warrants. I also understand that I may revoke this authorization at any time by submitting in writing my decision to revoke.

Authorized funders/providers:

(Name)

(Address)

Client Signature

Date

Witness Signature

Date