

# NEBRASKA PAYEE SERVICES

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P.O. Box 103  
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[WWW.NEBRASKAPAYEE.COM](http://WWW.NEBRASKAPAYEE.COM)

## New Account Information

### PERSONAL INFORMATION

- Full Name (First, Middle, Last): \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Male or Female: \_\_\_\_\_
- Mother's Maiden Name: \_\_\_\_\_
- Place of Birth (City and State): \_\_\_\_\_

### EMPLOYMENT AND EDUCATION INFORMATION

- Are you employed? \_\_\_\_\_ If yes, Where? \_\_\_\_\_
- Number of hour per week: \_\_\_\_\_ Rate of pay: \_\_\_\_\_
- Last Place of Employment: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Last Date of Employment: \_\_\_\_\_
- Last High School Attended: \_\_\_\_\_
- Last Grade Completed: \_\_\_\_\_

### RELATIONSHIP INFORMATION

- Single: \_\_\_\_\_
- Married (provide spouse's name and SSN): \_\_\_\_\_
- Divorced: \_\_\_\_\_
- Separated (explain circumstances): \_\_\_\_\_
- Other (explain circumstances): \_\_\_\_\_

### BENEFITS INFORMATION

- Disability or Diagnosis: \_\_\_\_\_
- Type of Benefit(s) (SSA, SSI, AABD, etc.): \_\_\_\_\_
- Monthly Amount of Benefit(s): \_\_\_\_\_
- Medicaid Number: \_\_\_\_\_
- Medicare Number: \_\_\_\_\_

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## FAMILY INFORMATION

Do you have children? \_\_\_\_\_

(if yes; list names and phone numbers; AND, identify which children, if any live with you):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List closest family members' or friends' names, addresses, and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOUSEHOLD INFORMATION

Household Occupant(s) Name(s), Age, and Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is anyone else in the household disabled? If yes; Name: \_\_\_\_\_

Benefits Received (SSA, SSI, AABD, etc.): \_\_\_\_\_

Monthly Amount of Benefit(s): \_\_\_\_\_

Does anyone else contribute to monthly household expenses? If yes; Name: \_\_\_\_\_

What is their monthly financial contribution? \_\_\_\_\_

\_\_\_\_\_

## GUARDIAN AND PAYEE INFORMATION

Do you have a legal guardian? \_\_\_\_\_ If yes; provide contact information:

Guardian Name: \_\_\_\_\_

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

Guardian Phone Number: \_\_\_\_\_

Do you currently have a Payee? \_\_\_\_\_ If yes; provide contact information:

Payee Name: \_\_\_\_\_

Payee Phone Number: \_\_\_\_\_

Reason for new payee: \_\_\_\_\_

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## MONTHLY EXPENSES

Expense	Paid to Company/Person	Account Number	Amount Per Month
Rent or Mortgage <sup>1</sup>			
Electric			
Gas			
Water/Sewer			
Garbage			
Television			
Phone <sup>2</sup>			
Credit Cards			
Child Support			
Loan(s)			
Health Insurance <sup>3</sup>			
Life Insurance <sup>3</sup>			
Groceries			
Vehicle			
Vehicle Insurance <sup>3</sup>			
Personal Spending			

<sup>1</sup> Provide a copy of lease or rental agreement

<sup>2</sup> Provide online account access information for mobile phones

<sup>3</sup> Provide agent contact information and policy number(s)

Additional Information NPS may need to know: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_