

Action Payee Services, Inc
Elizabeth Byron & Rachel Kimzey

P.O. Box 2384 7
Tigard, OR 97281
Ph. 503-352-5349
Fax 503-941-9379

Account Manager Last names A - L rkimzey@actionpayee.net

Account Manager Last names M - Z ebyron@actionpayee.net
and all Income Cap Trusts

Instructions for Completing the Client Intake Packet

1. Complete all of the forms included in this document and ensure client signs where designated..
2. Obtain and submit 2 forms of identification – (preferably 1 photo I.D. and 1 other form of I.D.)
3. Failure to complete this packet with necessary information will delay processing or make us incapable of applying to be your representative.
4. If possible, provide a copy of the client's Medicare Card
5. In order to assist in developing an accurate budget, please provide copies of the following bills, if applicable:
 - a. Lease/Rental agreement – it is **vital** we receive this document immediately. Without a rental agreement, Social Security benefits can be delayed.
 - b. Utilities such as cable, phone and power.
 - c. City or county water, sewer & garbage bills
 - d. Pharmacy bills, court fines etc
6. You may complete and submit budget worksheet yourself/with your client. This is helpful if you/your client has bills such as prepaid cell phones or streaming services that will need to be paid by the client directly by certain dates.
7. Ensure client receives a copy of the notes pages of the intake packet for his/her records: *Client Agreement, Processes and Procedures, What Happens During Intake, What Happens After I Sign Up, Payment schedules.*
8. Fax the completed intake packet to: (503) 941-9379 or you may submit via email to: ebvron@actionpayee.net

Client Intake Packet List

1. **APS Does not accept clients with the following items:**

a. Clients with a VA Pension

b. Clients unwilling to allow us manage their payroll

_____ (client's initials)
2. **I understand APS is a fee for service organization and that fee is set by SSA and can change annually.**

a. as a an organizational payee we are audited and bound by certain rules that will affect decisions and requests

_____ (client's initials)
3. **APS strongly discourages you from having your own bank account, and if you choose to have one we are not responsible for overpayments and penalties due to excess resources.**

_____ (client's initials)
4. **APS requires a receipt for requests over 20.00 outside your regular budget. We must have an invoice for all bills we pay. We do not do auto payments or paperless billing. If you have a prepaid phone, money will be allotted to you each month for your phone. If you have a bill from an agency that refuses to provide a paper statement please indicate that information in your budget worksheet and we will discuss possible options.**

_____ (client's initials)
5. **Please make sure all agencies who support you have a signed ROI on file. ie. Section 8, case managers, peer support, leasing offices. APS is not responsible for late fees due to incorrect or updated financial information not being provided in a timely fashion. If you sign a new lease or your housing assistance changes you or your support staff must provide us with a legible copy of said changes ASAP.**

_____ (client's initials)

Client Intake Packet**Date:** _____

First name ^	Middle Name ^	Last Name & Pronoun ^
Date of Birth ^	Social Security Number ^	Place of Birth ^
Father's Name ^	Mother's Maiden Name ^	Mother's Place of Birth ^
Street Address	City State Zip	Phone Number

Living Arrangement

Landlord/Facility Name	Who is Check made Payable to	
Address for Payment	Rent Amount	Move in Date
Phone #/ Fax#	Living Arrangement Type	
Independent Living- Do you live alone?	NO? Who Do you live with & Relationship	

If you live with others in your household that is not Adult Foster Care:

How much of the rent do you pay?: _____

How much of Utilities do you pay?: _____

Doctor/ Counselor

Doctor Name/ Facility	<u>Counselor Name /Facility</u>
Address	Address
Phone # / Fax	Phone # / Fax #

If you do not have an Able account and you qualify for one:

Home - Oregon ABLE Savings Program

Does APS have your permission to establish an Able account?

Yes _____ NO _____

If you have an Able Account please tell us who manages it and what the account number is so that we may add funds to it if necessary or help you switch the Legal Authorized Representative.

Able Account # _____ Who Manages it. _____

Burial Trusts:

If you do not have a Burial Trust or Preneed Arrangements made-

Does APS have permission to establish an Irrevocable Burial Trust?

Burial Trusts are an excellent way to avoid losing benefits due to resource limitations.

We use Special Considerations-For more information

Special Considerations | Premier End of Life Planning Organization | Special Needs Community

YES

NO _____

SOCIAL WORKERS/CASE MANAGERS CONTACTS

AGENCY NAME (ILS / SLS / OTHER)

AGENCY NAME (ILS / SLS / OTHER)

WORKER NAME

WORKER NAME

WORK PHONE #

WORK PHONE #

CELL PHONE #

CELL PHONE #

WORKER EMAIL

WORKER EMAIL

EMERGENCY CONTACTS

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY / STATE / ZIP CODE

CITY / STATE / ZIP CODE

TELEPHONE

TELEPHONE

RELATIONSHIP

RELATIONSHIP

IDENTIFICATION

GET A COPY OF THE FOLLOWING FOR FILE:
(IF APPLICABLE)

☐ PHOTO ID

☐ SSA CARD

☐ TPI ID

☐ MEDICARE

☐ OTHER ID

UNEARNED INCOME

(CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> PRIVATE PENSION/ANNUITIES | <input type="checkbox"/> AFDC / GA / FOODSTAMPS | <input type="checkbox"/> RENTAL INCOME |
| <input type="checkbox"/> UNEMPLOYMENT/WORKERS COMP | <input type="checkbox"/> ALIMONY | <input type="checkbox"/> CHILD SUPPORT |
| <input type="checkbox"/> DIVIDENDS | <input type="checkbox"/> ROYALTIES | <input type="checkbox"/> TRUST FUND |
| <input type="checkbox"/> OTHER (EXPLAIN): _____ | | |

WAGES

☐ YES ☐ NO EMPLOYER: _____

DATE OF EMPLOYMENT: _____

REMIND CLIENT TO TURN IN COPIES OF PAYSTUBS MONTHLY. IF NOT TURNED IN TO SSA AND OR APS, THIS MAY CAUSE AN OVERPAYMENT AND A LARGE WAGE ESTIMATE ON THE CLIENT'S RECORD. YOU MAY FAX A CLEAR COPY OF YOUR WAGES TO SSA EACH TIME YOU ARE PAID.

RESOURCES

THE RESOURCE LIMIT IS \$2000 FOR A SINGLE PERSON AND \$3000 FOR A MARRIED COUPLE. THE LIMIT APPLIES TO SSI AND MEDICAID

(CHECK ALL THAT APPLY)

- | | | |
|---|--|--|
| <input type="checkbox"/> CHECKING ACCOUNT | <input type="checkbox"/> SAVINGS ACCOUNT | <input type="checkbox"/> CREDIT UNION |
| <input type="checkbox"/> TRUST | <input type="checkbox"/> STOCKS / BONDS | <input type="checkbox"/> CHRISTMAS CLUB |
| <input type="checkbox"/> REAL ESTATE | <input type="checkbox"/> BURIAL PLOT | <input type="checkbox"/> LIFE INSURANCE |
| <input type="checkbox"/> CAR / MOTORCYCLE | <input type="checkbox"/> BOAT | <input type="checkbox"/> TRAILER |
| <input type="checkbox"/> | <input type="checkbox"/> ABLE ACCOUNT | <input type="checkbox"/> OTHER (EXPLAIN) |

NOTES:

INCARCERATION

JAIL / PRISON LOCATION: _____

DATE IN: _____

DATE OUT: _____

X-REF#: _____

CDC#: _____

PAROLE / PROBATION OFFICE NAME: _____

OFFICE TELEPHONE #: _____

SOCIAL SECURITY INFORMATION

BENEFITS: SSI: _____ SSA: _____

BLIND: YES ☐ NO ☐

FROM OUT OF STATE: YES ☐ NO ☐

DATE ENTERED STATE? _____

PROOF OF ENTRY: YES ☐ NO ☐

NOTES:

OTHER BENEFITS

PERS: \$ _____ CLAIM#: _____

OPM: \$ _____ CLAIM# ~~CLAIM~~ _____

OTHER: NAME _____ \$ _____

OTHER: NAME _____ \$ _____

CLAIM# _____

WILL / BURIAL

☐ YES ☐ NO

(GET COPY OF INFO FOR FILE)

TYPE: _____

WHEN ESTABLISHED: _____

IRREVOCABLE: ☐ YES ☐ NO

VALUE: _____

NEXT OF KIN: _____

NAME

PHONE #

RELATIONSHIP

CONSERVED

IS THE CLAIMANT CONSERVED?

☐ YES ☐ NO

(If yes, please provide conservator paperwork)

CONSERVATOR NAME: _____

CONSERVATOR ADDRESS: _____

CONSERVATOR EMAIL: _____

PHONE#: _____

MARITAL STATUS / CHILDREN

☐ SINGLE ☐ MARRIED (DATE: _____) ☐ SEPERATED (DATE: _____)

☐ DIVORCED (DATE: _____) ☐ ANNULLED (DATE: _____)

☐ WIDOWED (DATE: _____)

CHILDREN? YES ☐ NO ☐ IF YES, HOW MANY? _____

Additional Client Information- This sheet is very important and allows us to successfully complete reviews for both medical and financial redetermination with both SSA and DHS

At what age was the client found disabled: _____

What is the diagnosis: _____

Does the client need help with daily activities such as dressing, bathing, cooking, cleaning, etc? If so what kind of help do they need?

Does the client have difficulty remembering things, understanding or making decisions?

Does the client have an able account, trust fund personal bank account or any other income other than Social Security? If so, who manages those funds? Do they receive SNAP or Tanif? If so how much?

If the client is living independently, do they live alone or have roommates? _____

If they live with other people, what is the full market rent of the location they live in and what does each person pay towards rent and utilities? Please provide us with a copy of the clients Lease and housing letter. Clients in care homes may disregard this portion.

What is the clients heritage or ethnicity? _____

Do they receive any tribal benefits? _____ If so how much and how often

Are they a veteran? _____

If the client works, do they receive special accommodations at work or incur any expenses that enable them to work, such as special transportation or medical equipment necessary to assist them in working?

Action Payee Services, INC
P.O. Box 23847
Tigard, OR 97281
503-352-5349
ebyron@actionpayee.net or rkimzey@actionpayee.net

Budget Worksheet

Client Name: _____

SSI (T16): _____

SSN/TRUST: _____

SSA (T2): _____

Effective Date: _____

OTHER: _____

TOTAL: _____

TYPE	AMOUNT	DATE/FREQUENCY	VENDOR NAME
Rent			
Payee Fee			
Utilities			
P & I			
Other/Misc			
Other/Misc			

Total: _____

Method in receiving personal needs *(Please check one)*

☐ Checks only ☐ Truelink Debit Card
☐

Client Signature: _____ Date: _____

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rkimzey@actionpayee.net

CONSENT TO RELEASE INFORMATION

Name: _____ Date of Birth: _____
SSN: _____

I hereby give my consent to **ACTION PAYEE SERVICES, INC** to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continuing eligibility for Social Security benefits.

I also hereby give my consent to **APS** to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

- | | | |
|---|---|---|
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Account Ledger | <input type="checkbox"/> Monthly SSA/SSI Amount |
| <input type="checkbox"/> Bank Account | <input type="checkbox"/> Burial Trust | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> Medicarrd | <input type="checkbox"/> Wages/Employment | <input type="checkbox"/> Address/Living Arrangement |
| <input type="checkbox"/> O.H.P. Plan / Appointments | <input type="checkbox"/> Social History | <input type="checkbox"/> Facesheet |
| <input type="checkbox"/> Other: | | |

I am the individual, to whom the requested information/records applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that BMC / LIFE is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and BMC / LIFE is not responsible for any effect to your benefits caused by releasing the requested information.

Print Name

Signature of Claimant or Legal Guardian

APS Staff Member

Date

Relationship (if not claimant)

Date



ACTION PAYEE SERVICES

AUTHORIZATION FOR DEBIT CARD FEE

Client Name: _____

I, (Client named above) authorize ACTION PAYEE SERVICES to issue a Debit Card to me for fund distribution. By doing this I will be charged \$4 per month by Truelink. This will be automatically debited from my Card.

Client may cancel Debit Card and return to paper checks for fund distribution by contacting ACTION PAYEE SERVICES in writing with instructions to go back to written checks and will no longer be charged \$4 for Debit Card.

Client Signature

Date

ACTION PAYEE SERVICES

CLIENT AGREEMENT

Action Payee Services is here to serve you and administer your SSI/SSA benefits according to the Social Security Administration regulations.

Per Social Security Administration regulations, APS can collect a fee from the client's monthly benefits for serving as the client's representative payee.

APS cannot control the outcome of mail delivery or returned mail, we mail your checks 5 days in advance of their due date, so special requests should be made by the 9th, 19th and 29th of each month.

PROCESSES AND PROCEDURES

Supplemental Security Income (SSI) is a needs-based benefit. That means that the amount of money for which you are eligible is based on three things:

1. Your living arrangements
2. Other income/benefits you may receive
3. Your total resources, which are things you own. (For example; bank accounts, stocks, bonds, homes, vehicles, jewelry, etc.)

Action Payee Services, INC will not be held responsible for any overpayments due to your failure to notify our office of changes. **Notification of changes must be submitted in writing.** This can be done by making an appointment, by fax, email, or by mailing a signed letter to APS.

IT IS VERY IMPORTANT TO NOTIFY US WITHIN 10 DAYS IF ANY OF THE ITEMS BELOW OCCUR:

RESIDENCE

- You move from your residence
- Someone permanently moves into or out of your residence
- You enter a locked facility, such as jail, prison, a hospital
 - **Note: If you fail to notify us by phone, email, or mail and money is issued for rent, utilities and other expenses; APS is not responsible for any overpayment that occurs.**
- You change your phone number
- You enter or leave a hospital or skilled nursing facility.
- You leave the state of Oregon.

RESOURCES

- The amount of alimony or child support you receive changes
- You inherit or are given money
- You open or close a bank account, and if you receive interest on the account
- The amount of any benefit checks you receive directly changes
- You receive money from another source (VA, Railroad Retirement, or pension)
- Your benefit from another source stops

- You start or stop working
 - **Note: If you work, you must provide copies of your wages/check stubs to APS to submit to the Social Security Administration. If you do not provide copies of your wages/check stubs and are overpaid, APS will not be held responsible. All wages must come to APS to ensure your bills can be paid if you receive SSI**
- Purchase a burial plot or make burial arrangements
- Purchase a life insurance policy on yourself or someone else
- Buy or sell any auto, truck, boat, motorcycle, RV, etc.
- Buy or sell any real estate, including a house, condo or mobile home

WHAT HAPPENS DURING THE INTAKE INTERVIEW AT BENEFITS MANAGEMENT CORPORATION AND LIVING IN FAMILIAR ENVIRONMENTS?

1. Once completed paperwork is recieved, APS will apply to SSA ; **it can take anywhere from 45-60 days from the date of applying to get your on board with APS**
 - If the intake is completed before the Social Security Administration's cutoff date for the month (this is usually the third Friday of each month), APS should receive your benefits two months after applying for payee services.
 - If your benefits are in suspense, APS will work to get your benefits reinstated as quickly as possible.
2. You will be told who your Account Manager is and you will be provided with the Account Manager's contact information. The Account Manager is the person you will speak with regarding your account while your account is getting established. You will need to notify your account manager in the event that any changes occur, such living arrangements, incomes changes, or new contact information.
3. Your Account Manager has a voicemail box and email for you to contact them. He or she will return your voicemail and/or email as soon as possible. It is important to leave full details on your voice message. Always leave your first and last name, phone number where you can be reached, and a reason for your call. **PLEASE LEAVE ONLY ONE MESSAGE PER DAY AND ALLOW THE ACCOUNT MANAGER 24 to 48 HOURS TO RETURN YOUR CALL.** Leaving multiple messages will only delay your returned call.
4. The office is open from 8:00am to 4:00pm Monday through Thursday, closed during lunch from 12:00pm to 1:00pm, and closed on all federal holidays.
5. If possible, your budget is established at the time of the intake. If we are unable to establish a budget at the time of your intake, you will need to contact your Account Manager to do so before APS can release your funds. You will need to provide a copy of your rental agreement and bills that you would like APS to pay before payment can be made. **Note: You are responsible for changing the billing address on your bills to our P.o Box and stopping any paperless billing or autopays.**

WHAT HAPPENS AFTER I SIGN UP WITH ACTION PAYEE?

1. If you need to speak to your Account Manager, call (503) 352-5349 Monday-Thursday 9am-4pm. Email is also encouraged.
2. You must have an appointment to meet with your Account Manager. You can schedule an appointment by calling or emailing your Account Manager. **Same day appointments will not be scheduled.**
3. Once your budget is set for the month, you must follow the spending plan that is in place for that month. Any requests to change your budget for the following month must be submitted at least 5 days before the last business day of the current month.
4. Personal and Incidental funds are included in your monthly budget. If you have additional funds available after your budgeted expenses are set, you may request to have a portion of those funds issued to you.
 - You must complete an Expenditure Request Form if you are requesting funds in excess of \$250. Please be ready to provide invoices/quotes upon making Expenditure Requests
 - **You must give your Account Manager 24-48 hours to process your request. It is not possible to approve requests immediately.**
 - You are required to submit receipts to show how the funds outside of your set budget are spent for any requests \$20 and over.
5. You can receive your personal spending money via check mailed to your address or deposited to the Truelink Visa (Debit Card). Rent and vendor checks are mailed directly to the person to whom the check is made payable to.
6. Checks are mailed 5 days before their scheduled arrival. For example, if you are scheduled to receive a check on the 15th of the month, that check will be printed and mailed 5 days before it is due.
7. You can have your utility bills mailed directly to our P.O. box for payment. Your name must be on the bill. **You are responsible for paying your prepaid cellular bills.**
8. If you are homeless and do not have a mailing address, we encourage you to obtain a post office box. If you do not have a mailing address, we will recommend that you use Truelink Debit Card to receive and use your personal spending money.
9. For your protection, you are the only person that can pick up your check. Vendor checks will not be released to clients. Vendor checks are mailed to the address APS has on file for that vendor.
10. APS is always closed the last business day off each month to prepare for the coming month.
11. APS observes all Federal holidays. If you are scheduled to receive a check on a holiday or a weekend, you should receive your check the business day before that holiday. **Note: Please allow 5-7 business days for the delivery of mailed checks.**
12. If you do not receive your check, it is your responsibility to report it lost or stolen immediately. We will place a stop payment and reissue the check.

13. APS will terminate payee services if a client is physically or verbally abusive to any APS staff, other clients or damages APS property. We reserve the right to charge you for any damages to our property. In the event this occurs, any funds remaining in your account will be returned to the Social Security Administration.
14. APS reserves the right to withhold a check or deposit from any client who appears to be intoxicated or under the influence of drugs. Failure to cooperate with paperwork or provide current whereabouts will also result in a withholding of funds. This policy is for our client's own protection.

I understand and agree to the above statements.

Print Name

Client/Legal Guardian Signature

Date

BMC/LIFE Staff Signature

Date

Notice for Residential Care Facility Administrators
Requirements for Residents Living in a Residential Care Facility

The following requirements are for clients living in a current licensed Residential Care Facility (RCF) who utilizes the services of the RCF to manage their own personal and incidental allowances (P&I).

1. RCF must provide copies of Client Trust Ledgers to APS on a monthly basis for the release of personal & incidental allowances payable directly to the client trust.
2. RCF must provide copies of receipts for any requests made of \$20 and higher outside of clients' regular Personal & Incidental (P&I) allowances.
3. SSI recipients will be required to complete periodic Social Security Redeterminations at which point RCFs must provide Client Trust Ledgers for periods specified.

To submit the items above you can provide them to us by fax to 503-941-9379 or by email to ebayron@actionpayee.net.