Venaglia Payee, Inc.
PO Box 80841
Portland, OR 97280

New Client Questionnaire

Personal Information

Full Name - required

SSN - required

Mother's full maiden name - required

DOB - required

Father's full name - required

City and state of birth - required

Current Address - required | Apt/Unit # | City | State | Zip

Phone number ( ) -

Email address

How do you prefer we contact you? ☐ Phone call ☐ Text ☐ Email ☐ Other

Justification for Representative Payee

Why do you need a representative Payee? - required

☐ Under 18

☐ Dementia *

☐ Developmental disability *

☐ Court Order (provide case #)

☐ Other, please explain: If referred by someone, include their info below *

** If Dementia, Developmental Disability or other referral, please provide additional contact information:*

Physician or Referrer's name - required for medical justification

Name of clinic, hospital, or practice

Address | Suite / floor | City | State | Zip

Phone number ( ) -

Fax number ( ) -

Living and Care Arrangements

What are your current living Arrangements? - required

☐ Alone - In your own home? ◯ Yes ◯ No

☐ With someone else * - With a relative? ◯ Yes ◯ No

☐ Care facility - ◯ Foster Home ◯ Public Institution ◯ Private Institution ◯ Nursing Home

* If living with someone else, who are they?

Name | Relation

Name | Relation

Do you expect your living arrangements to change soon? ☐ No ☐ Yes, please explain

Is someone responsible for your care? ☐ No ☐ Yes, please list them below

Name | Relation | Phone number ( ) -

Do you have any family interested in your well being? ☐ No ☐ Yes, please list them below

Name | Relation | Phone number ( ) -

Name | Relation | Phone number ( ) -

Do you have a medicare/medicaid case manager? ☐ No ☐ Medicare ☐ Medicaid

Name | Phone number ( ) -

Do you receive income from multiple sources? ☐ No ☐ Yes, please explain: