

Budget Management Program for Seniors

HALE BARNARD SERVICES

273 Clarendon Street • Boston, Massachusetts 02116
Telephone: (617) 375-0880 x 117 • Fax: (617) 536-7480
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Client Referral

Client Name _____ Date _____

Address _____ City _____ Zip _____

D.O.B. _____ Telephone # _____

SS# _____ Marital Status: S ___ M ___ D ___ W ___

Nearest MBTA line & stop _____ Parking Available? _____

Referring Person _____ Telephone # _____

Relationship to Client _____

Case Mngr/Social Wrkr _____ Agency _____

Address _____ City _____ Zip _____

Telephone# _____ Fax # _____

E-mail _____

Client's Bank _____ Account# _____

Client has (check all that apply) Savings _____ Checking _____ Direct Deposit _____

Medicare# _____ Medicaid# _____

Other insurance _____ Primary Physician _____

Hospital _____ Address _____

City _____ Zip _____ Telephone# _____

Does Client have memory loss and/or confusion? _____

Race (optional) White ___ Black ___ Hispanic ___ Other _____

Income: Social Security \$ _____

SSI \$ _____

Other \$ _____

Total \$ _____

List agencies serving Client

Reason for referral (**please be specific**)

Does the client understand & want the services of a volunteer? _____
Does the client need (one only): Representative Payee _____ Money Manager _____
How does he/she pay bills and manage money now?

Name & Relationship pf person helping now _____
Does the client live alone? _____ If not, who lives there? _____
Smoker? Y__ N__ Pets? _____

Building mngr/Landlord _____ Telephone# _____

Address _____ City _____ Zip _____
Family Members living in New England (Name, City, Relationship)

Friends, etc. who visit at least monthly (Name & Relationship)

Does the client have a homemaker? _____ How often? _____
What other sources (people or agencies) have you tried for assistance?

Results? _____

Please read, IMPORTANT:

- Our volunteers handle only funds drawn from Social Security, Supplemental Security, General Relief, and Government Pensions (VA, RR, and Black Lung).
- **Social Worker, Case Manager, or Referring Person** is required to attend the first meeting with the client, volunteer, & Program Coordinator, and willing to be available in the future.
- The matching process may take up to **three months** due to limited availability of volunteers.
- We **will** try to generate the matches as soon as possible.

Please mail application to:

Patricia Alcidor
Budget Management Program for Seniors
273 Clarendon Street
Boston, MA 02116

Volunteer _____
Date of Home Visitation _____
Money Manager _____ Representative Payee _____