

Bill Payer Program

HALE BARNARD SERVICES

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**Serving disabled persons who need representative payee assistance. As a qualified organization deemed through the Social Security Administration, we charge a monthly fee of \$41.00 or 10% of the monthly benefits, whichever amount is less.*

Client Referral

Name:		Date:	
SSN:	Mother's Maiden Name:	Father's Name:	
Place of Birth:	DOB:		
Address:			
City:	State:	Zip:	Phone:
Ethnic Background: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Latin American <input type="checkbox"/> Other: _____			
Native Language (if not English):		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Does the beneficiary have children living with him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, do they need a representative payee? _____			
Does anyone else live with the beneficiary? <input type="checkbox"/> No <input type="checkbox"/> Yes. With whom? Answer here----->	Name		Relationship
Does the beneficiary understand the services of a representative payee? <input type="checkbox"/> Yes <input type="checkbox"/> No		How does the beneficiary manage his/her benefits now?	
Reason for the referral, please be specific as to why the client needs a representative payee : mental illness, substance abuse, etc.:			

Referring Person:

Name:		Agency:	
Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:			

Other Support (i.e. Caseworker):

Name:		Agency:	
Address:			
City:		State:	Zip:
Phone:		Email:	

Physician's Information:

Name:		Hospital:	
Address:			
City:		State:	Zip:
Phone:	Fax:		
Mass Health #:		EBT #:	

Landlord/Building Manager:

Name:		Contact Person:	
Address:			
City:		State:	Zip:
Phone:	Fax:		

INCOME

<input type="checkbox"/> SSA \$ _____	<input type="checkbox"/> DTA \$ _____
<input type="checkbox"/> SSDI \$ _____	<input type="checkbox"/> Work Wages _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> SSP \$ _____	