Help Me Budget Inc. Enrollment Form

Please be as though as possible.

Client Information

Client Name: _____

Client Address:

_____

_____

_____

Client phone number: _____

Is this a cell phone?

☐ Yes

☐ No

Client email address: _____

Client date of birth: _____

Client social security number: _____

Client place of birth: _____

Mother's maiden name: _____

Have you ever used a different name or social security number?

☐ Yes

☐ No

If yes, please list previous names and/or social security numbers you've used previously in comments at the end of the form.

Are you married?

☐ Yes

☐ No

If Yes, spouse's name: _____

Income

If you have this information available please include it. We will be sending an Income and Expenses Form later and can get this information then.

Type of benefits you receive (check all that apply):

- ☐ SSI
- ☐ SSDI
- ☐ SNAP
- ☐ Other

I receive benefits on, (check all that apply) and amounts:

- ☐ 1st of the month   amount received: _____
- ☐ 3rd of the month   amount received: _____
- ☐ Other   amount received: _____

Authorized Representative

An authorized representative may be a social worker, support worker, family member or anyone who may actively assist the client or may be helping with this enrollment form

Would you like us to work with an authorized representative?

- ☐ Yes
- ☐ No

If Yes, name of authorized representative:

_____

Agency of authorized representative:

_____

Address of the authorized representative:

_____

_____

_____

_____

Work phone of authorized representative:

_____

Cell phone of authorized representative:

_____

(This number will never be shared for any reason)

Would you like us to send texts to this number (client updates, transaction information etc.)?

☐ Yes

☐ No

Email address of authorized representative:

_____

Social Security Required Information

Does the client have a court appointment legal guardian?

☐ Yes

☐ No

If Yes, guardians name address, phone number, title and date of appointment:

_____

_____

_____

_____

_____

Briefly explain the circumstance to the appointment:

_____
_____
_____
_____
_____

Do you currently have a rep-payee?

☐ Yes
☐ No

If No, what is the name, address and phone number of the physician who will be completing the SSA form 787:

_____
_____
_____
_____
_____

SSA form 787 is the physician note stating the need for a representative payee. If you do not currently have a rep-payee social security requires us to provide them the contact information of the physician who will complete this form. Social Security will NOT process the rep-payee application without this information.

Have you worked in the last two years?

☐ Yes
☐ No

If Yes, for each position held please list the employers name, address, date you started working, date you stopped working, average amount of hours worked per week, and your hourly rate of pay.

_____
_____
_____

Type of living situation

- ☐ Home owner
- ☐ Rent house- alone
- ☐ Rent house-shared
- ☐ Rent apartment- alone
- ☐ Rent apartment -shared
- ☐ Group residence or other facility
- ☐ Other

If you live in a house- shared or apartment-shared we will need to know the names of any roommates, dates of birth and if they collect any types of public assistance (SSI, SSDI, SNAP, Masshealth etc.

Have you lived at your address more than one year?

- ☐ Yes
- ☐ No

If no, starting with the most recent please list your previous addresses, dates and type of housing

_____
_____
_____
_____

Please list any bank accounts you may have (name of bank type of account and current balance)

Bank	Account type	Current balance
_____	_____	_____
_____	_____	_____

Do you have any insurance policies or burial accounts?

- ☐ Yes
- ☐ No

If yes, please list the insurance company names and policy values

_____
_____
_____

Have you ever travelled out of the country for more than one month?

☐ Yes

☐ No

If yes, starting with most recent list places travelled and dates

           Places travelled   Dates of travel

_____   _____

_____   _____

Have you ever been convicted of a felony?

☐ Yes

☐ No

If yes, please explain:

_____
_____
_____
_____

Do you have any unsatisfied felony warrants?

☐ Yes

☐ No

If yes, please list date of warrant and the state where the warrant was issued

           Date of warrant   State where issued

_____   _____

_____   _____

Other comments:

_____

_____

_____

_____

_____

Person completing this form signature, date and title (client or authorized representative)

_____   _____

        Signature and date   Title