



As you chosen to enter into a direct rent payment relationship on your own: the goal of working with you is to assist you in learning more about budgeting, bill paying and, in general, managing your funds so that you can become independent. This is what we will work towards with you. Because you have voluntarily entered this program if you asked to be released from this contract your records will be provided to you and you must make arrangements with your case worker or Landlord to move your direct deposit. Your supporting organization, caseworkers, or landlord will determine if such a change is in your best interest please be aware that ending this contract could result in eviction for violation of rental agreement.

We understand that, as an adult, you may be uncomfortable not having complete control of your funds. We pledge to provide this service with respect and care. We ask that you, in turn, behave respectfully. Show up at appointments clean and sober. We also ask that you try to talk with us if you feel, at any time, that this service is not going well or you feel dissatisfied. We pledge to do the same.

Please keep in mind that you will have a say in determining your housing when your budget allows. Pets and pet deposits will only be allowed if your rent does not exceed 25% of your total monthly income. Let us know about any outstanding energy bills and water bills so that we can plan for restitution in your budget. If you add persons to your household which result in increased rent this increase will not be paid. Keep this in mind before adding persons. Also, please report any changes in expenses as soon as you can after you learn about them. Failure to notify us of changes in employment status or a change in residence may result in loss of SSI and housing benefits. Support Management Solutions, Inc. takes no responsibility for bills which cannot be paid due to loss of benefits.

Our main role as your direct rent payee is to make sure that your rent, electric and water are paid. The balance of your funds will then be sent directly to you. Support management solutions will not hold conserved funds on your behalf.

Thank you for choosing Support Management Solutions.



BUDGET POLICY

I understand my budget will be set up based on my funds and bills to be paid by my rent counselor. Alterations to this approved budget because of changes in assets or bills will be discussed with me in a timely manner. My budget will be updated yearly as result in Social Security increases, rent increases and changes in support services such as electric and housing assistance. The updated budget will also be sent to me. Any issues that arise pertaining to my budget may be discussed with my rent counselor.

FRAUD POLICY

Support Management Solutions, Inc. (the Company) is committed to preventing, identifying, and reporting any fraudulent activity related to the Company's services, activities and administration of grants. Fraud may include but is not limited to false statements provided by or to staff, contractors, clients, beneficiaries and stakeholders. Fraudulent activities may include but are not limited to knowingly misrepresenting income or expenses, assisting or counseling anyone to misrepresent facts or circumstances related to eligibility for programs or benefits, bribery, kickbacks, theft or embezzlement, forgery or alteration of documents, destruction or concealment of records, profiting from insider knowledge, or a conflict of interest. The Company will investigate any reports of fraud. The Company reserves the right to involve law enforcement authorities in its investigation. Any documented fraudulent activity may result in administrative or criminal action being taken against those involved including termination from any program sponsored by the Company or termination from employment by the Company. The Company will not retaliate against any party who reports fraud, criminal activities or other program irregularities. Any suspected fraudulent activity should be reported to the Company's currently appointed Risk Manager with sufficient specificity to facilitate an investigation.

Name of Client: _____

Signature: _____

Date: _____



Support Management Solutions, Inc. is a nonprofit corporation which assists clients in day to day money management for the purposes of improving financial stability.

AUTHORIZE FOR RELEASE OF INFORMATION/DIRECT RENT

I HEREBY AUTHORIZE Support Management Solutions, Inc. to release information and negotiate on my behalf for the purpose fiduciary management to my landlord, rent assistance agencies, and all relevant utility companies.

Client Name : _____

Account # : _____

Address : _____

Release to : _____

Information Granted : _____

I HEREBY release the above named parties from any liability for revealing and releasing such information. It is understood that this information, once obtained is not to be released to any other company or individual.

Signature of Account Holder

Date

Signature of Representative for SMS

Date



CLIENT INFORMATION

Client Name : _____ Client Date of Birth : _____

Client Social Security Number : _____

Client Address : _____

Client Telephone : _____ Cell Phone : _____

Client Marital Status : _____ # of people in home : _____

City and State of Client's Birth : _____

Maiden Name of Client's Mother : _____

Referring Agency Name : _____

Agency Address : _____

Case Manager Name : _____

Telephone # Ext : (____) ____ - _____ ex _____

Case Manager's Email: _____

Next of Kin/Emergency Contact : _____

Next of Kin/Emergency Contact's Address : _____

Home # : (____) ____ - _____ Mobile # : (____) ____ - _____

Relationship to Applicant : _____



Do you currently have a lease? Yes No

Do you have Housing Assistance ? Yes No

Do you have Utility Assistance? Yes No

Will you have a vehicle? Yes No

Are you required to have Renters insurance? Yes No

Have you been convicted of a felony? Yes No

Are you on the sex offender's registry? Yes No

Is there any reason you will not be able to obtain utilities in your own name? Yes No

If yes please explain: _____



NEW CLIENT GENERAL HOUSEHOLD INFORMATION

To expedite the application process please complete and submit with completed application form. Please list all persons currently living in the household. Please provide an answer to all the questions listed. Please write N/A for any information that does not apply to your situation.

- NAME : _____
- DATE OF BIRTH : _____
- RELATIONSHIP TO CLAIMANT : _____
- SOCIAL SECURITY NUMBER : _____

- NAME : _____
- DATE OF BIRTH : _____
- RELATIONSHIP TO CLAIMANT : _____
- SOCIAL SECURITY NUMBER : _____

- NAME : _____
- DATE OF BIRTH : _____
- RELATIONSHIP TO CLAIMANT : _____
- SOCIAL SECURITY NUMBER : _____

- NAME : _____
- DATE OF BIRTH : _____
- RELATIONSHIP TO CLAIMANT : _____
- SOCIAL SECURITY NUMBER : _____



Please tell us approximately how much you spend a month on the following items.

RENT/MORTGAGE : \$ _____ ELECTRICITY : \$ _____

WATER : \$ _____ INSURANCE : \$ _____

Please include a copy of your lease.

Renter’s Insurance declaration page.

Last Electric bill.

Last water bill.

Copy of Driver’s License or State ID for all signers

Copy of SS card for all signers



CLIENT/ AGENCY RESPONSIBILITY CHECKLIST

Name _____ SSN _____

My signature indicates the following items have been discussed with me to my satisfaction and any questions have been answered. SMS, Inc. (Agency) rules have been explained: Services are made available to clients without regard to race, religion, creed, or origin.

The Agency’s expectations of me have been explained:

A client is expected to provide truthful, accurate information to the best of his/his knowledge. The client needs to notify the Agency when changes occur in health, living conditions, or employment and income.

My rights and responsibilities as a client have been explained:

A client has the right to confidential treatment of information provided to any Agency staff member. The client’s responsibility is to provide adequate, accurate information so that the agency will provide efficient service to meet client needs.

Hours of service availability have been explained to me:

Agency hours are Monday –Thursday 9:30am-4:30pm. Generally, services are not available after 5:00pm, on weekends, or scheduled holidays. **Conferences are done by appointment only. SMS will visit or meet with a client in house with an advocate or social service worker or at an agreed upon public location .**

The Grievance procedure to follow when a violation of a client’s rights has occurred has been explained.

Stage 1: Within 30 days of incident of complaint, there should be an informal discussion with the service staff directly involved.

Stage 2: Within 14 days of stage 1 A written complaint should be submitted to Family Services, Attention: Director of Financial Management Representative Payee Program. A response from the Program director will be given within 14 working days of complaint.

Stage 3: A formal appeal to SMS addressed to Executive Director must be filed within 14 days of completing stage 2. The Executive Director will give a response within 14 days.

I agree to release any information from Support Management Solutions, Inc. to any agency who is acting in an advocacy role to work for the benefit of my finances. I agree to have all sources of income and bills directed to SMS, Inc.

Client Signature : _____

Date _____