



Money MANAGEMENT PROGRAM

Client Referral Form 2018

Site Name: Area 10 Agency on Aging Date _____

The Area 10 Agency on Aging Money Management Program is delivered in three ways: Money management information to help educate individuals and their caregivers; and through our volunteers in the Bill Payer Program and Representative Payee Program.

The Bill Payer client maintains control over all decisions about his or her funds. He or she only needs help keeping affairs organized and/or writing checks. The client always signs the check.

The Representative Payee client cannot handle funds and make financial decisions; the volunteer appointed to serve as the client's payee manages federal benefits on behalf of the client. Volunteers can only be appointed to be Representative Payees for federal benefits from their agencies: Social Security Administration, Department of Veteran Affairs, Railroad Retirement Board, or Office of Personal Management. If the Representative payee client has a source of non-federal income, such as a private pension, only Bill Payer services are available for that portion of the client's income.

All information disclosed on this referral is confidential.

Client Identification

Name: _____ Date of Birth: _____ Client Gender: _____ Phone Number: _____

Address: _____

Client Communication Skills

Speaks English: Well Poorly Not at all Primary language: _____

Referral Source

Name: _____ Relationship to client: _____ Agency: _____

Address: _____

Phone: _____ Email: _____

Does client have a case manager? If so, provide name and phone number.

Emergency Contact

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to client: _____

Physician: _____ Phone Number: _____ Hospital used: _____

Living Conditions

Does client live alone? _____ If no, how many in household? _____ Is the client mostly homebound? _____

Are others in household related to client? _____ Can they help the volunteer? _____

Client Status Questions

1. Why was the client referred for services? Check all that apply.

- Physical disability affecting bill paying
- Mental disability affecting bill paying
- Bills not paid
- Paperwork piling up
- Needs assistance reading & writing
- Overwhelmed or nervous about bills
- Loss of prior bill payer
- Memory loss or confusion
- Financial Exploitation
- Bouncing checks
- Worrisome debt estimated at \$
- Utility shut-off notices
- Insufficient food/money at month's end
- Threat of eviction
- Other:

2. Are there any behavioral or communication problems that could make the client inappropriate for volunteer assistance? If so, describe:

3. In the past 2 years has the client received help from a social worker, psychologist, doctor or other mental health professional for stress, addictions or an emotional or nervous problem? If so, describe.

4. Would the gender of the volunteer be important to the success of this match?

5. Is the client covered by the following? Check all that apply.

Medicare A Medicare B Medicare D Medicaid Medigap Policy Other health insurance? Describe:

6. Have any of the following protective arrangements been granted in support of the client?

Guardian Conservator Power of Attorney Representative Payee

If so, please provide name, address, and phone number of fiduciary.

7. How is the client paying bills now?

8. Have you discussed the program with the client? Is s/he agreeable to it, including sending bank statements the office?

9. Is the client capable of understanding why s/he is being referred?

10. Does the client have significant memory loss?

11. Does the client smoke? have pets? Type/Names:

12. Are there any other immediate concerns you have regarding this client?

13. Does the client have the following? Check all that apply. Checking account Direct deposit Savings account

14. To the best of your knowledge, is the client's income within guidelines (\$32,950)? Yes No*

liquid assets within guidelines (\$32,950)? Yes No*

**if no, client may have to pay sliding scale fee*

15. Does the client have a will? Yes No If not, provide contact information for nearest relative

16. What other formal or informal services are currently being provided to the client?

Homemaker Personal Care Shopping Meal assistance Transportation Other:

17. What other services are needed?

Please return form to:
Area 10 Agency on Aging Attn: Amy Wardlow
631 West Edgewood Drive, Ellettsville, IN 47429
Phone: (812) 935-2523 Fax: (812)876-9922
awardlow@area10agency.org

*Area 10 Agency on Aging leads by offering RESOURCES, SOLUTIONS, and CONNECTIONS
that empower community members to continue to live fulfilling lives. Find out more at www.area10agency.org*