Mailing: P.O. Box 29819 Honolulu, HI 96820
Physical: 1130 N. Nimitz Hwy. Unit A226
Honolulu, HI 96817
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KOKUA SUPPORT SERVICES

KSS use only
Appt: Time:

REPRESENTATIVE PAYEE / FEDERAL FIDUCIARY REFERRAL FORM

Date: Referred By (Circle One): Case Manger / Family / Probation/Parole Officer / Friend / Other: ___________________

PERSONAL

Last name First Middle/Maiden

Birth Date:

Address City Island Zip Code

Social Security # (Claim #)

WHAT TYPE OF RESIDENCE IS THIS? APARTMENT / HOUSE / ROOM FOR RENT / CARE HOME / GROUP HOME

Place of Birth (City & State) Mother's Maiden Name:

Clients Contact #:

Gender: M: ☐ F: ☐ Marital Status - Circle One: Single Married Separated Divorced

Next of Kin:
Name: Relationship:
Address: Contact Number:

Do you live alone?
YES / NO

INCOME

Sources of Income:

SSI$**_______________ **SSDI$______________ GA (Welfare) $_____________ Food Stamp $ _______________

VA Benefits $____________ Retirement $____________ Child Support $_____________ Other: ____________ $_______________

Are you employed? Yes ☐ No ☐ Name of Employer: Circle One: Full Time / Part Time

Job Title: # of hours per week Salary Pay Date(S):

MONTHLY NET (take home) INCOME: $ MONTHLY SAVINGS: $

Please list any checking/savings accounts on which your name appears:

Bank: Type of Account: Account Number:

Do you have a burial account? Yes ☐ No ☐ Bank: Account Number:

Do you have a life insurance policy? Yes ☐ No ☐ Company:

COLLATERAL

Do you own anything? Yes ☐ **No** ☐ **(i.e. car, property, stocks and bonds etc.)**

____

Do you have a valid ID? Yes ☐ No ☐

Do you have an Axis 1 diagnosis? Yes ☐ **No** ☐ **Dx Code (REQUIRED)** __________

Behavioral Health Insurance Carrier: ________________________________

Does the client have a court appointed legal guardian? Yes ☐ No ☐

If YES, who? ____

Does client have a current payee/former payee or federal fiduciary?

Yes ☐ No ☐ I am my own payee (please provide physicians statement) ☐

New Claim (Social Security deemed necessary) ☐

If yes, who is currently your payee & contact number?

____

State reason for leaving/switching <u>OR</u> why does the client need a rep payee/federal fiduciary?

____

____

ANY history of violence? Yes ☐ No ☐

If YES, please explain: ____

REFERRAL SOURCE INFORMATION

Name: ________________________________

Title / Relation:

____

Organization (IF ANY):

____

Contact Information:

Phone:

____

Fax

____

Email: ________________________________

COMMENTS:

____

____

____

All of the above information is required to process referrals