CEPS
Client Intake Sheet

Client Name _____

SSN _____ Mothers Maiden Name_____

Birth Date_____ Birth Place _____

Client Address _____

City _____ State _____ Zip _____

Phone _____ Message Phone _____

Landlords Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Message Phone _____

Rent Amount $ _____ Living / Arrangement _____

Do you utilize other types of agencies for support? Yes_____ No _____

(Exp: Alta, lighthouse, chore workers, ECT…)

Agency Name _____

Workers Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Ext. _____ Cell Num. _____

Fax Number _____

Employee Intl.:_____

Update:_____

Emergency Contact

Emergency Contact person _____

Relation _____

Address _____

City _____ State _____ Zip _____

Phone _____ Message Phone _____

Emergency Contact person _____

Relation _____

Address _____

City _____ State _____ Zip _____

Phone _____ Message Phone _____

Social Security Information

Is this a new claim? Yes_____ No _____

Who is the former payee? _____

What Social Security Office is your claim from? _____

Who is your Social Security worker? _____

Is the person: Title II _____, Title XVI _____, or Concurrent _____?

Any other information you feel would help us aid you with your benefits?

_____

_____

_____

SSI/SSA Information

Do you receive or expect to receive:

A. Private pension and/or annuities (other than Social Security, SSI, or food stamps)?
Yes _____ No _____

B. Unemployment or workers compensation? Yes _____ No _____

C. AFDC or State or local assistance based on need (Such as Food Stamps)?
Yes _____ No _____

D. Veterans Administration benefits (based on need, not based on need, or education)?
Yes _____ No _____

E. Rental/lease income? Yes _____ No _____

F. Alimony or child support? Yes _____ No _____

G. Dividends or royalties? Yes _____ No _____

H. Interest earned on money in bank accounts (including interest on checking accounts)?
Yes _____ No _____

I. Money from a trust? Yes _____ No _____

J. Money from any other person or organization? Yes _____ No _____

K. Are you currently employed? Yes _____ No _____

Do you (or your spouse living with you) own:

A. Cash (with you, at home, in a safe deposit box)? Yes _____ No _____

B. Checking accounts? Yes _____ No _____

C. Savings accounts? Yes _____ No _____

D. Credit union accounts? Yes _____ No _____

E. Christmas club accounts? Yes _____ No _____

F. Savings certificates/ certificates of deposit? Yes _____ No _____

G. Promissory notes or IOU's? Yes _____ No _____

H. Stocks or bonds? Yes _____ No _____

I. Other items that can be cashed or sold? Yes _____ No _____

If yes to any of the previous questions, please describe:

_____

_____

_____

_____

SSI/SSA Information Continued

Is your name on the title of any life insurance policies? Yes _____ No _____

Is your name on the title of any vehicles (ie a car, truck, boat, camper, motorcycle, ect.)? Yes _____ No _____

Do you (or your spouse living with you) own or are you buying any real estate (land or buildings or other structures on the land)? Include property outside the U.S., inherited property, and life estates. Do not include your home. Yes _____ No _____

Do you (or your spouse living with you) own any of the following items (answer **"yes"** if your name or your spouses name appears alone or with any other person as the owner or part owner of any of these items):

A. Other household or personal items not already mentioned worth more than $500? Yes _____ No _____

B. Other equipment (business or nonbusiness) or property of any kind (not already included on this form)? Yes _____ No _____

C. Do you (or your spouse living with you) own any headstones or markers, cemetery lots, crypts, urns, mausoleums, or other repositories for burial? Yes _____ No _____

D. Do you (or your spouse living with you) have any money or assets, such as, burial contracts, trusts, insurance policies, agreements, or anything else you intend to use for your burial expenses? Yes _____ No _____

E. Have you (or your spouse living with you) had any changes in health insurance coverage or other insurance that pays for medical bills? (Do not include Medicare, but do include insurance such as accident, automobile, or causality if it covers medical bills for any reason.) Yes _____ No _____

Other information

A. Have you been accused or convicted of a felony or attempted to commit a felony?
If yes, in which State: _____, or Country: _____ Yes _____ No _____

B. Have you fled prosecution for that crime or fled to avoid custody or confinement after conviction? Yes _____ No _____

C. Are you on parole or on probation under Federal or State law?
If State law, which State: _____ . Yes _____ No _____

D. Have you violated a condition of your parole or probation? Yes _____ No _____

E. Are you currently married or have you been Married (Dates)? Yes _____ No _____

F. Do you have Children (Name, DOB, and SSN)? Yes _____ No _____

If yes to any of the previous questions, please describe:

_____

_____

_____

Demographics

Gender: F M Ethnicity

☐ Asian	☐ Black/Afro-American
☐ White/Caucasian	☐ Hispanic/Latino
☐ Native Am/Alaskan	☐ Hawaiian/Pacific Islander
☐ Some Other Race	☐ Unknown

A. Physical Limitations……..…Yes_____ No_____

Comments:_____

_____

B. Probation……..…….Yes_____ No_____

Comments:_____

_____

Probation Start_____ Probation End_____ Release_____

C. Parole…….……...Yes_____ No_____

Comments:_____

_____

Parole Start_____ Parole End_____ Release_____

D. Mental Health Provider…….Yes_____ No_____

Comments:_____

_____

E. Medication……Yes_____ No_____

Comments:_____

_____

F. Domestic Violence……...…Yes_____ No_____

G. Medi-Cal…….……...…Yes_____ No_____

H. Medi-Care……...…..Yes_____ No_____

I. Prescription Plan……...…..Yes_____ No_____

Comments:_____

J. Resources/Referrals_____

_____

_____

_____

_____

Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or SSI Claimant	Social Security Number
Name of Beneficiary (if other than above)	Relationship to Wage Earner, Self-Employed Person or SSI Claimant

Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

Choice of Representative Payee

SSA has selected **Consultants in Educational and Personal Skills** to be my representative payee.

My Right to Appeal

I understand that I have the right appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else to help me.

I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

Signature	Date

Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (No. and Street, City, State and Zip Code)	Address (No. and Street, City State and Zip Code)

CEPS Agreement for Representative Payeeship

I, _____, hereby authorize CEPS (Consultants in Educational and Personal Skills) to become payee for my SSA/SSI benefits I am eligible to receive or have received. I fully understand that CEPS will administer these funds.

I, _____, am aware that the fee for these services is forty-two dollars ($43.00) per month.

I, _____, agree to inform a CEPS representative within thirty days if I am going to change my representative payee in order to make arrangements for my funds.

_____

Client Signature Date

_____

CEPS Representative Date

CEPS Operation Procedures

1. Business hours are 9:00am to 3:30pm Monday through Friday. We are closed on the last working day of the month and the third Wednesday of the month for a staff meeting. All Federal Holidays will be observed.
2. When CEPS becomes your representative payee, your Social Security check will be direct deposited into our trust account on your behalf. Information regarding your personal account is available for your review.
3. Clients that are required by Social Security to have a Representative Payee will be charged a CEPS fee which is limited to $43.00 or 10% of the benefit amount per month, whichever is lower.
4. No money "cash" is kept on the premises or distributed from our office. All payments are dispersed by check or direct deposit only.
5. All check requests will require one business day (24 hour) advance notice and direct deposit requests require two business days (48 hour) advance notice, weekends and holidays do not count. Requests may be made by telephone, mail, or in person during business hours. For payment on the first or third of any month we require a five day notification prior to the first to ensure accuracy.
6. Please notify us immediately if a check is lost or stolen. If a check is lost or stolen our staff will make every effort to retrieve your funds. However, the responsibility is yours. You may place a stop payment. If you choose to do so, your account will be charged the $20 bank fee. Your funds will be released in 30 days or as soon as we receive confirmation the check has been stopped.
7. Our office does not accept collect calls.
8. Our staff will open any mail received at our office on your behalf.
9. We reserve the right to refuse you service if you are intoxicated or under the influence of any controlled substance. Our staff will use their discretion.
10. In case of overpayment you agree to return the funds.
11. If you are in jail or in prison you must notify us. If you are entitled to funds we can mail a money order to you.
12. It is your responsibility to provide us with the information needed to create a budget for you, This includes your rental agreement, utility statements, and receipts for expenses.
13. It is your responsibility to inform us if you move, if you leave the US, if your household changes (people move in or out), if you get married or divorced, receive money, earn an income, enter a hospital or treatment center, become incarcerated (jail or prison), or enter another institution.
14. If you have an unsatisfied felony warrant or are in violation of a condition of your probation or parole your benefits may stop.

Client Signature Date

CEPS AUTHORIZATION TO OBTAIN OR RELEASE PROTECTED FINANCIAL INFORMATION

Client Name _____ SSN _____

I, _____, hereby consent and authorize CEPS and _____ to disclose benefit eligibility payment information about me for use in applying for any Social Security benefits or Supplemental Security benefits, I may be eligible to receive. As well as for planning and providing services for me.

To _____OBTAIN and/or _____RELEASE protected health/financial information concerning professional services received by myself or my minor child to the following:

☐ CEPS
529 14th St
Modesto, CA 95354

☐ CEPS
1400 N C St
Sacramento, CA 95811

☐ CEPS
3111 Fulton Ave
Sacramento, CA 95821

This authorization is subject at any time in writing, and unless otherwise specified herein will expire one year from the signature date.

Specific Information to be disclosed (check at least one):

___Recommendations for Budget
___Current Monthly Expenses
___Statement of Progress
___Treatment Summaries
___Diagnostic Information
___Medications
___Psychological Evaluations
___Psychotherapy Notes
___Discharge Summary
___Wage Information

___Other:_____
_____
_____
_____

_____
I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of my health information and no longer protected by the HIPAA Privacy Rule. I understand all of the aforementioned, and with informed consent and of my own free will, authorize disclosure of protected health information.

Please forward any requested information to the correct CEPS office checked above.

Signed: _____ Date:_____

Witness: _____ Date:_____