

# 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?

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## 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:

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# 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:

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# Demographics

Gender: F M Ethnicity

<input type="checkbox"/> Asian	<input type="checkbox"/> Black/Afro-American
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Native Am/Alaskan	<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Some Other Race	<input type="checkbox"/> 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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Advance Notification of Representative Payment

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Name of Wage Earner, Self-Employed Person or  
SSI Claimant

Social Security Number

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Name of Beneficiary (if other than above)

Relationship to Wage Earner,  
Self-Employed Person or  
SSI Claimant

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### 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.

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Signature

Date

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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.

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1. Signature of Witness

2. Signature of Witness

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Address (No. and Street, City, State and Zip Code)

Address (No. and Street, City State and Zip Code)

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## 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-four dollars (\$44.00) 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.

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Client Signature

Date

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CEPS Representative

Date

## **CEPS Operation Procedures**

1. Business hours are 9:00am to 2:00pm 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 \$44.00 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.

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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:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> CEPS<br>529 14 <sup>th</sup> St<br>Modesto, CA 95354 | <input type="checkbox"/> CEPS<br>1400 N C St<br>Sacramento, CA 95811 | <input type="checkbox"/> CEPS<br>3111 Fulton Ave<br>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):

- |   |  |
|---|--|
| <input type="checkbox"/> Recommendations for Budget | <input type="checkbox"/> Medications               |
| <input type="checkbox"/> Current Monthly Expenses   | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> Statement of Progress      | <input type="checkbox"/> Psychotherapy Notes       |
| <input type="checkbox"/> Treatment Summaries        | <input type="checkbox"/> Discharge Summary         |
| <input type="checkbox"/> Diagnostic Information     | <input type="checkbox"/> 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: \_\_\_\_\_