

Lighthouse Associates, Inc.
Client Stat Sheet

Client Name: _____ **SS#:** _____

Address (CSZ): _____

What type of facility (i.e. rental apartment, public institution, etc.)? _____

Phone #: _____ **Birth Date:** _____

Mother's Maiden Name: _____ **Where were you born:** _____

Father's Name _____

Is client or anyone else living there related to the landlord? _____

Landlord's name: _____ **Address:** _____ **Phone:** _____

Monthly rental amount: _____

Is there any visual impairment requiring special notices? _____

Does client have anyone interested in his well being/ qualified to be rep payee (family, close friends)? _____

Referred by:

Name: _____ **Title:** _____

Business: _____ **County Responsible** _____

Phone #: _____ **Ext.** _____ **E-mail:** _____

Social Worker: _____ **#** _____

Financial Worker: _____ **#** _____

Will client be receiving Social Security or Supplemental Security Income? (list) _____

What illness/disability make individual unable to handle their own funds? _____

Is drug addiction or alcoholism condition a contributing factor? _____

Does client live alone or with others? _____

IF CLIENT RECEIVES SSI, AND LIVES WITH OTHERS, THERE ARE SEVERAL MORE QUESTIONS that need to be answered. It would be easiest to discuss these rather than list them...

Has client ever been convicted of a felony? If so, What? _____

Client's marital status: _____

Is client employed or receive any other income? _____

Legal Guardian or custodian: _____

Doctor recommending need for representative payee: _____

Address of Doctor _____

Other pertinent info I should know about applicant: _____

Bills payable on their behalf (guestimate - will gather more info later): _____
