

# Help Me Budget; Client Enrollment Form

\* Required

1. **Client's last name:** \*

.....

2. **Client's first name** \*

.....

.....

.....

.....

.....

3. **Client's current address** \*

.....

.....

.....

.....

.....

4. **Date of birth** \*

.....

5. **Social Security number** \*

.....

6. **Client ID number**

Leave blank, for Help Me Budget use only

.....

7. **Authroized Rep ID number**

Leave blank, for Help Me Budget use only

.....

8. **Place of birth, city and state \***

Needed information. Social security may require us to know this as part of their security questions

.....

9. **Mothers maiden name \***

Needed information. Social security may require us to know this as part of their security questions.

.....

10. **Have you ever used a different name or social security number \***

Check all that apply.

Yes

No

11. **If Yes, please list any other names or social security numbers you've used**

.....  
.....  
.....  
.....  
.....

12. **Client's phone number \***

if client does not have a phone write "n/a"

.....

13. **If this is a mobile number, is it ok to send confirmation texts to this number?**

Check all that apply.

Yes

No

14. **Client's email address**

not required

.....

15. **Are you married?**

Check all that apply.

Yes

No

16. **If Yes, spouse's name**

.....

17. **Do you have a court appointed guardian? \***

*Check all that apply.*

Yes

No

18. **If Yes, please list guardian's name and address.**

.....

.....

.....

.....

.....

19. **Guardian's phone number**

.....

20. **If client does have a guardian social security will need to know the date the guardianship was assigned. Please list below.**

.....

.....

.....

.....

.....

## Client Enrollment Form page 2

21. **Would you like us to work with an authorized representative? \***

If Yes, please also submit a signed Authorized Representative Form, this can be found on our "Enroll now" page

*Check all that apply.*

Yes

No

**22. If Yes, name and address of agency and / or designated authorized representative**

.....

.....

.....

.....

.....

**23. Phone number of authorized representative to work with Help Me Budget**

.....

**24. Cell number if you'd like to receive updates from Help Me Budget (when applications filed, checks mailed out etc)**

This number will never be shared for any reason. Only updates regarding a specific client and transactions may be sent. No ads, spam etc.

.....

**25. Name of individual authorized representative**

Individual person or if staff at an agency please give a contact person's name

.....

**26. Email address of authorized representative to work with Help Me Budget**

Individual person or if staff at an agency please give contact person's email address

.....

.....

.....

.....

.....

**27. Type of benefits you receive**

*Check all that apply.*

- SSI
- SSDI
- Other

**28. Type of benefits received and monthly amounts**

example: SSI 436.00 per month

.....  
.....  
.....  
.....  
.....

**29. Do you currently have a rep-payee? \***

If No, please also submit a SSA Form 787, physicians note stating need for rep-payee, this can be found on our "Enroll now" page

*Check all that apply.*

Yes

No

**30. If you do not have a payee currently please list the name, address and phone number of the doctor who will be completing the SSA 787 \***

SSA 787 is the physicians note stating need for rep-payee. If you do not have a rep-payee currently social security requires us to provide the doctors contact information to them as part of the application. We can not submit your application to social security without this information as social security will NOT process the application without this information. If you currently have a rep-payee write "n/a"

.....  
.....  
.....  
.....  
.....

**31. Have you worked in the past two years? \***

*Check all that apply.*

Yes

No

**32. If Yes, please list Employers name, Address, Date hired, Date stopped working, Hours worked per week and Hourly rate of pay**

.....  
.....  
.....  
.....  
.....

**33. Type of living situation \***

*Check all that apply.*

- Home owner
- Rent House, alone
- Rent house, shared
- Rent apartment, alone
- Rent apartment, shared
- Group residence or other facility
- Other

**34. Have you lived at you current address for more than 2 years? \***

*Check all that apply.*

- Yes
- No

**35. If No, please list Previous addresses, Type of housing, Dates lived there, staring with most recent**

.....

.....

.....

.....

.....

**36. If you live in a house shared, or apartment shared and collect SSI, we need to know the names of any roomates, dates of birth and if they collect any public assistance (SSI, SSDI, SNAP, MassHealth, etc.)**

.....

.....

.....

.....

.....

## Untitled Page

**37. What is your monthly rent or mortgage amount?**

.....

**38. Please list any current bank accounts you have**

List Name of bank, Type of account and Current balance

.....

.....

.....

.....

.....

**39. Do you have any insurance policies or burial accounts? \***

*Check all that apply.*

Yes

No

**40. If Yes, Please list Insurance companies name, and Policy value**

.....

.....

.....

.....

.....

**41. Have you ever travelled outside the country for more than one month? \***

*Check all that apply.*

Yes

No

**42. If Yes, please list Places of travel and Dates of travel**

.....

.....

.....

.....

.....

**43. Have you ever been convicted of a felony? \***

*Check all that apply.*

Yes

No

**44. If Yes, please explain below \***

If No, please write "n/a"

.....

.....

.....

.....

.....

