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www.guardianshipservices.org

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GSI Money Management Program – Client Referral Form

The GSI Money Management Program is an alternative to guardianship that provides Representative Payee services for adults, based on medical evidence, that are not capable of managing or directing the management of benefits in their own best interest. The agency is appointed to serve as the client's payee and manages federal benefits on behalf of the client. GSI can only be appointed to be Representative Payee for benefits from federal agencies such as: Social Security Administration, Department of Veteran Affairs, Railroad Retirement Board, or Office of Personnel Management. Primarily this referral is for SSA beneficiaries (SS, SSDI, SSI).

The client must be agreeable along with a physician's statement (SSA-787) stating the client is not capable of managing or directing the management of benefits is required to send to the SSA; unless the client needs a successor representative payee.

All information disclosed on this referral is confidential. Client and Referral Source contact information is required.
**** Eligibility Monthly Income Limit:** Single - $4,020 Couple - $5,415 **Maximum Liquid Assets:** $35,000.00

Client Information

Name _____ **Date of Birth** ____/____/____ **Gender:** ☐ Male ☐ Female
Apt Name _____ **Social Security Number** _____-_____-_____
Address _____ **Phone** (____) _____
_____ **Primary Language** _____
Client Lives with: ☐ Alone ☐ Family ☐ Non-family **Income Source:** ☐ SSA ☐ SSI ☐ VA ☐ RRB ☐ OPM
☐ Spouse _____ # of People in Household **Monthly Income** $_____ ☐ Other _____

Referral Source

Name _____ **Phone** (_____) _____
Agency _____ **Email** _____
Address _____ **Relationship to client** _____
_____ **Is client agreeable to the program?** ☐ Yes ☐ No ☐ Unknown

Emergency Contact: Name _____ Phone (_____) _____
Address _____ Relationship to client _____

Physician _____ Address _____
Phone (_____) _____ _____

Client Status Questions

Why is the client being referred for services? Check all that apply.

☐ Physical disability affecting bill paying	☐ Threat of eviction	☐ Memory loss or confusion
☐ Mental disability affecting bill paying	☐ Bills not paid	☐ Financial Exploitation
☐ Needs assistance reading & writing	☐ Bouncing checks	☐ Needs a new payee
☐ Insufficient food/money at month's end	☐ Paperwork piling up	☐ Worrisome debt estimated at _____

Other Comments or Observations

_____

How is the client paying bills now?

☐ Alone ☐ Help from family ☐ Help from friend/neighbor ☐ Social Service/Program

Office Use Only **Date of Referral** _____	**Assigned GSI CM:** _____	**Complete only if client declines services in person. Otherwise cross through and complete intake information.**
Notes: _____ _____ _____	**Call Log** Date _____ Staff _____ Date _____ Staff _____ Appt Date _____	**Client Decline** ☐ **Date** _____ My signature below indicates that I **DO NOT** want services from GSI _____ **Client Signature (only in-person intake)**