



THE EPILEPSY CENTER
OF NORTHWEST OHIO

*Serving People with Seizure Disorders
and
Those with Developmental Disabilities*

Epilepsy Center of NWO Payee Application

Date Received: _____

Waiver: _____

Sent to SS: _____

Thank you for your interest in the payee program offered by the Epilepsy Center of Northwest Ohio. In the following pages, you will find the necessary information to be completed and returned in order for ECNWO to review the application and begin the payee application process with the Social Security Administration.

Once ECNWO reviews the application and confirms our ability to serve the person requesting services, the timeline for this to begin will depend on the receipt of all necessary paperwork from the client/Service and Support Administrator and the processing of paperwork with SSA. ECNWO will update you with any information as we learn it during the application process.

Completed applications can be forwarded to Jennifer Cox at jcox@epilepsycenter.org or returned by mail to 1701 Holland Rd Maumee, OH 43537. Please email or call 419.867.5950 for additional information or with questions.

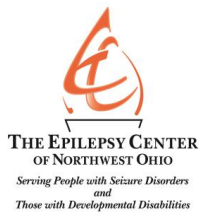
The following information will be needed to complete request for payee services:

- Completed Payee Application
- Payee Agreement Letter
- Physician's/Medical Officer's Statement (if first time applying for payee)
- Current ISP
- CPT with ECNWO as provider, 20 hours for set-up of payee, 5 hours a month for payee services.
- Release of information for ECNWO and any people that ECNWO will be authorized to speak with
- Letter from current payee indicating they no longer wish to be payee. Please include name and Social Security number on letter (if currently have payee)
- Copy of State ID or Driver's License
- Copy of Social Security Card

Once confirmation has been received from Social Security that ECNWO has been named as the payee, a meeting will be held to establish the budget for the individual. At that time, we will need to be sure that all of the following is available (as applicable):

- Rent (with copy of lease)
- Utility Bills including Gas, Electric, Water, Phone
- Cable, Internet, Cellular
- Renter's Insurance
- Other Insurance- Burial Plans, etc.
- Patient Liability
- Other Expenses (that should be included as a monthly payment or part of monthly budget)

During the meeting we will establish amounts available for groceries and spending allowance as well as when and how (mail/pick-up) the person would like to receive them.



Epilepsy Center of NWO Payee Application

Name: _____ County: _____

Address: _____ Phone: _____

Date of Birth: _____ SS# _____ M/F (circle)

Contact Information:

SSA Name: _____ Phone: _____

SSA Email: _____

Other Contact: _____ Phone: _____

Email: _____ Relationship: _____

Personal Information:

Diagnosis: _____

Does the Individual have a Guardian? Yes No (If Yes, a copy of Guardianship Papers must be attached)

If Yes: Name & Contact Information: _____

Marital Status: Single Married Widowed Divorced Children: Y/N Number: _____

Does the Individual have ongoing court involvement/court orders? Yes/No
(If Yes, please provide copy of current court orders)

Does the Individual have any drug/alcohol concerns? Yes/No

Does the Individual receive support from any other agencies? Yes/No

Will the agency be assisting this individual with contacting ECNWO with payee needs? Yes/No
(If yes, please include contact information and a release of information for each agency.)

Name & Address of nearest relative: _____

Does the Individual currently have a payee? Yes/No Who: _____

Why does the individual want ECNWO to become payee? _____

Employment Information

Does the Individual work: Yes/No If Yes, where: _____

Rate of Pay: _____ Are checks used for expenses: Yes/No Check direct deposited: Yes/No



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Benefit Information

What type and amount of income does Individual receive:

SSI: _____ SSDI: _____ VA: _____ RR: _____ Other: _____

Medicaid Number: _____ (attach copy of card)

Medicare Number: _____ (attach copy of card)

Foodstamps: Yes/No Amount: _____

Does the Individual have any of the following:

Checking/Savings Account	Yes/No	If Yes, where: _____
Burial Plan	Yes/No	Are payments being made: Yes/No
Trust Fund	Yes/No	
Life Insurance	Yes/No	
Stocks/Bonds	Yes/No	
Own a Vehicle	Yes/No	Insurance Carrier: _____
House/Property	Yes/No	

Monthly Expenses

Monthly Rent: _____ Date moved into home: _____

Landlord Name: _____ Phone: _____

Address: _____

Is client related to Landlord: Yes/No Is yes, what is relationship: _____

Does the Individual receive a housing Subsidy: Yes/No From where: _____

Please circle the utilities/expenses the Individual is responsible for:

Gas Water Electric Landline Cable Internet Cell

Does the Individual live alone Yes/No (If no, Please provide names of roommates and relationship)

<i>Name</i>	<i>Relationship</i>

Does the Individual share expenses equally with housemates Yes/No

Medical Information

Primary Care Physician: _____ Phone: _____

Address: _____



Epilepsy Center of NWO Payee Application

Payee Agreement

As Representative Payee of your funds, it is the responsibility of The Epilepsy Center of Northwest Ohio to establish a budget to ensure your financial needs are met. Our most important priority will be your rent and utilities payments. A meeting will be held with those that you choose to discuss your budget needs once Social Security has named ECNWO as your payee. So that we can best develop your budget, we will review all financial needs that ECNWO will be responsible for paying on your behalf, it is important that you are able to provide a list of all monthly expenses during this meeting.

As an client of ECNWO payee services, you have the right to know how your funds are being spent. A statement of your account is always available to you upon request. If you feel your financial needs have changed, you can request a new budget meeting to review and update your current budget. Your account information is confidential information and will only be released to those that you have authorized.

Client Signature

Date

SSA Signature

Date

Reviewed with team by ECNWO

Date