



Intake Date: _____

Name: _____

Previous Address: _____

New Address: _____

Director: _____ PC: _____

Guardian Name: _____ Email: _____ Phone #: _____

Guardian Paperwork: ☐ Yes ☐ No TI Becoming Payee: ☐ Yes ☐ No Payee Paperwork: ☐ Yes ☐ No

TI becoming Auth Rep: ☐ Yes ☐ No Auth Rep Paperwork: ☐ Yes ☐ No Soc Sec Award Letter: ☐ Yes ☐ No

Currently Employed: ☐ Yes ☐ No Paystubs Received: ☐ Yes ☐ No Employer: ☐ Yes ☐ No

I.D.: ☐ Yes ☐ No Social Security Card: ☐ Yes ☐ No Birth Certificate: ☐ Yes ☐ No

Medicaid Card: ☐ Yes ☐ No Medicare Card: ☐ Yes ☐ No Other Insurance: ☐ Yes ☐ No

Bank Statement ☐ Yes ☐ No Property: ☐ Yes ☐ No Real Estate: ☐ Yes ☐ No

Enrolled in School: ☐ Yes ☐ No Enrolled in Training: ☐ Yes ☐ No Enrolled in College: ☐ Yes ☐ No

Children: ☐ Yes ☐ No Married: ☐ Yes ☐ No Vehicle: ☐ Yes ☐ No

Diploma: ☐ Yes ☐ No Year: _____ School Name: _____

Funeral Trust: ☐ Yes ☐ No Life Insurance Policy: ☐ Yes ☐ No Trust of any kind: ☐ Yes ☐ No

Stocks: ☐ Yes ☐ No Bonds: ☐ Yes ☐ No Stable Account: ☐ Yes ☐ No

Additional Information:

Name of person completing intake form: _____

Signature of person completing intake form: _____

Assisting people with developmental disabilities since 1975

81 E. Main St., Xenia OH 45385 phone: 937-376-3996 website: www.ti-inc.org email: info@ti-inc.org

Transfer of Representative Payee Responsibilities

Date: _____

Client Name: _____

Social Security Number: _____

This letter will serve to notify that I, _____, will be transferring Representative Payeeship for _____ to Toward Independence, Inc. I have been made aware of how Toward Independence, Inc. handles consumers funds and Representative Payee matters. Toward Independence, Inc. will be responsible for notifying the Social Security Administration and all other government/non-government entities of any housing, income, or status changes once the Representative Payee transfer has been established. I also understand that upon my request I can inquire about the funds of the consumer and how his/her money is being dispersed. I understand that until Toward Independence is made payee, I forward all government funds (Social Security, VA, Pension etc.)

for _____ to Toward Independence, Inc. Client Banking no later than the fifth of every month. I understand this will be used to pay all of his/her living expenses. I further understand that it can take up to 120 days for Toward Independence to become payee.

Previous Payee Print Name _____

Previous Payee Signature _____

Payee Address: _____

Payee phone number: _____

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81 E. Main St., Xenia OH 45385 phone: 937-376-3996 fax: 937-376-2046 website: www.ti-inc.org email: info@ti-inc.org



Financial Checklist

NAME: _____

Current Approximate Expenses / Income	Yes	No	Estimated
Pay stubs, Award Letter			
Rent, Mortgage, Dues			
Electricity			
Gas			
Water & Sewer			
Cable / Internet			
Home Insurance			
Health Insurance / Life Insurance			
Credit Card			
Phone / Cell Phone			
Other:			

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