

Information Required prior to Social Security Referral for Payee Request
Financial Advocates of Southeast Idaho 208-523-1024

Client Name: _____ Phone # _____

Case Worker: _____ Phone # _____

Client Information:

Birth Date: ___ / ___ / ___ SS# ___ - ___ - ___

Place of Birth:

Mother's name:

Father's name:

Current Address:

Previous Address (six months)

Name and ages of others in same household:

Previous Payee: _____ Phone # _____
Address _____

Dr. Release form signed and sent: Yes ___ No ___

Client on Probation or Parole Yes ___ No ___

Benefit Received SSI \$ _____ Soc. Sec. \$ _____

Rent \$ _____ Landlord Name and Address:

Reason for Payee Request or Relevant Information:

