



PEOPLE'S CHOICE PAYEE SERVICES INC.
2302 Parklake Drive, Suite 510 Atlanta, GA 30345

Atlanta Office Phone: 404-296-0340 or Columbus Office Phone: 706-221-5950

Fax: 404-420-2292

APPLICATION FOR SERVICE

Client information

Name: _____

Address _____

*Physical Address _____

City: _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

Daytime Phone _____ Mobile _____

City/State of Birth _____ Mother's maiden name _____

Father's name _____

Marital status: Married _____ single _____ Divorced _____

Emergency contact: (Name, phone# & relationship to you) _____

*Next of Kin _____ Relationship _____

*Address _____ Telephone# _____

Case Manager's name _____ Phone#/Email

address _____

Monthly Income

SSI _____ Amount \$ _____ SSA _____ Amount \$ _____

Other: _____ Amount \$ _____

Additional Information or (Landlord)



PEOPLE'S CHOICE PAYEE SERVICES INC.

Disability Questionnaire

1. Have you worked for someone in the past three years? Yes No. If yes where, please give date.

Work began-

Work ended-

Monthly earnings -

2. Have you attended any school or work training in the last three years? Yes or No
3. In the last three years to present have you discussed whether you can work or not work?

- I have not discussed if I can work.
- My doctor told me I cannot work.
- I can work.

Check which best describe your health now as compared to three years ago.

- a. Better b. Same c. Worse

- b. Have you to a doctor or clinic for treatment including evaluations, checkups, counseling, prescriptions or medicine? If yes when and where.

- c. Have you been hospitalized or had surgery in the past three years? Yes or No

- d. if you answered yes to Item C please list reason for hospitalization or Surgery.

Client signature _____

Date _____



People's Choice **List of Client Payments**

<p>Name: _____ Address: _____ _____ _____ Account #: _____ Phone #: _____ Amount: \$ _____ Date Due: _____ <p style="text-align: center;">Begin ASAP</p></p>	<p>Name: _____ Address: _____ _____ _____ Account #: _____ Phone #: _____ Amount: \$ _____ Date Due: _____ <p style="text-align: center;">Begin ASAP</p></p>
<p>Name: _____ Address: _____ _____ _____ Account #: _____ Phone #: _____ Amount: \$ _____ Date Due: _____ <p style="text-align: center;">Begin ASAP</p></p>	<p>Name: _____ Address: _____ _____ _____ Account #: _____ Phone #: _____ Amount: \$ _____ Date Due: _____ <p style="text-align: center;">Begin ASAP</p></p>
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Personal Allowance Amount: \$ _____
Case Manager: _____

How Often: _____
Date: _____



Please provide a clear and legible copy of the below documentation.

- Copy of Social Security Card
- Copy of Birth Certificate
- Copy of current state-issued ID