Phone: 218-772-0289
Fax: 218-772-0290
E-mail: mnpayee@gmail.com
Website: www.mnpayee.org

Hoge & Company
Representative Payee of MN
P.O. Box 100
Ironton, MN 56455

Client Intake Form

Date: _____ **Case #:** _____
First Name: _____ **MI** ___ **Last Name:** _____
Address: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Date of Birth: _____-_____-_____ **Place of Birth:** _____
Social Security # _____-____-_____
Telephone # (_____) _____-_____ **Race:** _____
Gender: ☐ F ☐ M **Impairment:** _____

Mother's maiden name: _____

Employment: ☐ Employed ☐ Unemployed ☐ Retired
Employer name: _____

Martial Status: ☐ Married ☐ Single ☐ Divorced
Spouse's Name: _____
Address if different: _____
Family size: _____
Name: _____ **Relationship:** _____
Name: _____ **Relationship:** _____
Name: _____ **Relationship:** _____

Do you have a court appointed legal guardian/conservator? If yes, please send information.

Emergency contact: _____
Address: _____
Telephone # (_____) _____-_____ **Relationship** _____

Monthly Income ☐ SSA ☐ SSI ☐ SSDI ☐ VA ☐ Other
Amount $ _____ _____ _____ _____ _____

Medicaid/Medicare #: _____

Primary Care Physician: _____
Telephone # (_____) _____-_____

Referring Agency: ☐ Yes ☐ No
Name of Referring Agency: _____

Caseworker: _____ **Telephone #** (____) ____-_____