PHONE: 412-664-7333

R.P.S., INC. REP-PAYEE REFERRAL

PO BOX 925, McKEESPORT PA 15134

Email rpsinc@reliablepayeeservices.org

FAX: 412-664-7388

Referral Date _____ Client Name: _____

Ref Soure/BSU _____ Social Security #: _____

Case Worker/Contact _____ Date of Birth: _____

Phone: _____ Veteran Status _____

Fax - Pager - Cell _____ Marital Status _____

LIVING ARRANGEMENTS

Group Home Personal Care/Nursing Home Rent Own Homeless

Date Entered: _____ Household Members, Relation, Date of Birth

ADDRESS: _____ _____

_____ _____

_____ _____

Telephone: _____ _____

State Hosp D/C Date _____ Jail D/C Date: _____

COMMENTS _____

_____

FINANCIAL INFORMATION

SSI _____ SSD _____ OTHER _____

PNC BANK_____ CITIZENS BANK_____ _____

Is there a current Payee? Yes No (Physician's Statement Required)

Reason for Change? _____

Client Diagnosis? _____

Health Issues? _____

Revised 06/01/2020