

Western Montana Chapter Client Referral Form

___ Guardianship ___ Conservator-ship ___ Payee-ship ___ Other ___ Trustee

*Referred By:		Date:
Reason for Referral:		
**Client's Name:		
*Client's Mailing Address:		Physical Address:
*Client's Phone(s):	Home:	Cell:
Current Marital Status:	If yes, with whom & how long:	
**Social Security #:	**Date of Birth:	
Place of Birth:	Parent's Names:	
*Medical Diagnoses:		
*Physician/Medical Provider:		
*Case Manager:		*Phone Number:
*Guardian:		*Phone Number:
*Current Payee:		*Phone Number:
*Current Conservator:		*Phone Number:
*Military Veteran (yes/no):		
If yes, do you receive VA benefits?	Who receives it?	
**Monthly Income Sources & Amounts: -Real Property: \$ -Social Security: \$ -Pension/Retirement: \$ -VA Benefits -Railroad Benefits -Oil & Gas Royalties (average): \$ -Other:		

Required Information:

*Mother's Full Name:	Date of Birth:	Social Security #:
*Mother's Maiden Name:		
*Father's Full Name:	Date of Birth:	Social Security #:

**Bank(s) & Account Number(s): - _____ (checking account): - _____ (checking & share account):		
*Monthly Expenditures:	Rent/Mortgage:\$	*Utilities: \$
*Credit Cards:	*Car Payments: \$	*Other:
*Agencies/Others currently providing services:		
Services requested from WMC:		
*Pertinent issues the WMC would need to address:		

Family Involvement:		
Other Issues:		
**Investments	Where:	*Who:
*Account Numbers:		
*Do you have a safety deposit box?	*If yes, where:	

Other Property

*Do you own rental property(s)?			
If yes, what & where:	Apts:	Trailer Court:	House:
Who manages property?		Are rents behind (yes/no)?	
Vehicles/Trailers:	Make/Model:	Where Located:	
-Owe Money on it?		Location of Title?	

Estate Plan(s):

-Burial Plan (yes/no):	
-Will (yes/no):	If yes, where is original located:
-Advance Directives/Living Will (yes/no):	If yes, where is original located:
-Life Insurance (yes/no):	
If yes, how much?	Who/where is it located:

Please supply a copy of the following for Medicaid proof: N/A

-Birth certificate	-Social Security card & benefit statement
-Driver License	-Medicaid Card

(Social Security recommends obtaining this information because the client may be eligible for more benefits through their parents Social Security)

Anything with an * is very pertinent to the client, anything with ** is of high importance and has to be filled out, this information is very important if WMC is to take over.