

## Western Montana Chapter Client Referral Form

\_\_\_\_ Guardianship \_\_\_\_ Conservator-ship \_\_\_\_ Payee-ship \_\_\_\_ Other \_\_\_\_ Trustee

**WMC will not take on a role for the sole purpose of applying or renewing Medicaid.**

**All referrals are processed by Karen Baker/Operations Manager and reviewed by staff on a weekly basis for acceptance or denial.**

### Basic Information

Referred By: Name: Address: Phone/Email:		Date:
Reason for Referral/ Services Requested from WMC/Pertinent Issues:		
Client's Date of Birth:		
Client's Name:		
Client's Mailing Address (home/PO Box):		Physical Address (home/facility):
Client's Phone(s):	Home: Cell:	
Current Marital Status: If yes, with whom & how long:		
Medical Diagnoses:		
Physician/Medical Provider:		Phone Number: Address:
Current Payee:		Phone Number: Address:
Current Conservator and/or Guardian:		Phone Number: Address:

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### Income/Expenses

**Monthly Income Sources & Amounts:**

-Real Property: \$  
- Rental Property: \$  
-Social Security: \$  
-Pension/Retirement: \$  
-Trust Beneficiary: \$  
-Annuities: \$  
-VA Benefits: \$  
-DFAS: \$  
-Railroad Benefits: \$  
-Oil & Gas Royalties (average): \$  
-Agricultural Leases \$  
-Contract for Deed \$  
-Promissory Note \$  
-Sale of Business \$  
-Other:

**Monthly Expenditures & Amounts:**

-Rent Mortgage/Lot Rent: \$  
-Cost of Care: \$  
-Home Health: \$  
-Utilities: \$  
-Vehicle: \$  
-Credit Cards \$  
-Other Debt \$

**Name Location & Account Number(s) & Designated Beneficiaries:**

-Bank Checking & Account Number:

-Bank Savings (CD/Money Market) Account Number(s):

-Investments & Account Number(s):

-Annuity & Account Number(s):

-Life Insurance Policy & Account Number(s):

-Coins:

-Other Assets (guns, jewelry etc.)

-Safety Deposit Box (Location and Contents):

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**Name of CPA or Tax Accountant:**

### **Other Agencies/Family/Friend Providing Help or Services**

Family Involved or Not Involved:

Friend Involved:

Agencies Providing Services:

### **Vehicles/Trailer or Modular/Recreational Vehicles:**

-Vehicles/Trailer or Modular/Recreational Vehicles:

-Make/Model:

-Where Located:

-Money Owed:

-Title Location:

### **Vehicles/Trailer or Modular/Recreational Vehicles:**

-Vehicles/Trailer or Modular/Recreational Vehicles:

-Make/Model:

-Where Located:

-Money Owed:

-Title Location:

### **Estate Plan(s):**

-Burial/Cremation Contract or Prepaid Burial/Cremation Plan:

-Last Will & Testament), Location:

-Advance Directives/Living Will/POLST, Location:

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### IF ACCEPTED WMC WILL REQUIRE THE FOLLOWING INFORMATION/DOCUMENTATION:

**Please provide the following information for communication with SSA:**

-Beneficiary Name:
-Beneficiary Current Address on file at SSA:
-Beneficiary Social Security Number:
-Beneficiary Date of Birth:
-Place of Birth (City and State):
-Mother's Full Name:
-Mother's Maiden Name:
-Date of Birth:
-Social Security #:
-Father's Full Name:
-Date of Birth:
-Social Security #:
-Current Benefit Amount Received:

**Please supply a copy of the following for Medicaid proof other entities:**

-Birth Certificate:
-Social Security Card & Benefit Statement:
-Medicaid Card:
-Driver License/State ID:
-Insurance Card(s):

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### IMPORTANT CLIENT INFORMATION

#### **How You Contact Us**

We are open 9-12 pm and 1-4 pm, Monday through Friday. The office phone number is 406/327-7886 and our mailing address is PO Box 17800, Missoula, MT 59808.

Phone Messages: Everyone in the office has voicemail, so if they are unavailable when you call you can leave a message. The staff will attempt to return your phone call within 24 hours. If you leave a message on a Friday or over the weekend your call will be returned once the staff is back in the office.

Setting up Appointments: If you would like to meet with a staff member, appointments will need to be scheduled in advance.

Requests for Reports: Registers of any accounts are available to approved individuals within 48 hours business days.

Requests for Money: Budgets will be set up by the bookkeeper based on income and expenses. If an unexpected expense arises and you make a request for additional funds you need to give us 24hrs notice. In that 24hr period the bookkeeper will determine if there are enough funds available based on the budget that has been previously set up.

**\*\*\*If at any time you become aggressive, threatening or use inappropriate language with the WMC staff you will no longer be allowed to call or come to our office for an undetermined amount of time. All contact will then be directed in writing, through a case manager or guardian. WMC has the right to withdraw from services.**

#### **WMC Fees**

Western Montana Chapter is a fee-based non-profit organization. The current Fee Schedule can be found on our website at [westernmontanachapter.org](http://westernmontanachapter.org) or you may request a copy.

#### **Personal Rights and Responsibilities:**

You should expect to be treated fairly and with respect. We also expect to be treated with respect in return. You have the right to have the information in your file kept private. You have the right to ask someone – your case manager or an appropriate individual to assist you in speaking with WMC.

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### **Grievance Procedure:**

If you have any questions, problems, or complaints, you should talk with your bookkeeper. If you cannot work things out the complaint should be put in writing and submitted directly to Melissa Stiegler, Executive Director. The written complaint can be mailed to Melissa at PO Box 17800, Missoula, MT 59808 or it can be emailed to her at [melissa@westernmontanachapter.org](mailto:melissa@westernmontanachapter.org). All such matters are confidential.

Complaints made against the Executive Director need to be filed with the WMC Board of Director's Executive Committee. The complaint needs to be mailed to WMC Executive Committee, PO Box 17800, Missoula, MT 59808. A member of the Executive Committee will be present at any meeting regarding a conflict/complaint involving the Executive Director that has been filed with the committee.

### **Non-Discrimination**

The Western Montana Chapter does not discriminate because of race, color, religion, sex, national origin, sexual orientation, gender, or disability. Services are provided to any person who is elderly or has a disability and meets the criteria for services.

### **How You Would Leave Our Services**

The WMC has the right to terminate the service we provide you at any time. We will contact the funding source letting them know we no longer want to handle those funds.

If you wish to terminate the service you would need to go through the appropriate channels (contacting Social Security, Veterans Administration or an attorney in the case of conservatorship, guardianship or trust).

If, after leaving, you decide to return to services, you will need to go through our referral process again.

**Karen Baker**  
**Operations Manager**  
**Western Montana Chapter for the Prevention of Elder Abuse**  
**PO Box 17800**  
**2681 Palmer, Ste K**  
**Missoula, MT 59808**  
**406/327-7886**  
[karen@westernmontanachapter.org](mailto:karen@westernmontanachapter.org)