

MEMBER PACKET

1. Please complete and sign all forms included in this packet. All fields are required when applicable.
2. If available, submit copies of 2 forms of identification
3. If possible, provide a copy of insurance cards, including Medicare & Medicaid
4. In order to assist in developing an accurate budget, please provide current account information for the following bills, if applicable:
 - a. Rental agreement – it is vital we receive this document immediately. Without a rental agreement, Social Security benefits can be delayed.
 - b. Utilities such as gas, electricity, water, sewer, and cable bills.
 - c. Court fees or fines

OUR MISSION

Is to promote financial education and improve financial capability by fostering economic growth and sustainability.

Cartwill Empowerment Solutions

Inspired by members. Driven by empowerment



Client Intake Form

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____ Place of Birth _____

Mother's Maiden Name: _____

Father's Name: _____

Marital Status: Single Married Divorced Legally Separated Widowed

Gender: Male Female Are you a veteran YES NO
 If yes, which branch of service _____

Have you ever been convicted of a felony? YES NO
 If yes, explain: _____

Do you receive food stamps? YES NO If yes, amount: _____

Financial Resources (list all types and monthly amounts)

SSI/SSA	VA	Pension	Trust	Wages	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Employer's Name _____ Employer's Contact # _____

Please Indicate the reason you are requesting a payee: Mandated by SSA/SSI Change in Payee Voluntary Enrollment Referred By

Case Worker's Information

Provide only if you are working with another agency

Full Name: _____ Last Visit: _____

Company: _____ Phone: _____

Address: _____

CLIENT MONTHLY BILL WORKSHEET

(Please indicate below whether bills are for Rent, Electricity, Housing, or Cell Phone, Cable/Satellite, etc.)

1. Payable to: _____
Account Number: _____
Are bills current? Yes _____ NO _____ If no, what is balance due? \$ _____

2. Payable to: _____
Account Number: _____
Are bills current? Yes _____ NO _____ If no, what is balance due? \$ _____

3. Payable to: _____
Account Number: _____
Are bills current? Yes _____ NO _____ If no, what is balance due? \$ _____

4. Payable to: _____
Account Number: _____
Are bills current? Yes _____ NO _____ If no, what is balance due? \$ _____

5. Payable to: _____
Account Number: _____
Are bills current? Yes _____ NO _____ If no, what is balance due? \$ _____

Please use additional sheets if needed

**Program Requirements
Financial Services Contract**

I, _____ hereby give Cartwill Empowerment Solutions (CES) to act as my payee or managed user on my behalf. CES will maintain reasonable control over my funds and provide for my basic needs. CES has expertise with financial solutions and will act as advisor and bookkeeper for me, within certain limits as discussed below. By initialing and signing this form, I acknowledge that I have read and agree to the terms outlined in this contract.

___ I understand that I must be clean and sober while conducting business at CES offices.

___ I understand that I am expected to treat staff with courtesy and respect. CES staff is expected to treat me with the same courtesy and respect shown to them

___ I understand that CES is not liable for debts of the client in excess of the client's ability to pay. The client is solely liable for debts incurred.

___ I understand I will retain ownership of all my household and personal mail.

___ I understand that CES will use funds on my behalf to meet my needs for shelter, food, utilities, and medical care. Any unspent funds not used for personal expenses will be saved in the trust account with Cartwill Empowerment Solutions.

___ I understand that if I fail to comply with these rules, Cartwill Empowerment Solutions may terminate services as your representative payee.

___ Any changes in housing, martial status, guardianship/legal representative and my monthly expenditures, Cartwill Empowerment Solutions must be notified within 30 days of change status.

___ I understand that in lieu of charging a representative fee. CES charges for financial coaching and education services. You will be required to attend budgeting and financial education classes

___ I understand that if CES terminate services, client seek other representation or the client has expired, any funds remaining in the client's account will be returned to Social Security Administration or the managed account will be released back to client.

Client Signature

Date

AUTHORIZATION FOR REPRESENTATIVE PAYEE SERVICES

Social Security Administration has determined that assistance is needed in managing my benefits. This means that my benefits will be sent to representative payee to pay all basic needs and other items that are in my best interest under the guidelines of the Social Security Administration.

I _____ hereby authorize Cartwill Empowerment Solutions authorization to file an application to serve as my representative payee. I understand that this means that Cartwill Empowerment Solutions will receive my monthly (SSA or SSI) benefits from Social Security Administration.

I understand that in lieu of charging a Social Security Administration Representative fee, CES will charge for financial coaching and education services at a reduced fee.

You will be required to attend budgeting and financial education classes.

I further agree that CES will bill a monthly fee of \$43.00 for coaching services. I also understand that I must provide a working telephone number to continue regular communication with CES staff members. Failure to do so will result in termination of services.

This agreement shall remain in force until services have been terminated by either the CES or the named client above.

Signature of client

Date

Cartwill Empowerment Solutions Representative Payee

Date

Now that you've signed up for payee service – what happens next?

You will need to provide CES with the following documents **ASAP**:

A lease at current house or apartment. without this documentation, or if you currently do not have a residence, CES will not be able to provide coaching services.

All current bills, with account numbers visible

Bank Statements (if applicable)

Please keep in mind that it may take up to 2 months for Social Security Administration to process payee request.

For managed user accounts please add CES as a managed user to your account

As always, please feel free to call us if you have any questions.

Thank you,

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