

Payee Services & Solutions

Intake Packet

Necessary Personal Information

Name (First MI Last)		Prior Name(s)
Date of Birth	Social Security Number	Soc Sec Claim No (if different)
Home Phone	Cell Phone	Email
Street Address		City, State, Zip
City of Birth	Mother's Maiden Name	Current Payee

Contact information for a physician or psychiatrist that can verify the individual's need for a payee

Verifying Physician	Physician Address	
Physician Phone	Physician Fax	Disabling Diagnosis

Guardian information as well as Letters of Appointment are needed if one has been appointed

Guardian(s)	Guardian Phone	Guardian Email
Guardian Street Address		Guardian City, State, Zip

This information is necessary if it applies

Case Manager Name, Phone, Email		
Service Provider Name, Phone, Email		
Medicaid Number	Medicare Number	Other Insurance
Other Income Type	Other Income Amount	Place[s] of Employment
List any other assets (burial fund, ABLE or trust account, bonds, stocks, vehicles, real estate, etc.)		

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Intake Checklist

Please provide copies of the following documents. Payee Services and Solutions will not submit a request to Social Security to be your payee without the following items. If the item does not apply, please mark it N/A.

- Guardianship Letters of Appointment or Order Appointing
- Lease and/or housing authority paperwork indicating tenant's share of rent
- Utility bills (MidAmerican, Alliant, City of Iowa City, etc.)
- Cable/Internet providers (Mediacom, CenturyLink, etc.)
- Phone/cell phone providers (Verizon, US Cellular, etc.)
- Auto insurance and registration
- Health insurance bills, including prescription and dental insurance
- Pharmacy bills

Once we have been appointed your payee, please have the mailing address for your bills changed to:

Payee Services & Solutions
PO Box 2052
Iowa City, IA 52244

PO Box 2052
Iowa City, IA 52244
Jacob@PayeeSandS.org
Phone: 319-358-5733 Fax: 319-800-6093

Payee Services & Solutions

Policies and Procedures

1. Payee S&S will not apply to Social Security to be a payee without having all forms filled out and releases signed.
2. Payee S&S Office is located at 407 Highway 1 West, Iowa City, IA.
3. Our mailing address is PO Box 2052, Iowa City, IA 52244.
4. Office hours are:
 - a. Tuesdays - 10am - 2pm
 - b. Wednesdays - 10am - 2pm
 - c. Fridays - 10am - 2pm
5. Our phone number is 319-358-5733. Our email is payeesands@gmail.com and jacob@payeesands.org.
6. To the extent possible, checks will be written to the person or business providing services. For example, if a client needs to pay a court fine, checks will be written to the court.
7. Payee S&S will require proof of any bill before paying it.
8. Social Security mandates that we prioritize expenses in a certain order with food, clothing, and shelter at the top of the list. We will pay bills accordingly.
9. Payee S&S charges \$52 per month in 2023 for serving as payee under typical circumstances. If an individual needs a payee due to substance abuse issues as determined by Social Security, we charge \$93 per month. These fees are set by Social Security and change yearly.

Weekly Allowances

1. Payee S&S will provide each client with a budget based on the amount and type of monthly bills the client has.
2. After all living expenses have been accounted for, Payee S&S will determine the amount of the weekly personal allowance. Expenses include monthly savings for periodic expenses or emergencies.
3. Weekly allowances will arrive direct deposit to either a personal bank account or a supplied TrueLink debit card.
4. Alternatively, clients may elect to pick up their weekly checks during office hours. Failure to pick up a check during office hours will result in a delay in receiving the funds.

Extra Funds and Emergency Requests

1. Clients may request extra personal needs money. If the funds are available, they will be direct deposited, or checks will either be mailed or picked up during office hours.
2. Payee S&S will require documentation of emergency expenses.

Pay Stubs

1. Clients who are working are responsible for turning their paystubs in to Payee S&S. Pay stubs may be dropped off during office hours, mailed to PO Box 2052, Iowa City, IA 52244, or emailed to jacob@payeesands.org.

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2. Failure to turn in pay stubs by the last day of every month will result in a 25% reduction in weekly allowance until they are turned in.
3. Repeated failure to provide pay stubs will result in Payee S&S no longer serving as payee.

Receipts

1. Clients are responsible for providing Payee S&S with receipts that document how the client is using their personal needs allowance. This is a requirement of the Social Security Administration. Receipts may be submitted as often as the client wants, but are required at least once per month.
2. Failure to provide receipts each month will result in a 25% reduction in weekly allowance.
3. Repeated failure to provide receipts may result in Payee S&S no longer serving as payee.

Bills

1. Clients are responsible for providing Payee S&S with copies of all bills.
2. Clients are encouraged to have all bills sent directly to Payee S&S at PO Box 2052, Iowa City, IA 52244.

Forms

1. Payee S&S will assist clients with applying for any and all public assistance programs to the extent possible. Payee Services does not serve as authorized representative for DHS. Clients or their guardians/POAs will need to fill out and sign their own forms.
2. Payee S&S is not responsible if clients are rejected or denied public assistance because of a failure on the part of the client to provide information that Payee S&S does not have access to or because the client failed to turn in documents in a timely fashion.
3. Payee S&S will not assist clients with taxes beyond providing them with relevant tax forms (e.g. 1099-SSA) and documentation of expenses.

I, _____, have read and understand the Policies and Procedures of Payee Services and Solutions. I acknowledge that I have received a copy of this document. I agree to follow the Policies and Procedures as stated above.

Client Signature

Date

PO Box 2052
Iowa City, IA 52244
Jacob@PayeeSandS.org
Phone: 319-358-5733 Fax: 319-800-6093

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Authorization to Release Information

I, _____, authorize Payee Services & Solutions to share information with and obtain information from the following businesses and individuals. For instance, if you would like us to be able to speak with case managers, service providers, family members, or others, please list them here, one per line.

Printed Name	Date of Birth	Last 4 of SSN
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Signature	Date
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Authorization for Online Account Access

I, _____, authorize Payee Services & Solutions to obtain online access to the accounts listed below. I certify that these accounts are in my name. I further authorize Payee Services & Solutions to enroll me in budget billing (if applicable) and to change the billing address.

Provider (for example, MidAmerican) Account Number

Provider Account Number

Provider Account Number

Provider Account Number

Provider Account Number

Printed Name Date of Birth Last 4 of SSN

Signature Date

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