



Welcome House of NKY Payee Referral Form

Date of Referral:

Name and Phone Number:

Date of birth :

Social Security Number

Mothers Maiden Name

Place of Birth(city and state):

Address:

Homeless : Yes/No

Hospital: Yes/No

Family Contact information

Name:

Phone number:

Address :

Notes:

Referring Agency Information

Name of Case worker:

Phone number

Notes:

Doctor Information

Name of doctor:

Address and phone number:

Mental Healthcare provider:

Name

Address and phone number

Medicaid: Yes /No Medicare: Yes/No –

Insurance Name:

Member Id:

Have you ever had a payee before: If so please explain? If not a **Physicians Form** will need to be filled out by your current doctor. A form will be attached to this referral if needed

Are you required to have a payee? Or do you want a payee? __

Why are you receiving disability income? ____

Description of Current Situation:

IN OFFICE USE ONLY

Referral reviewed:

Payee application completed:

Payee Application sent to SSA:

Welcome House Approved Payee:

Application Reviewed by SSA:

Client Opened:

Special Note

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