



NEW CLIENT ENROLLMENT FORM

Fiscal Assistance, Inc.
4646 S. Biltmore Lane, Madison, WI 53718
855-201-4230 or fax (844) 650-1968

Name: _____ Phone: _____

Address: _____

SSN: _____ DOB: _____

Mother's Maiden Name: _____ City and State of Birth: _____

Guardian Name*: _____ Phone: _____

Address: _____

Guardian Email: _____ for statements, if applicable Client Email: _____ for statements

Relationship to Above: _____ Date of Appointment: _____
**If applicable, please provide a copy of the Guardianship papers to FA upon completion of this form.*

BENEFITS

Currently receiving SSA benefits: Yes No* **If no, you must contact SSA prior to FA applying*

1st of month: SSI: \$ _____ State: \$ _____ VA/RR**: \$ _____

3rd of month: SSDI: \$ _____ DAC***: \$ _____

** VA/RR ID Number: _____ ***DAC Claim Number: _____

OTHER INCOME

*All income should be direct deposited to FA. All paystubs need to be forwarded to FA within one week of payday.
Prior approval required for any deviation of this plan.*

Employer 1: _____

Paycheck Frequency: Weekly Bi-Weekly 2-Weeks Monthly

Average Amount: \$ _____ Notes: _____

Employer 2: _____

Paycheck Frequency: Weekly Bi-Weekly 2-Weeks Monthly

Average Amount: \$ _____ Notes: _____

Employer 2: _____

Paycheck Frequency: Weekly Bi-Weekly 2-Weeks Monthly

Average Amount: \$ _____ Notes: _____

Pension or Annuity: \$ _____ Notes: _____

Other: \$ _____ Notes: _____

MONTHLY BUDGET INFORMATION

Landlord: _____ Phone: _____

Address: _____

Total Rent/Month: \$ _____ Client Portion: \$ _____

Hotel Apartment Hotel Room & Board Shelter Homeless

Personal Money (includes Food and Discretionary) Direct Deposit Check Paycard
Paycard provided by WEX Rapid Card

If Direct Deposit, please supply bank account information

Institution Name: _____ Routing Number: _____

Account Number: _____ Checking Savings

Food: \$ _____ Weekly Monthly Other: _____

Food Share Received: \$ _____ *If receiving FS, please adjust Food Spending accordingly*

Discretionary Funds: \$ _____ Weekly Monthly Other: _____

Other: \$ _____ Weekly Monthly Other: _____

Monthly Household Bills *The billing address needs to be changed to come directly to FA.*

Roommate: _____ % of split: _____

Send Roommate Bills to: _____ Address: _____

Roommate: _____ % of split: _____

Send Roommate Bills to: _____ Address: _____

Live-In: _____ % of split: _____

Send Live-In Bills to: _____ Address: _____

Phone: Company: _____ Acct #: _____ Notes: _____

Cable: Company: _____ Acct #: _____ Notes: _____

Gas: Company: _____ Acct #: _____ Notes: _____

Electric: Company: _____ Acct #: _____ Notes: _____

Cell: Company: _____ Acct #: _____ Notes: _____

Internet: Company: _____ Acct #: _____ Notes: _____

Medical: Company: _____ Acct #: _____ Notes: _____

RP Fee: Company: Fiscal Assistance

Other: Company: _____ Acct #: _____ Notes: _____

Other: Company: _____ Acct #: _____ Notes: _____

CARE MANAGER CONTACT

Name: _____ Agency: _____ Phone: _____

RESIDENTIAL AGENCY CONTACT

Name: _____ Agency: _____ Phone: _____

OTHER CONTACT

Name: _____ Relationship /Agency _____ Phone: _____

OTHER ASSETS

Funeral/Burial Trust: _____

Notes: _____

WisPACT/Special Needs Trust: _____

Notes: _____

Other Bank Accounts: _____

Notes: _____

Real Estate Property: _____

Notes: _____

Other Property: _____

Notes: _____

Miscellaneous Notes: _____

Checklist (please include the following items with this enrollment form):

- Guardian Papers (if applicable)
- Copy of Photo ID
- Copy of Social Security Card
- Copy of MA Card
- Copy of Voided check (for direct deposit, if applicable)
- Copy of Rental Lease
- Document filled out in its entirety

INSTRUCTIONS FOR COMPLETING THE FA INTAKE FORM

Personal Information: Enter Client's Name, Phone Number, Address, Social Security Number, Date of Birth.

Guardian Information: Enter the Guardian's Name, Phone Number, and Address, Relationship to the Client and the Date of Appointment. If there is a Guardian, FA will need the Guardianship paperwork to submit to Social Security Administration with the Rep Payee Application.

Benefit Information: Fill in the amounts for each applicable benefit amount received by the client, if there is a DAC benefit, please fill in the Child (DAC) Claim Number. This number is the parent's SSN with a letter and number behind it, e.g. 123-45-6789C1. This number can be found on a letter detailing your DAC benefit.

Bank Account Information: Fill in the account that the direct deposit of personal spending funds will go into. If the client does not have a bank account, FA has a paycard available that works like a debit card. If this is something the client is interested in, please feel free to ask us about it.

Other Income Information: Enter any and all job(s) that the client has. Enter the frequency and the average amount of each paycheck. Be sure to also enter any additional funds that the client is receiving - Pension, Annuity, Civil Service, or Other and the Payor of each.

Monthly Budget Information

Rent: Enter the Landlord Name, Phone Number, and Address. Enter the total amount of monthly rent that the landlord receives and then list the amount that the client pays personally.

Personal Spending

This section will detail the amount of funds that the client will receive based on the method (direct deposit or check). Please check the correct one.

Food: Enter the amount for food that the client wishes to receive and then enter the frequency. Note: If the client is receiving Food Share, please enter the amount. If so, please adjust the amount the client will receive from FA.

Discretionary Funds: these are funds the client will receive for personal use, and enter the frequency.

Other: Please enter any other funds that the client wishes to receive and the frequency.

Monthly Household Bills

This section will detail the monthly bills that FA will pay on behalf of the client. Please note, these bills need to come directly to FA. The billing address will need to be changed to 4646 S. Biltmore Lane, Madison, WI 53718.

Roommate(s): Please enter any and all roommate(s) that the client has and the percentage of household bill that the roommate pays

Live-In: Please enter any live-ins that the client has and the percentage of household bill that the live-in pays

Bills in Detail: Enter the respective Company(s), Account Numbers, and any applicable notes for each of the following bills: Phone, Cable, Gas, Electric, Cell Phone, Internet, Medical and any Other.

Care Manager Contact: Enter the Name, Agency and Phone Number for the Care Manager

Residential Agency Contact: Enter the Contact Name, Agency Name and Phone Number for the Residential Agency.

Other Contact: Enter the Name, Relationship or Agency and Phone Number for this contact.

Other Assets

The last page is used to list all assets the client has. This should include, but is not limited to, Funeral or Burial Trust, WisPACT Trust or other Special Needs Trust, any other Bank account(s), Certificate(s) of Deposit, Stocks, Bonds, Real Estate Property, other property, etc.