

PHONE: 412-664-7333

**R.P.S., INC. REP-PAYEE REFERRAL**  
PO BOX 925, McKEESPORT PA 15134  
E-MAIL: rpsinc@reliablepayeeservices.org

FAX: 412-664-7388

Referral Date \_\_\_\_\_ Client Name: \_\_\_\_\_

Ref Soure/BSU \_\_\_\_\_ Social Security #: \_\_\_\_\_

Case Worker/Contact \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Veteran Status \_\_\_\_\_

Fax - Pager - Cell \_\_\_\_\_ Marital Status \_\_\_\_\_

LIVING ARRANGEMENTS

Group Home    Personal Care/Nursing Home    Rent    Own    Homeless

Date Entered: \_\_\_\_\_ Household Members, Relation, Date of Birth

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

State Hosp D/C Date \_\_\_\_\_ Jail D/C Date: \_\_\_\_\_

COMMENTS \_\_\_\_\_

FINANCIAL INFORMATION

SSI \_\_\_\_\_ SSD \_\_\_\_\_ OTHER \_\_\_\_\_

PNC BANK \_\_\_\_\_ CITIZENS BANK \_\_\_\_\_

Is there a current Payee?    Yes    No    (Physician's Statement Required)

Reason for Change? \_\_\_\_\_

Client Diagnosis? \_\_\_\_\_

Health Issues? \_\_\_\_\_