



# New Client Information Work Sheet

Return this form to:  
 Email to: [info@apearlstouch.org](mailto:info@apearlstouch.org)  
 Fax to: 303.209.8483

Personal Information:	
Client Name:	Date of Birth:
Address:	Age:
	SSN:
City, State, ZIP	Home Phone:
Place of birth(City/State):	Cell Phone:
Mothers Maiden Name:	

Emergency Contact:		
Name:	Phone:	Relationship:

Payee Services/Case worker:		
Do you receive payee services Y/N:	Name of Payee Company:	
Case worker Y/N:	Name:	Phone:

Monthly Income:					
Monthly Benefit type & Amount	SSI:	SSD:	VA:	Wages:	Other:
Employer:	Name:			Phones:	

Landlord Information: <i>Please provide a copy of a signed rental agreement</i>	
Landlord Name:	Landlord Phone:
Address:	Rent amount: \$
	Rent due date:
City, State, ZIP	Years at current residence:

Client Monthly Bills Worksheet				
Bill #1				
Bill name:			Amount: \$	
Payment: (please circle)	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Payable to:	Account#			
Address:				

Bill #2				
Bill name:			Amount: \$	
Payment: (please circle)	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Payable to:	Account#			
Address:				



# New Client Information Work Sheet

## Client Monthly Bills Worksheet (continued)

### Bill #3

Bill name:			Amount: \$	
Payment: (please circle)	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Payable to:			Account#	
Address:				

### Bill #4

Bill name:			Amount: \$	
Payment: (please circle)	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Payable to:			Account#	
Address:				

### Bill #5

Bill name:			Amount: \$	
Payment: (please circle)	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Payable to:			Account#	
Address:				

### Bill #6

Bill name:			Amount: \$	
Payment: (please circle)	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Payable to:			Account#	
Address:				

### Food #7

Bill name:			Amount: \$	
Payment: (please circle)	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Payable to:			Account#	
Address:				

### Personal #8

Bill name:			Amount: \$	
Payment: (please circle)	WEEKLY	BI-WEEKLY	MONTHLY	ANNUALLY
Payable to:			Account#	
Address:				



**AUTHORIZE TO RELEASE INFORMATION**

I am currently working with the A Pearls Touch Inc, DBA A Pearls Touch Payee Service. ***I hereby authorize you to release any and all information concerning my financial information, verbally, written and otherwise, to A Pearls Touch Payee Service at the counselors' request.***

I give A Pearls Touch Payee Service permission to share my personal and financial information with outside resources that the counselor feels would be helpful in improving my financial situation: including but not limited to – utility companies, landlord/property managers, Social Security offices, caretakers, etc. I understand that I am not obligated to use any of the services offered to me.

**FRAUD POLICY**

A Pearls Touch Payee Service is committed to preventing, identifying, and reporting any fraudulent activity related to the Company's services, activities and administration of grants. Fraud may include but is not limited to false statements provided by or to staff, clients, and beneficiaries. Fraudulent activities may include but are not limited to knowingly misrepresenting income or expenses, assisting or counseling anyone to misrepresent facts or circumstances related to eligibility for programs or benefits, bribery, kickbacks, theft or embezzlement, forgery or alteration of documents, destruction or concealment of records, profiting from insider knowledge, or a conflict of interest. The Company will investigate any reports of fraud. The Company reserves the right to involve law enforcement authorities in its investigation. Any documented fraudulent activity may result in administrative or criminal action being taken against those involved including termination from any program sponsored by the Company or termination from employment by the Company. The Company will not retaliate against any party who reports fraud, criminal activities or other program irregularities. Any suspected fraudulent activity should be reported to the Company's currently appointed Risk Manager with sufficient specificity to facilitate an investigation.

\_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PAYEE SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**Contact Information:** 6140 South Gun Club Road St. K6-247, Aurora CO 80016  
(303) 209-8483/ (833) 702-5105 (fax)  
Email: [info@apearlstouch.org](mailto:info@apearlstouch.org) | Website: [www.apearlstouch.org](http://www.apearlstouch.org)



6140 South Gun Club Rd, St. K6-247  
Aurora, Colorado 80016  
(303) 209-8483  
[info@apearlstouch.org](mailto:info@apearlstouch.org)  
[www.apearlstouch.org](http://www.apearlstouch.org)

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## Fee Acknowledgment

A Pearl's Touch Payee Service is an approved Fee for Service (FFS) provider by the Social Security Administration. Social Security states the following regarding fees collected by an FFS provider.

“Beginning January 2020, FFS organizations may collect a fee of up to 10 percent of the total monthly benefits from beneficiaries, up to a maximum of \$44 per month. FFS organizations may collect a fee up to 10 percent of the total monthly benefits, up to a maximum of \$83 per month, from beneficiaries entitled to disability benefits that have a drug addiction and/or alcoholism condition. SSA must authorize the higher \$83 fee. “

\_\_\_\_\_  
Clients Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***"The payee and beneficiary relationship reinvented"***