



Community Action Program East Central Oregon

SERVING UMATILLA • MORROW • GILLIAM • WHEELER • SHERMAN • WASCO • HOOD RIVER COUNTIES

*Assisting
people to
become
independent,
healthy
and safe.*

MAIN OFFICE

721 SE Third St., Ste. D
Pendleton, OR 97801
541-276-1926
800-752-1139 TOLL FREE
541-276-7541 FAX

FOOD WAREHOUSE

1605 NW 50th Dr.
Pendleton, OR 97801
541-276-5073
541-966-6024 FAX

HERMISTON

1565 N. 1st St., Sp. 1
Hermiston, OR 97838
541-289-7755
800-214-4776 TOLL FREE
541-289-7757 FAX

THE DALLES

3641 Klindt Dr.
The Dalles, OR 97058
541-506-3512

CAPECO Money Management Program CLIENT REFERRAL & INFORMATION

DATE: _____

Service Requested:

Representative Payee (Money Management)

Referred by: _____

Phone: _____

Email: _____

Relationship to client: _____

CLIENT INFORMATION

NAME: _____

LAST, FIRST

Date of Birth: _____ Gender: M F

Place of Birth: _____ SS#: _____

Mother's Maiden Name: _____

Phone: _____

Email: _____

Address: _____

Lives: Alone With Family In a Facility/Group Home

Care Facility/Landlord: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Family Contact: _____ Phone: _____

Case Manager: _____ Phone: _____

Current Representative Payee: Y* N Don't know

*If 'Yes', Name: _____ Phone: _____

Current Guardian: Y* N Don't know

*If 'Yes', Name: _____ Phone: _____

Why is service being requested?

Please describe any challenges that CAPECO Money Management Program might have working with this client. Example – Client is often confused, TBI, Alzheimer’s, Dementia, Family issues. Etc.

Does the client have any substance abuse issues that CAPECO Money Management Program needs to be aware of? _____

Income – Please provide amounts for all that apply:

Social Security Benefits: _____ Railroad Retirement: _____

Supplemental Social Security: _____ Office of Personnel Management: _____

Social Security Disability: _____ Tribal General Assistance: _____

VA Benefits: _____ Bureau of Indian Affairs: _____

Retirement Pension: _____

Other: _____

Expenses – Please provide amounts for all that apply:

Rent: _____ Med/Dent: _____ Personal: _____

Utilities: _____ Insurance: _____ Storage: _____

Phone/Cell: _____ Auto Exp: _____ Misc: _____

Cable: _____ Credit Card: _____ Misc: _____

CAPECO: _____ Court Fees: _____ Misc: _____

Total Income: \$ _____

Total Expenses: \$ _____

Available Balance: \$ _____

Additional notes: _____

Primary Care Physician: _____ Phone: _____
Fax: _____

Mental Care Provider: _____ Phone: _____
Fax: _____

Medical Insurance: _____ Phone: _____

Medicaid Medicare

We are happy to answer any questions you may have regarding the CAPECO Money Management Program, 541-276-1926.

Completed form can be submitted our our office by:

Fax to: 541-276-7541

-Or-

Mail to: Money Management, 721 SE 3rd St Ste D, Pendleton, OR 97801

-Or-

Email to: moneymangement@capeco-works.org

CMMP USE ONLY

Date Received: _____ By: _____

Notes: