

COMMUNITY ACTION PROGRAM OF EAST CENTRAL OREGON

SERVING UMATILLA • MORROW • GILLIAM • WHEELER • SHERMAN • WASCO • HOOD RIVER
UNION • WALLOWA • GRANT • BAKER • HARNEY • MALHEUR COUNTIES

Money Management Program Application

Date: _____ Application Completed By: _____

Relationship to Client: _____ Phone: _____

CLIENT INFORMATION

NAME: _____
(Last) (First) (MI)

Date of Birth: _____ Social Security #: _____

Phone: _____ Veteran: Y N

Address: _____

Lives: Alone Family Facility* Homeless in (city) _____

*Facility Name & Phone: _____

Need current 512 or latest Statement of Room & Board

Mother's Maiden Name: _____ Race/Ethnicity: _____

Place of Birth: _____ Gender: F M Other

CONTACT INFORMATION

Current Representative Payee: Yes* (Need Current Award Letter) No

*Name: _____ Phone: _____

Current Guardian: Yes* (Need Guardianship Paperwork) No

*Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Mental Care Provider: _____ Phone: _____

Medical Insurance: _____ Phone: _____

Medicare Medicaid No Insurance Oregon Prime # _____

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.*

What is the best time to reach you? _____

Do you have an ID? Yes No Type & Number: _____

What kind of transportation do you use? _____

Do you do your own shopping and prepare you own meals? Yes No

Do you share household expenses with anyone? Yes* No

*Name & relationship: _____

Do you have out of pocket medical or prescription costs? Yes No

Are you currently working? Yes No Where: _____

Do you have a funeral plan? Yes No Where: _____

Do you have life insurance? Yes No Where: _____

Are you on parole? Yes* No **Probation?** Yes* No

*Name & number of officer: _____

Do you have any outstanding debts? Yes* No **please provide documentation*

Is there anything else you would like us to know?

Income

- Social Security – Retirement \$_____
- Social Security – Supplemental \$_____
- Social Security – Disability \$_____
- Veteran Affairs \$_____
- Railroad retirement \$_____
- Pension retirement \$_____
- Tribal \$_____
- Other:_____ \$_____
- Other:_____ \$_____

Expenses

Need recent statement for all expenses

- Rent \$_____ Landlord & Number: _____
- Power \$_____ Insurance \$_____
- Gas \$_____ Storage Unit \$_____
- City Utility \$_____ Court Fees \$_____
- Cable \$_____ Credit Card \$_____
- Internet \$_____ Other _____ \$_____
- Phone \$_____ Other _____ \$_____
- Pharmacy \$_____ Other _____ \$_____
- Auto Expense \$_____ Other _____ \$_____

I affirm and certify that all information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any fact called for in the application may render the application void.

Client Signature: _____ Date: _____

Preparer Signature: _____ Date: _____

*Please send completed application to one of the following
moneymanagement@capeco-works.org Fax (541)276-7541*

*Money Management
721 SE 3rd St. Ste D
Pendleton, OR 97801*