

Phone: 218-772-0289
Fax: 218-772-0290
E-mail: mnpayee@gmail.com
Website: www.mnpayee.org

Hoge & Company
Representative Payee of MN
P.O. Box 100
Ironton, MN 56455

Client Intake Form

Date: _____	Case #: _____
First Name: _____ MI _____	Last Name: _____
Address: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Date of Birth: ____-____-____	Place of Birth: _____
Social Security # ____-____-____	
Telephone # (____) ____-____	Race: _____
Gender: <input type="checkbox"/> F <input type="checkbox"/> M Impairment: _____	
Employment: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	
Employer name: _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
Spouse's Name: _____	
Address if different: _____	
Family size: _____	
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Do you have a court appointed legal guardian/conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please send information.	
Emergency contact: _____	
Address: _____	
Telephone # (____) ____-____	Relationship: _____
Monthly Income <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> VA <input type="checkbox"/> Other	
Amount \$ _____	
Medicaid/Medicare #: _____	
Primary Care Physician: _____	
Telephone # (____) ____-____	
Referring Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Referring Agency: _____	
Caseworker: _____	Telephone # (____) ____-____