MASSACHUSETTS MONEY MANAGEMENT PROGRAM
CLIENT REFERRAL

Date: ______________________ Completed by: ______________________

All information disclosed on this referral is confidential

Name: ______________________

Address: ______________________

____

Phone Number: ______________________

Date of Birth: ______________________

Place of Birth: ______________________

Mother's Maiden Name: ______________________

Gender: ☐ Male ☐ Female

Client Communication Skills

Primary language: ______________________

Speaks English: Well ☐ Poorly ☐ Not at all ☐

Referral Source

Name: ______________________

Agency: ______________________

Address: ______________________

____

Phone: ______________________

Fax: ______________________

Relationship of referrer to client:

____

Case manager?

Name: ______________________

Phone: ______________________

Email: ______________________

Client ID # (if applicable): ______________________

Contact client directly? ☐ Yes ☐ No

Best time/day to call? ______________________

Alternate contact: ______________________

Monthly Income

SSA $ __________ SSI $ __________

Other: __________ $ __________

Total Monthly Income: ______________________

Emergency Contact

Name: ______________________

Address: ______________________

____

Phone Number: ______________________

Email address: ______________________

Relationship to client: ______________________

Physician: ______________________

Phone: ______________________

Hospital used: ______________________

Living Information

Does client live alone? __________

If not, how many in household? __________

Are others in household related to client? __________

Can they help the volunteer? __________

Is the client mostly homebound? __________

Safety Concerns: ______________________

____

1. Why was the client referred for services? Check all that apply.

- [ ] Physical disability affecting bill paying
- [ ] Paperwork piling up
- [ ] Mental disability affecting bill paying
- [ ] Needs assistance reading & writing
- [ ] Bills not paid
- [ ] Overwhelmed or nervous over bills
- [ ] Loss of prior bill payer
- [ ] Worrisome debt estimated at $ ____________
- [ ] Memory loss or confusion
- [ ] Utility shut-off notices
- [ ] Financial exploitation
- [ ] Threat of eviction
- [ ] Bouncing checks
- [ ] Insufficient food/money at month's end
- [ ] Depletion of assets
- [ ] Other: ____________________

2. Are there any behavior or communication problems that could make the client inappropriate for volunteer assistance? If so, describe. ____________________

____

3. In the past 2 years has the client received help from a social worker, psychologist, doctor or other mental health professional for stress, addictions, or an emotional or nervous problem? ____________________

____

4. Would the gender of the volunteer be important to the success of this match? ____________________

5. Is the client covered by the following? Check all that apply.

- [ ] Medicare Part A
- [ ] Medicare Part B
- [ ] Medicare Part D
- [ ] MassHealth
- [ ] HMO
- [ ] Medigap Policy
- [ ] Other health insurance

6. Have any of the following protective arrangements been granted in support of the client?

- [ ] Guardian
- [ ] Conservator
- [ ] Power of Attorney
- [ ] Rep Payee

If so, please provide name, address, phone #: ____________________

7. How is client paying bills now? ____________________

8. Is the client agreeable to receiving money management services? ____________________

9. Is the client capable of understanding why s/he is being referred? ____________________

10. Does the client have memory loss? ____________________

11. Does the client [ ] Smoke [ ] Have Pets - If yes, type of pet(s) ____________________

12. Are there any other immediate concerns you have regarding this client? ____________________

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13. Does the client have the following? Check all that apply.

- [ ] Checking Acct.
- [ ] Direct Deposit
- [ ] Savings Acct.

14. To the best of your knowledge are the client's income and assets within money management program guidelines?

- [ ] Yes
- [ ] No
- [ ] Don't know