Referral Date: Name: DOB:

Gender: SSN: Prime: LTSS/SPPC:

Home Phone: Cell Phone:

Physical Address: Mailing Address(if different from physical):

❖ *Some services may be unavailable or are not accepting new consumers. For help in these instances contact:* **Deborah.L.Spere@odhs.oregon.gov**

Reason(s) for referral *(check all that apply)***:**

Consumer is a person with cognitive impairment and has difficulty understanding financial needs

Consumer is a person with physical limitations that make it difficult to manage finances

Consumer is being or has been financially abused

Consumer's bills are not being paid or are being paid late

Consumer is bouncing checks and/or incurring overdraft fees

Current rep payee is mismanaging client funds

Consumer previously had help with finances, but no longer has support

Needs assistance with budgeting and coaching to learn money management techniques

Consumer does not like or wishes to replace current rep payee

Other:_____

Financial Supports Available:

No family or friends to assist

Natural supports willing to assist short term

Facility able to provide money management services

Currently has a rep payee

(Name of payee or agency: _____)

Challenges or safety concerns *(check all that apply)***:**

Consumer may not be willing to cooperate with money management program or volunteer

Consumer is unwilling to change/adjust their spending habits

Consumer does not have a checking account

Consumer is unable to provide monthly bank statements and copies of canceled checks

Consumer has family/others who may be resistant to the client receiving services

Consumer has a history of verbal or physical aggression or abuse

Consumer is a person with current or previous substance use disorder

Consumer is a person with a mental health condition or diagnosis

Please specify: _____

Consumer's home is an unsafe or unhealthy location in which to meet with consumer*

Safety concerns with others that live in the home or frequently visit the home*

Other:_____

If safety challenges exist (items marked with "*"), is there a safety plan that can be put in place for a volunteer to provide services to the client? Please list plan ideas below:

Are there **pets** in the consumer's home?   Cat   Dog   Other: _____

Does anyone in the home **smoke**?   Inside the home   Outdoors only