

# Open Minds, Inc.

A Non-Profit Representative Payee Program

## Referral Information

<b>Date:</b>							
<b>Legal Name of Client:</b>							
<b>Street Address:</b>							
<b>City, State, Zip:</b>							
<b>Phone Number:</b>							
<b>Emergency Contact:</b>							
<b>Emergency Phone #:</b>							
<b>Place of Birth:</b>							
<b>Date of Birth:</b>					<b>Gender:</b>		
<b>Veteran:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>Social Security Number:</b>							
<b>Mother's Maiden Name</b>					<b>Number:</b>		
<b>Mother's Name</b>					<b>Number:</b>		
<b>Marital Status:</b>							
<input type="checkbox"/> Single				<input type="checkbox"/> Separated			
<input type="checkbox"/> Married				<input type="checkbox"/> Divorced			
<input type="checkbox"/> Widow(ed)				<input type="checkbox"/> Other:			
<b>Disability Type:</b>							
<input type="checkbox"/> Mental Illness				<input type="checkbox"/> Substance Abuse		<input type="checkbox"/> Both MI & SA	
<b>Type of Illness</b>							
<input type="checkbox"/> Developmental Disability				<input type="checkbox"/> HIV/Aids		<input type="checkbox"/> Other:	
<b>Income Sources</b>						<b>Amount</b>	
<b>Client:</b>							
<b>Household:</b>							
<b>Other:</b>							
<b>Total Monthly:</b>							
<b>Other:</b>							
<b>Referred By:</b>					<b>Number:</b>		
<b>Current CM:</b>					<b>Number:</b>		
<b>Agency</b>					<b>Number:</b>		

Staff Signature

Date

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901-324-0686 p \* 901-324-0688 f  
www.openmindssite.org

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