

PAYEE SERVICES REFERRAL

NAME: _____

DATE: _____

PHONE: _____

CITY NEAREST POTENTIAL APPLICANT:

TULSA

MUSKOGEE

OKLAHOMA CITY

PLEASE CHECK ALL THAT APPLY:

FUNDS IN SUSPENSE

HOMELESS

VETERAN

AT RISK OF HOMELESSNESS (I.E. PAST DUE RENT, BILLS, ETC.)

HOMELESS

CONTACT INFORMATION

NAME OF AGENCY/CASE MANAGER: _____

EMAIL: _____

PHONE: _____

Has this person been a client with VOAOK Payee Services before this date?

YES

NO

If yes, please give a reason for termination of services:

Has this person been on our waiting list before?

YES

NO

If yes, please give a reason for not starting services:

Please give a brief statement of current circumstances: