

New Client Information Worksheet

Important instructions for completing this form

The purpose of this form is to gather important information about clients' income and expenses and current money management practices. To ensure timely transition into the program, please complete, sign, and return this form, along with all supporting documents, through one of the following delivery methods listed *to the right*.

Return this form



Be sure to include all supporting documents.

Email to: Forms@CrissCross.org

Fax to: 844.845.7167

Mail to:

CrissCross

PO Box 3059

Sugar Land TX 77478-3059

Personal Information:	
Client Name	Date of Birth
Previous Address	Age
	SSN
City, State ZIP	Phone
New Address	Message
City, State ZIP	

Emergency Contact:		
Full Name	Phone	Relationship

Case Management Services:	
Do you receive case management services? <input type="radio"/> Yes <input type="radio"/> No	Name of Agency
Name of case manager	Phone
If you do not currently have this service, would you be interested in receiving it?	

Household Members:		
Spouse/Significant Other	Date of Birth	Age
SSN	Monthly Income	Income Source

Please provide the following requested information for each household member:				
Full Name	Age	Client Relationship	Monthly Income	Income Source
			\$	
			\$	
			\$	
			\$	
			\$	

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Alternate payees: Please indicate here if anyone in the household has a Payee other than themselves or CrissCross.

Payee's Full Name	Payee's Phone Number

Landlord / Mortgage Information	
Landlord Name	Landlord Phone
Address	Amount of rent \$
	Rent due date
City, State ZIP	Years at current residence?
Is the client, or anyone living at the residence, related to the landlord? <input type="radio"/> Yes <input type="radio"/> No	

Utility Information: Please provide the requested information for each utility bill paid by the client and provide a copy of a current bill or statement for each. Note: all utility bills will be rerouted to CrissCross.

Name of company	Address	Account #	Amount
			\$
			\$
			\$
			\$
			\$

Asset Information:

Do you own a vehicle?	Make	Model	Year
Date purchased	Balance owed	Car payment \$	
Name of insurance company		Phone	
Address		Amount of premium \$	
		Date due	
City, State ZIP		How often is it due?	

To provide information on additional vehicles owned by the client, please check the box to the right and provide the information requested above on a separate sheet of paper.



Additional vehicle information enclosed

New Client Information Worksheet (continued)

If you own any of the following, please list the value of each and describe.

Stocks		
Bonds		
Royalties		
Savings account #	Bank	Amount \$
Checking account #	Bank	Amount \$
Property other than residence		
Funeral Plan		Burial Plot

Other benefits. Please list amounts that apply.

Employment	Amount \$	Frequency
TNAF \$	Food Stamps \$	HUD rental assistance \$
VA \$	Pension \$	Black lung \$
Other \$		

Other information we may need. In this section, please provide any additional information related to beneficiary benefits, as well as any other financial information needed to assist us in providing the most effective representative payee programs and services.

Signatures

I affirm that all information provided is true and up to date. I also understand that it is my responsibility to make sure that CrissCross has complete and accurate information on my record at all times.

...▶ Client signature	Date
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I agree that CrissCross may discuss my case information with my case management service, Department of Health and Human Resources (DHHR), and vendors regarding my bills and any other agency deemed necessary to ensure proper maintenance of my finances.

...▶ Client signature	Date
...▶ Representative Payee Signature	Date
Appointment set	Date of first deposit



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