COACHING SOLUTIONS
2774 COBB PARKWAY NW STE 109 PMB#278
KENNESAW GA 30152
OFFICE: 678-866-4060

APPLICATION FOR SERVICE

Client Information

Name: _____

Address: _____

City: _____State_____Zip_____

Date of Birth: _____ Social Security # _____

Daytime Phone: _____ Mobile _____

Place of Birth _____ Mother's Maiden Name _____

Father's Name _____

Marital Status: Married _____ Single _____ Divorced _____

Emergency Contact: (Name, phone # & Relationship to you)

_____

Case Manager's Name _____ Phone#/Email _____

Monthly Income

SSI _____Amount $_____ SSA _____Amount $_____

Other: _____Amount $_____

Additional Information or (Landlord)

_____

_____

Signature: _____ **Date:** _____

COACHING SOLUTIONS, INC

CLIENT'S LIST OF PAYMENTS/EXPENSES

Name:_____ **Name:**_____

Address:_____ **Address:**_____

_____ _____

Acct/Ref#:_____ **Acct/Ref#:**_____

Phone#:_____ **Phone#:**_____

Amount: $_____ **Amount: $**_____

Date Due: _____ **Due Date:** _____

Begin ASAP **Begin ASAP**

Name:_____ **Name:**_____

Address:_____ **Address:**_____

_____ _____

Acct/Ref#:_____ **Acct/Ref#:**_____

Phone#:_____ **Phone#:**_____

Amount: $_____ **Amount: $**_____

Date Due: _____ **Due Date:** _____

Begin ASAP **Begin ASAP**

Name:_____ **Name:**_____

Address:_____ **Address:**_____

_____ _____

Acct/Ref#:_____ **Acct/Ref#:**_____

Phone#:_____ **Phone#:**_____

Amount: $_____ **Amount: $**_____

Date Due: _____ **Due Date:** _____

Begin ASAP **Begin ASAP**

Personal Allowance Requested: $_____ **How Often Amount Needed: Weekly/Bi-monthly**

Case Manager/Contact:_____ **Date:**_____

COACHING SOLUTIONS, INC

CLIENT'S MONTHLY BUDGET OF PERSONAL/HOUSEHOLD EXPENSES

Monthly Income

SSI……$_____

SSDI……$_____

VA……$_____

Other……$_____

Household Expenses

Rent/Program Fee……$_____

Utilities (Gas, Electricity, Water)……$_____

Food/Groceries…($_____)…-Foodstamps ($_____)……$_____

Personal Items/Supplies (Hygiene Items, clothing, Hairdo/Haircut)……$_____

Household cleaning supplies……$_____

Cable/Internet……$_____

Phone (home)……$_____

Cellular (Mobile)……$_____

Auto/Vehicle Payment……$_____

Auto Insurance Payment……$_____

Auto Fuel……$_____

Marta/Uber Fares……$_____

Medical/Prescriptions Co-Pay……$_____

Church/Religious Tithes……$_____

Entertainment Fees……$_____

Savings……$_____

Miscellaneous……$_____

Total Income……$_____

Total Expenses……$_____

Balance……

REPRESENTATIVE PAYEE CONTRACT

I, _____ (Client's Name) hereby appoint COACHING SOLUTIONS to be my designated Representative Payee for my social security benefits, SSI, SSD or other income. Coaching Solutions shall receive my benefits or pay checks and be responsible for paying my financial obligations to the extent that there are available funds in my account to do so. Client agrees to pay a fee of $45.00 per month* to Coaching Solutions. Coaching Solutions will pay Rent and Utilities and or (Room and Board) and other bills directly to the service provider. We will provide a weekly stipend to the Client to the extent that Coaching Solutions Payee Services has client's funds available to do so. We shall provide all designated Representative Payee services as prescribed by law or regulation.

The Client Agrees to the Following:

1. Coaching Solutions Payee Services will make payments electronically via Bank wire, Debt card or by Paper check and will mail by US Postal Service First Class Mail only.
2. All weekly checks will be mailed by Wednesday of each week (Holidays & Emergencies exceptions) and all rent checks will be mailed within 2 business days of receipt of Client Funds each month.
3. The Client must notify us in writing of any changes in address. If the Client fails to notify Coaching Solutions Payee Services in writing of any changes in address at least 10 days before the change or move, we shall be held harmless by the client for any rent, room & board or other payments made by Coaching Solutions Payee Services on the Clients behalf.
4. Special funds request will be mailed or deposited on the Wednesday following the week of the request. Exceptions will be made only in the case of homelessness or medical emergency.
5. Coaching Solutions Payee Services will make no advances or loans.
6. The Client must notify Coaching Solutions Payee Services if they become employed in writing, therefore we can accurately report this information to the Social Security Administration. I understand if I fail to notify Coaching Solutions Payee Services, then I will be responsible for any overpayment and Coaching Solutions Payee Services will not be liable. The Client acknowledges that Coaching Solutions Payee Services assumes no responsibility or liability to the Client or others in making disbursements provided the disbursements are made in accordance with the written instructions of the Client and or within the Social Security Administration Guidelines for Representative Payees and other legal or regulatory requirements.

This agreement shall remain in force for a period of 12 months from the date of execution and shall be automatically renewed unless cancelled by the Client with written 30-day notice.

Coaching Solutions Payee Services reserves the right to provide a Client cancellation notice to Social Security at any time.

CLIENT SIGNATURE: _____ DATE: _____

*Client fees are regulated by Social Security and subject to change without notice.

Revised 02/02/23

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KENNESAW, GEORGIA 30152

Disability Questionnaire

1. Have you worked for someone in the past three years? Yes No. If yes where, please give date. _____

   Work began:_____ Work ended:_____ Monthly earnings:_____

2. Have you attended any school or work training in the last three years? Yes or No
3. In the last three years to present have you discussed whether you can work or not work?

   - I have not discussed if I can work.
   - My doctor told me I cannot work.
   - I can work.

   Check which best describes your health now as compared to three years ago.

   a. Better b. Same c. Worse

   b. Have you been to a clinic for treatment including evaluations, checkups, counseling, prescriptions or medicine? If yes when and where.

   c. Have you been hospitalized or had surgery in the past three years? Yes or No

   d. If you answered yes to Item C please list reason for hospitalization or Surgery.

      _____

Client Signature: _____ **Date: _____**

Coaching SOLUTIONS

Please provide a clear and legible copy of the below documentation.

- Copy of Social Security Card
- Copy of Birth Certificate
- Copy of current state-issued ID