Beneficiary Profile Sheet

1. **Name of Beneficiary**: ____

   Social Security Number: __________________________________

   Address: ____

   ____

   Mailing address if different: ____

   Home Phone _________________________ Cell Phone _________________________

   Email: ____

2. **Demographic Information**

   Ethnicity:_____________

   Gender: Male _________ Female _____ Not Specified ______

   Date of Birth: ___________________________

   Place of Birth: ___________________________

   Mother's Maiden Name: ____________ Father's Name: ________________

   Citizenship: Yes No If No, please list status:______________________

   Marital Status: Single Married Divorced Separated

   Widowed Domestic Partner

   Primary Disability ____

   Please list all secondary disabilities: _______________________________________

   ____

3. **Financial Information**

Supplemental Security Income (SSI)	Yes	No	$___________
Social Security Disability (SSDI)	Yes	No	$___________
Social Security Retirement Income	Yes	No	$___________
Disabled Adult Child (DAC) Benefits	Yes	No	$___________
Other Income	Yes	No	$___________

If yes, please provide details in the space below.

____

____

Other benefits or entitlements, (such as SNAP benefits, HUD Sec 8, etc.) list these benefits and monthly amounts.

____

____

____

Does the Beneficiary receive Medicaid? Yes No Pending

If yes, provide Medicaid number: ____________________________

Monthly Spend down amount: ________________________

If pending, provide date of application was submitted to DHS: __________

4. ***Current Living Arrangement:***

Lives independently ________	Lives with parents or other family _________
Rent / Own Home __________	Family Care Program _______
CR/IRA (Supportive) ________	CR/IRA/ICF (Supervised) ___________
Assisted Living Facility ______	Nursing Home _____________

5. **Services Beneficiary receives:** (include day services, service coordination, case management, employment programs, etc.)

Service	**Name of Provider**
________________________________	______________________________________
________________________________	______________________________________
________________________________	______________________________________
________________________________	______________________________________

6. **Is there a court appointed guardian** Yes No

If Yes, attached copy of Order and Judgement

Name (s) and address (s) of Guardian of person, property, both and or stand-by

____

7. **Please note that Balanced Care requires the client to have an authorized contact to speak to us on your behalf.**

Name:____

Address:____

Relationship:____

Email: ____

Work Phone: ____________________ Cell Phone: _____________________

Home Phone: ___________________

Permission to Submit request forms _______

Permission to receive Account statements ________

Name:____

Address:____

Relationship:____

Email: ____

Work Phone: _____________________ Cell Phone: _______________

Home Phone: ___________________

Permission to Submit request forms _______

Permission to receive Account statements ________

Name:____

Address:____

Relationship:____

Email: ____

Work Phone: _____________________ Cell Phone: _____________________

Home Phone: ___________________

Permission to Submit request forms _______

Permission to receive Account statements _______

8. **Please provide your Medicaid worker's information for us to forward them a copy of your Trust documents.**

Name:____

Address:____

____

Email: ____

Phone: ___________________________ Fax: ______________________

9. **Does the Beneficiary have funeral provisions in place (pre-paid funeral, burial plot, etc.?)**

Yes ___ No ____

If yes, give name and addresses of cemetery and funeral home:

____

____

10. **Is there a life insurance policy in place for the Beneficiary?** Yes ______ No ______

If yes, provide the name and address of the life insurance beneficiary and the insurance

Company and policy number: ____

____

I certify that the information provide above is accurate and complete to the best of my knowledge.

______________________________________ ____________________

Donor/Beneficiary Signature Date