

Vested Financial
1210 Broadway St PMB 268
Alexandria MN 56308

Phone: 320-815-5972
Fax: 855-370-5730
info@vestedfinancial.org

Client Intake Form

First Name _____	MI _____	Last Name _____	Date _____
Address _____		City _____	Zip _____
Mailing Address _____		City _____	Zip _____
Primary Phone _____		County _____	DOB _____
Gender: <u>F / M</u>	SSN _____	Type of Residence _____	
Mother's Maiden Name _____		Place of Birth _____	

SSI per month _____	RSDI per month _____	Other Income _____
Employed? <u>Y / N</u>	Name of Employer _____	
Address _____		Phone _____
Start Date _____	Current Pay Rate _____	Hours Per Week _____
Married? <u>Y / N</u>	Spouse's name _____	
Address if different: _____		City _____ State _____ Zip _____
Rent or own? _____	Monthly Payment _____	Payable to _____
Address _____		City _____ State _____ Zip _____
Contact Name at Residence _____		Phone Number _____
Will living arrangements change within the next year? _____ If yes, explain _____		

Emergency Contact Name _____	Phone Number _____
Legal Guardian Name _____	Phone Number _____
Conservator Name _____	Phone Number _____
Primary Care Physician _____	Phone Number _____
Referring Agency Name _____	Phone Number _____

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Reason Claimant is unable to manage benefits:

Name and relationship of anyone who lives with the claimant:

*****Please submit letters proving Guardianship/Conservatorship status*****