



Ohio Network for Innovation

One Avalon Road
Mount Vernon, OH 43050
Phone: 740-397-4733

Enrollment Information:

Last Name:	First Name:	MI:
Address:		Apt:
City:	State:	Zip:
Phone Number:	DOB:	
SS#:	Diagnosis:	
	Diagnosis onset date:	

Does the Claimant have a Court Appointed Legal Guardian? Yes No

Please include copies of documentation:

If yes, enter the legal guardian's information below.

Name:

Address:

Phone Number:

Enter the names, relationship, DOB of any other people who live with the claimant below.

Name	Relationship	DOB

Where does claimant live? (Examples: Alone or with a relative):

Type of Benefits: SSDI SSI Wages Other:

Does the Claimant already have a payee in place? Yes No

If no, please enter physician's information below.

Name:

Address:

Phone number:

Fax number:

If yes, why are you changing payees?

Please include a current State ID & Social Security Card