

Sample Financial Plan
Financial Plan

This form is to be completed and attached to each person's file (SLP-I and II, CTH-I and II, ICF and CRCF)

Name: _____

Date of Financial Plan: _____

1. Financial Skills

A. Can the person maintain his/her own financial Records in sufficient order and correctness? Yes No

If no is answered complete the following:

Person can make deposits alone Yes No

Person can write checks alone Yes No

Person needs assistance with balancing checkbook and reconciling statements Yes No

Person needs assistance with all areas of banking Yes No

Rep-payee: _____

Financial Institution Utilized: _____

Note: If the board is rep-payee ensure there are two staff listed on the bank signature cards as authorized signers.

B. Can the person manage cash on their own? Yes No

If yes, how much cash can the person manage \$ _____

Is this person working on improving his/her money management skills Yes No

If yes, in what way:

2. Budget/Monthly Income (Based on Averages)

SSI	\$	Competitive Employment	\$
VA	\$	Other	\$
Workshop	\$	Other	\$

Monthly Expenditures

Rent	\$	Clothing	\$
Lights	\$	Water	\$
Phone	\$	Groceries/Supplies	\$
Medication/Medical	\$	Other	\$
Cable	\$	Other	
Personal Spending	\$	Other	

3. Future financial plan: (Emphasis here should be place on determining any need to accumulate resources for a particular purchase or purpose, Medicaid eligibility, where available, should not be jeopardized: however, some resources accumulation can be done without jeopardizing Medicaid eligibility.)

4. Weekly personal spending amount \$ _____ (exact amount)
The amount should balance leisure activities with income (Blanket terms such as "or more as needed" should not be used)
(Call team meeting should be used to document if additional funds are warranted)

Will this money be given all at one to the person? Yes No

If no, how and why will it be given differently?

5. Will cash on hand be maintained for the person? Yes No Amount \$ _____

Note: If this amount is over \$50, this must be by programmatic justification

6. List all approved shared cost and how they will be shared.

7. List the date each task was completed below:

a. Review/summary of last year's financial activity: _____

b. Statement of Financial Rights reviewed and signed (*Attachment A*): _____

c. Authorization for Management of Personal Funds reviewed and signed (*Attachment D*):

d. Authorization for application and management of entitlements and benefits reviewed and signed
(*Attachment D*): _____

8. Additional Financial Comments:

Signature of Program Team Chair Person

Date: _____

Signature of Plan Owner

Date: _____

Signature of Case Manager

Date: _____