

Hamilton County Developmental Disabilities Services Money Management and Locally Funded Payee Worksheet

Individual: My Plan Span Start Date: SSA:

Locally Funded Payee

Provider: Freestore (Service Agreement is completed and attached to the worksheet and scanned into KL - Do not complete Supports Provided section)
 CSI (complete Supports Provided section below)

Money Management

Funding Source: IO L1

Provider:

Effective Date:

Hours/Span (not to exceed 10/month):

complete Supports Provided section below

Supports Provided

Select supports that will be provided by the money management provider. Check all that apply:

(boxes that are checked by default below can be unchecked if the individual does not request support in this area)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Acting as Social Security Payee | <input type="checkbox"/> Organizing and keeping track of financial records |
| <input type="checkbox"/> Bill-paying and preparing checks for individual to sign | <input type="checkbox"/> Organizing tax documents and other paperwork |
| <input type="checkbox"/> Preparing and delivering bank account deposits | <input type="checkbox"/> Balancing and reconciling financial statements and records |
| <input type="checkbox"/> Notarizing documents | <input type="checkbox"/> Organizing and keeping track of medical records |
| <input type="checkbox"/> Acting as power-of-attorney or authorized representative, when so designated by the individual | <input type="checkbox"/> Providing referral to legal, tax and investment professionals |
| <input type="checkbox"/> Making referrals as appropriate for establishment of special needs accounts (e.g., a qualified income trust or an account established in accordance with the Achieving a Better Life Experience Act of 2014) | <input type="checkbox"/> Deciphering medical insurance papers and verifying proper processing of claims |
| <input type="checkbox"/> Providing training to assist an individual to acquire, retain and improve related money management skills. | <input type="checkbox"/> Consulting or making referrals for consultation regarding available benefits |
| | <input type="checkbox"/> Assisting an individual with maintaining eligibility for benefits such as food stamps |
| | <input type="checkbox"/> Assisting an individual with applying for benefits such as Medicaid Buy-In or other resources |
| | <input type="checkbox"/> Providing assistance associated with financial tasks when an individual relocates (e.g., transferring bank accounts or updating address with creditors) |
| | <input type="checkbox"/> Negotiating with creditors |

Please provide details of expected training:

Additional Information

Please include any additional information or comments you feel are needed.

SSA Signature: Date: Supervisor: Date: