DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Companion Home (CH)
Client Individual Financial Plan (IFP)

CLIENT NAME	COMPANION HOME PROVIDER NAME

REPRESENTATIVE PAYEE

☐ CH provider ☐ Self ☐ Other (list name / association):

GUARDIAN

☐ None ☐ Full ☐ Guardian of estate only ☐ Partial, not guardian of estate

If applicable, guardian's name and contact information:

Income

INCOME TYPE	MONTHLY AMOUNT (IF ANY)	DOES NOT HAVE	CLIENT MANAGED	CH PROVIDER MANAGED	OTHER REP PAYEE MANAGED	GUARDIAN MANAGED	OTHER (LIST)
SSI	$	☐	☐	☐	☐	☐	
SSA	$	☐	☐	☐	☐	☐	
VA	$	☐	☐	☐	☐	☐	
Paycheck / wages	$	☐	☐	☐	☐	☐	
Other (specify):	$	☐	☐	☐	☐	☐	
Other (specify):	$	☐	☐	☐	☐	☐	

Management of Resources

TYPES OF ACCOUNTS / RESOURCES	MONTHLY AMOUNT (IF ANY)	DOES NOT HAVE	CLIENT MANAGED	CH PROVIDER MANAGED	OTHER REP PAYEE MANAGED	GUARDIAN MANAGED	OTHER (LIST)
Checking account	$	☐	☐	☐	☐	☐	
Savings account	$	☐	☐	☐	☐	☐	
Other bank account (describe):	$	☐	☐	☐	☐	☐	
Prepaid credit / debit card	$	☐	☐	☐	☐	☐	
Cash – personal spending	$	☐	☐	☐	☐	☐	
Cash – hygiene	$	☐	☐	☐	☐	☐	
Gift cards	$	☐	☐	☐	☐	☐	
Trust account	$	☐	☐	☐	☐	☐	
Burial Plan	$	☐	☐	☐	☐	☐	
Other (specify – may include retirement funds, stock, vehicles, etc.	$	☐	☐	☐	☐	☐	
Other (specify – may include retirement funds, stock, vehicles, etc.	$	☐	☐	☐	☐	☐	

Expenses: how funds will be spent during a typical month.			
Room and board	$		$
Personal spending	$		$
Hair	$		$
Personal hygiene	$		$
Transportation	$		$
Renter's insurance	$		$
Cigarettes	$		$
	$		$

Details on how accounts are secured and accessed:

Who will reconcile accounts? List name and role in client's life:

Who will monitor to ensure the client's resources don't exceed income or the maximum allowable resources? List person(s) responsible:

Details on how funds and information will flow between the provider and the outside representative payee / guardian (if applicable):

Location and contact information for trust account(s), burial plan(s), and other special resources:

If the provider manages client funds, there may be times when the provider needs to loan funds to the client, for example, to purchase items from websites where the provider has an account. If there is such an arrangement, describe it below. There should be a written and signed agreement about the payment of the loan with the client before the loan happens, and there must be verification such as a receipt for the purchase and tracking of payback. It is recommended that the provider notifies the case manager of any client loans exceeding fifty dollars per item, or if a cumulative outstanding balance exceeds one hundred dollars from multiple individual purchases.

Money Management Instruction and/or Support

Describe what instruction or support the companion home provider provides and how the client is involved in managing their funds. Include plan for increasing the client's participation and management of funds and reference the person-centered service plan and goals as appropriate:

PERSON COMPLETING IFP | DATE COMPLETED

Consent

I consent to finances being managed as described in this plan and have received a copy (if desired).

CLIENT'S SIGNATURE | DATE

GUARDIAN'S SIGNATURE | DATE