



## 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              | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| SSA              | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| VA               | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Paycheck / wages | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Other (specify): | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Other (specify): | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |

**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  | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Savings account   | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Other bank account (describe):  | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Prepaid credit / debit card   | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Cash – personal spending  | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Cash – hygiene  | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Gift cards  | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Trust account   | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Burial Plan   | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Other (specify – may include retirement funds, stock, vehicles, etc.) | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Other (specify – may include retirement funds, stock, vehicles, etc.) | \$                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |

**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:

**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 \_\_\_\_\_