

Advisor Teller Money Manager (ATM)

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 - A. Rosen MI, Bailey M, Rosenheck RA: Principles of Money Management As a Therapy for Addiction. Psychiatric Services 2003; 54 (2): 171-173.

Summary of ATM

A. Why Money Management?

Many patients with mental illness or addictive disorders misuse their funds leaving them without money for food, shelter, clothing, or healthcare. Mere assignment of a fiduciary, representative payee, or conservator is often ineffective (especially with substance use) and it does not empower clients.

B. Description of ATM

ATM involves having a money manager assist in budgeting a clients' income by having the client go to the money manager to access his/her funds. ATM has three parts:

1. **Teller Function:** The money manager helps clients manage money in their own best interests. The client arranges for deposit of his/her income into an account that allows the money manager to monitor the account. The client makes a budget with the money manager. Clients will be strongly encouraged to arrange for checks to be written directly to creditors for housing, food, electricity, and as many other expenses as possible.

2. **Training Function:** The money manager helps the client learn to budget his or her own funds. Clients will meet with money manager at least monthly to plan a budget. They will collaboratively arrange for the dispensing of checks to pay for expenditures, and checks to the client to spend as he/she pleases. Dispensing will involve planning for how the money will be spent so that it is not misspent.

3. **Treatment-Linked Spending:** The money manager and client develop agreements whereby the client is rewarded for constructive activity and abstinence. ATM involves making voluntary treatment contracts with clients, in which disbursement of discretionary funds is linked to completion of treatment goals. Clients do not have to follow their money managers' recommendations about how to manage their money if they do not want to. Clients do not have to adhere to the conditions of the treatment contract, and can ask for their money out of the account whether or not they have agreed to the contract.

C. Eligibility Criteria for ATM

1. *Have funds to be managed.* Funds can be public support payments (e.g. SSI/SSDI), employment income or savings. A client who has been assigned a representative payee or fiduciary can have this person conduct ATM. The client can also agree that the payee or fiduciary will allocate funds to a second money manager who then conducts ATM. For example, a client whose checks are mailed to a representative payee can have an arrangement in which the payee pays rent and a second money manager provides ATM.

2. *Are willing to accept help managing their money.* ATM is voluntary. It has been developed for clients who understand how ATM works and want to participate in ATM. Clients who are temporarily unable to participate, who choose not to participate, or who terminate participation may elect to resume participation at a later date.

3. *Have had difficulties managing their funds.* ATM is especially designed for clients who spend money to buy drugs and/or alcohol, or who are at high risk to spend their money on drugs and/or alcohol.

ATM: Description of Therapy

The three functions of ATM include:

**Teller Function,
Training Function, and
Treatment-Linked Spending**

Teller Function

Through the teller function of ATM, the money manager helps the client pay for basic necessities, and prevent “spending sprees” by putting a hold on discretionary spending. In this component of ATM, the client allows the money manager to manage his/her funds in his/her best interests. If the client has a representative payee, fiduciary, or conservator, the teller function involves collaboration between the money manager and this person.

Administration: The teller function can be administered in one of two ways:

OPTION ONE: Money Management Program Account: The clients’ income is mailed directly to the ATM program. Each time a check comes to this ATM program address, the client endorses the check so it can be deposited into a non-interest bearing account managed by the money management program. When the client needs money, the money manager provides it from this account.

1. Types of Account: The two main ways for a money manager to manage clients’ funds are (a) with separate accounts for each client or (b) in a pooled account containing many clients’ funds.
2. It is important that the money manager maintain records according to accepted accounting procedures. The money manager should organize basic aspects of the funds management including:
 - Who has access to the accounts
 - Where funds and account records are stored
 - Procedures for depositing funds to the account
 - Procedures for using account funds to write checks to pay client expenses
 - Procedures for using account funds to disperse cash to clients
 - Reconciliation of account balances
 - Auditing and oversight of the money manager’s activities.
3. This arrangement is best in the following circumstances:
 - More restriction of client funds is desired
 - The client would be unable to establish a checking account (OPTION TWO, below) because of lack of funds, lack of convenient banks, or history of account overdrafts.
 - The money manager is serving many clients, so the time and expense of maintaining this account is offset by the advantages of a single account for a large pool of clients
 - The money manager serves as payee for some clients and would need to set up a dedicated account anyway.

OPTION TWO: Personal Checking Account: The client establishes a personal checking account into which income is directly deposited. The client gives the money manager the checkbooks, checks, and ATM card (if the bank provides one). When the client needs to pay bills or needs money, the money manager gives the client a check to fill out. When the client needs cash, the money manager gives the client the ATM card to borrow.

1. **Storage of Client Checkbooks and ATM cards:** The money manager is only responsible for the storage of the checkbooks and ATM cards, not management of the accounts. The money manager maintains a log of the client's checks and ATM cards that are stored, indicating what is being stored (e.g. checks #100-140 and ATM card of John Doe), when it is signed in, and when it is signed out to the patient. Clients will initial in the log when they sign out ATM cards or checks. There should not be any ATM withdrawals or checks sent, for example, at a time the log shows they are in the possession of the money manager.
2. **Use of a Storage Safe:** Storage will be in a locked safe whose combination is only known by the money manager and a back-up money manager. Storage procedures will also minimize the likelihood that a money manager will misuse client's funds. ATM cards and checks will be placed in envelopes with the client's name on them that the client will sign and date. The client will remove them from the sealed envelope at the next visit.
3. **Internet Access:** Some bank accounts can be accessed online. It is important that only the client, not the money manager, access this account online. The money manager can, however, review account transactions with the client after the client accesses the account.
4. **Personal Checking Account option is best in the following circumstances:**
 - Less control of client funds is desired
 - The money manager or affiliated institution do not want responsibility for an account containing client funds (OPTION ONE, above)
 - The money manager desires a simpler system that requires less bookkeeping.
5. **Availability of Money Manager:** Because clients are dependent on the money manager for convenient access to funds, the money manager must commit to be available (or have a covering money manager available) on all workdays at a fixed time of day.

Operation

The teller function of ATM includes three modes of operation which may be employed singly or in combination:

In the Pre-pay mode, clients arrange for bills to be paid by the money manager directly for housing, food, electricity, and as many other expenses as possible.

In the Hold mode, the client agrees to allow the money manager to put a 48-hour "hold" on their access to discretionary funds if the money manager thinks the client is at risk of spending their money unproductively. The money manager will use the "hold" to encourage further thought, sobering up, and cooling down.

In the Reinforcement mode, the money manager or representative dispenses funds as a reward for completion of treatment-linked goals. This mode will be discussed later in greater detail.

Restrictions

In ATM, the client can always suspend the ATM teller function, although fiduciary arrangements may remain in place as required by law. The only restrictions around how clients manage their money are as follows:

- Clients may be delayed in getting access to their funds because of the administrative procedures that require the money manager's involvement before funds can be spent. Thus, for example, it will be difficult for clients to access funds on the weekends when money managers are unavailable.
- Clients cannot withdraw more money than they have.
- If the client has a VA fiduciary, representative payee or conservator, the client needs to allow the ATM money manager to report to the VA fiduciary, representative payee or conservator about how clients are managing their money. A Release of Information will need to be signed which allows the money manager and this person to exchange confidential information

ATM for Clients who Already Have a Payee (Payee is meant in the broad sense, and includes representative payee, fiduciary or conservator)

Payees have specific fiduciary responsibilities and reporting obligations. These typically involve, at a minimum, maintaining a separate account accessible only by the payee, accounting for how clients' funds are spent, and seeing that rent is paid. These remain in place regardless of whether the client enrolls in ATM.

It is necessary to make several *modifications to ATM for clients who have payees*:

- Spending decisions mandated by the assignment of a payee (or conservator, etc.) are not voluntary. For instance, a representative payee is required to provide for the clients' housing. As an extreme example, a payee cannot agree to a budget that spends money for gifts but would result in the client not being housed.
- The official payee must maintain some control of the clients' funds, even if a money manager other than the official payee will be conducting ATM. The official payee must be able to assure that basic needs are met and client spending is tracked. The payee cannot turn over all management of a client's funds to a third party. The payee also cannot allow the client to receive all their funds directly in a personal checking account, as this would be an abdication of the payee's responsibility. However, payees who involve a third party to serve as money manager may designate some of the clients' **discretionary** funds to a a third party to manage.

Training Function

In the training function, the money manager works with the client to master the art of budget planning.

1. Part A – Planning. At the beginning of each month, the money manager and client complete the columns A1 and A2 of the ATM budget worksheet. This involves 3 Steps:

Anticipate all expenses and plan who will pay for them (money manager or client using discretionary funds).

Budget all expected income to see if it covers expenses.

Compare the two and resolve discrepancies.

2. Part B – Review. At the end of each month the money manager and client complete the second half of the worksheet, columns B1 and B2. This involves the following steps:

- List all actual expenses and record how they were paid (check written directly to creditor or client paid using discretionary funds).
- List actual budget income to see if it covered expenses and how, or if not, why.
- Compare planned and actual expenditures, and note how discrepancies might have been solved.

3. Monthly Summary Evaluation

At the end of each monthly review, the client and money manager may review and discuss a ledger, which includes:

- Total funds paid directly to creditors
- Total client discretionary funds
- Total number of special appeals for discretionary funds
- Total 48 hour “holds” proposed by money manager
- Total number of holds accepted by the client
- Total number of post-hold changes in client expenditure plan from pre-hold
- Client and money manager overall rating of money management performance for the month
- Also review progress towards treatment goals (activities accomplished, chemical tests completed)
- This summary review provides cognitive feedback.

4. Planning for Next Month

Immediately after completing the monthly budget planning review, the money manager and client complete Part A of a new monthly budget planning worksheet.

The goal is to base next month’s plan on the successes and lessons learned from the previous month.

Treatment-Linked Spending

In the treatment-linked spending function of ATM, the money manager works with the client to allocate discretionary funds in ways that reinforce constructive weekly activities and abstinence. Contingency management has been shown to be an effective method of shaping behavior.

Money managers encourage clients to set aside a certain amount of money each week that clients only will get if they meet two treatment goals that are negotiated with the money manager. Each week, clients will be asked if they met the previous week's goals, and if they did, they will receive money from their account. If not, clients will be encouraged to save the money, and negotiate new goals for the next week's session.

1. Contracting Procedures:

a. The money manager and client complete the ATM Weekly Treatment Contracting Worksheet for either abstinence or another activity. Each contract documents

- i. goals for the week
- ii. evidence of completion
- iii. suggested time and day
- iv. potential problems
- v. proposed reinforcer: an amount of discretionary funds

b. Proof of completion of each contracted activity will result in disbursement portion of the client's monthly discretionary income.

2. Choice of Activities for Treatment Contracts:

These treatment-related, abstinence-promoting activities will be broadly defined, and money managers should follow any client suggestions that allow introduction of more directly abstinence-related goals. After the client has become engaged in treatment, one of the goals for the treatment contract will be having a negative drug test (an on-the-spot developed urine test for cocaine OR a breathalyzer test for clients with alcohol problems). Because participation depends on making this rewarding to clients as well as effective, every effort should be made to reinforce readily achievable activities. Money managers should encourage selection of tasks that allow clients to succeed. Money managers should select easier tasks if clients fail to receive reinforcement and more difficult tasks for clients who succeed. For instance, a client who identifies a goal of making abstinent friends might be reinforced for going to a meal with the friend (and bringing the receipt). Failing that, the client might be reinforced for making a list of potential friends. Clients do not have to adhere to the conditions of the treatment contract, and can ask for their money out of the account whether or not they have agreed to the contract.

Step-by-Step Sequence of Procedures for ATM

1. Enroll client in ATM
 - a. Client is referred to ATM program by having treating clinician complete *ATM Referral Form*. Money manager has client complete *Client Money Management History*.
 - b. The *Enrollment Agreement for ATM* is reviewed by the client and money manager and signed by both. The client and clients' conservator, payee, or fiduciary (if the client has one) are given copies of the *Enrollment Agreement*.
2. Arrangement for money manager to serve as "teller" for client funds: The client selects either Option One (Money Management Program Account) or Option Two (Personal Checking Account) on the *Enrollment Agreement*.
3. Set up budget collaboratively with client. Client completes (a) *Authorization to Deposit, Budget, & Disburse Form* and (b) *ATM Budget Worksheet*.
4. Arrangement for direct payment of client expenses by completing *ATM Change of Address for Entitlements* if applicable.
5. Schedule weekly (or more frequent) meetings with clients to dispense funds from client account, to negotiate weekly treatment contracts, and to monitor urine toxicology tests and breathalyzers.
6. Negotiate weekly treatment contracts using *ATM Weekly Treatment Contracting* forms.
7. At end of the month, review past *ATM Budget Worksheet* and complete *Budget Worksheet* for the next month
8. Complete *Notification of Ending Participation form* with proper signatures if client ends participation.

ATM Enrollment Client's Agreement to ATM

You are invited to participate in a Money Management program, “Advisor-Teller Money Manager” (ATM) in which your money manager will assist in the management of your money. ATM involves a trade-off (e.g. a deal)—

What you give: You agree to certain procedures that make it harder for you to get immediate access to your money.

What you get: You get your money manager's advice around how to manage your money, training around budgeting, and records kept by your money manager of where your money comes from and what it is spent on.

ATM therapy makes it harder for you to get access to your money because there will be an extra step before you can access your spending money. In ATM, you will usually need to work with your money manager before you can access your funds. You and your money manager will meet at the beginning of each month to plan a budget. Then, you will meet with your money manager at least once a week to plan how you will spend your money and discuss ways to help prevent you from spending your money on things you cannot afford. You will be encouraged, but not required, to take extra steps to keep you from spending money on things that you cannot afford. ATM involves learning to plan how to spend your money so that you make better spending decisions. However, you do not have to follow the money manager's recommendations about how to manage your money if you do not want to.

ATM also involves arranging to receive your money when you have reached goals you have set for your treatment. Each week, your money manager will encourage you to set aside a certain amount of money that you will get only if you meet two treatment goals that you negotiate with your money manager. Each week, you will be asked if you met the previous week's goal and if you did, you will receive money from your account. If not, you will be encouraged to save the money, and to negotiate new goals for the next week's session. In addition, you will work with your treating money manager to help you achieve your treatment goals.

If you decide to participate in ATM, your money will be managed in one of two ways:

OPTION ONE: Money Management Program Account: Your income will be mailed directly to the ATM program. Each time a check comes to this ATM program address, you will be asked to endorse (sign) the check so it can be deposited into a non-interest bearing account managed by the money management program. When you need money, you will ask your money manager to write a check from this account. This may be inconvenient for you because you will have to wait for your money manager to be available to withdraw money from the account. To make this more convenient, your money manager agrees to be available (or have a covering money manager available) on all workdays between _____ and _____.

OR

OPTION TWO: Personal Checking Account: You will set up your own personal checking account into which your income will be directly deposited. Your money manager will store your checkbooks, checks, and ATM card (if bank provides one). When you need to pay bills or need money, your money manager will give you the check to fill out your ATM card. This may be inconvenient for you because you may have to wait for your money manager to be available to get the checks or ATM card that the money manager is holding. To make this more convenient, your money manager agrees to be available (or have a covering money manager available) on all workdays between _____ and _____.

If you currently have a payee (by this we mean a representative payee, fiduciary or conservator), ATM will have some distinct features:

1. Your payee will continue to make payments that are called for as part of being a payee. For example, your payee is obligated to see that enough money is set aside so that you have a place to stay.
2. Your payee needs to maintain enough control over your money to see that you have money set aside for food, clothing and shelter. Your payee must also record how your money is spent. This typically involves at least one of your accounts being in your payee's name, and under your payee's control.

Before you decide whether you want to participate in ATM, you should know about the “Three R’s”; your Risks, your Rights, and your Responsibilities.

Risks and Inconveniences to You:

1. Limited access to your funds. Your money manager can only guarantee to be available at one time each workday, so you may have trouble getting access to money in your accounts if you do not contact your money manager during those specified times. You may not be able to withdraw money from some of these accounts on weekends. For example, if you do not have enough money at home over the weekend to pay for food, you may need to go to a soup kitchen for food.
2. Holds on your funds. If you request money that you did not plan to spend at the beginning of the month when you planned your budget, your money manager will ask you to wait for 48 hours before receiving a check. However, you do not have to wait for the 48 hours if you do not want to.
3. Discussing personal finances. This can be a sensitive issue. You may feel uncomfortable talking about your finances with your money manager. Money Managers will be trained in a variety of situations that may arise while helping you manage your money.

4. Getting advice from your money manager that causes you to get into financial trouble. Your money manager may give you advice that causes your money to be misspent, either because the money manager makes a mistake or because the money manager does not have enough information. For example, your money manager may advise you to pay a certain bill that you do not have enough money to pay, thus overspending your account. Note that although your money manager will give you advice about how to manage your money, you, not your money manager, decide how the money is spent. Therefore, you, not your money manager, are responsible for these decisions. If you overspend your bank account, you will be responsible for the penalties the bank may charge.

This program is voluntary. If you do not want to participate in the ATM program, there are other ways you can manage your money. For example, you could ask your money manager for advice about managing your money as part of your regular treatment.

Participation in the ATM program affords you certain rights, and requires you to assume responsibilities.

Your Rights are:

1. To be treated with respect and courtesy by your ATM money manager.
2. To participate in the development of your own budget.
3. To ask questions about your budget and to request modifications as your needs change.
4. To discontinue your participation before the end of the program. If you want to discontinue participation in the program, you can receive all the funds in your account as soon as we can arrange it. The only exception to this is if you have someone legally appointed to manage your money, in which case we will return the funds to that person (conservator, representative payee, fiduciary) and have him/her decide whether or not to give you the funds.
5. To request a meeting with the ATM program supervisor _____ {NAME} if you are dissatisfied with this service.

Your Responsibilities are:

1. To accept that spending decisions can only be negotiated with your money manager at the agreed-upon times.
2. To know that your disbursements will only be given to you, and that no one else will be permitted to pick them up for you.
3. To submit a 48 hour request form to your money manager if you would like to request non-budgeted funds.
4. To notify your money manager of any changes which may affect your benefits, budget and/or your involvement in this program such as changes in address, telephone number, entitlement status, the number of people in your household, changes in employment/income, etc.

In addition, if you do not follow the program rules or you are unable to participate in any part of the program, the treatment team has the right to end your participation. The treatment team also has the right to end your participation if they believe that continuing would be harmful to your physical or mental health.

PATIENTS RIGHTS: I have read or have had read to me all of the above.

_____ has explained the program to me and answered all of my questions. I have been told of the risks or discomforts and possible benefits of the program. I have been told of other choices of treatment available to me.

I understand that I do not have to take part in this program, and my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from this program at any time without penalty or loss of VA or other benefits to which I am entitled.

I understand my rights as a client, and I voluntarily consent to participate in this program. I will receive a signed copy of this enrollment agreement.

Client Signature

Date

Signature of Subject's Representative*

Date

*Only required if subject not competent.

Signature of Money Manager

Date

Money Manager (print)

ATM Authorization to Deposit, Budget & Disburse

Client _____ Date _____

Address _____ SS# _____

Income – Check those to be managed by the Program

<u>Sources of Income</u>	<u>Amount Per Month</u>
<input type="checkbox"/> SSI	\$ _____
<input type="checkbox"/> SSDI	\$ _____
<input type="checkbox"/> Aid to the Disabled DSS	\$ _____
<input type="checkbox"/> Aid to Families with Dependent Children	\$ _____
<input type="checkbox"/> Other	\$ _____
Total Monthly Income	\$ _____

Expenses

<u>Expense Type</u>	<u>Account#/Description</u>	<u>Amount Per Month</u>
<input type="checkbox"/> Rent	_____	\$ _____
<input type="checkbox"/> Telephone Co.	_____	\$ _____
<input type="checkbox"/> Electric Co.	_____	\$ _____
<input type="checkbox"/> Gas Co.	_____	\$ _____
<input type="checkbox"/> Groceries	_____	\$ _____
<input type="checkbox"/> Groceries (cash)	_____	\$ _____
<input type="checkbox"/> Transportation	_____	\$ _____
<input type="checkbox"/> Laundry	_____	\$ _____
<input type="checkbox"/> Miscellaneous	_____	\$ _____
<input type="checkbox"/> Cash Allowance	_____	\$ _____

I hereby give consent to the Money Management Program to deposit, budget and disburse my monies as outlined above. I understand that requests for additional money or withdrawal of money from the program will be processed as described in the agreement.

Client

Date

Money manager

Date

Witness

Signature of Subject's Representative*

Date

Date

*Only required if subject not competent.

ATM Referral Form

Date: _____

Name of Client: _____

Address: _____

Name of Referring Clinician: _____ Phone: _____

Diagnosis:

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V Current GAF – M: _____

Highest GAF – M in the last year _____

Monies received by client: Please check all that apply:

- _____ Supplemental Security Income
- _____ Social Security Disability Insurance
- _____ Aid to the Disabled
- _____ Aid to Families with Dependent Children
- _____ General Assistance
- _____ Other: Please specify: _____

Social Security # _____ Title XIX _____

DSS Client ID # _____ Medicare # _____

I. Reason for Referral: Check all applicable items:

- A. 1. _____ Client has experienced repeated evictions due to failure to pay rent and/or persistent homelessness.
- 2. _____ Client is repeatedly delinquent in the payment of utility bills, leading to the shut-off of electricity or other essential utilities.
- 3. _____ Client difficulties in managing money result in persistent inability to meet the nutritional needs of him/herself and/or of his/her dependent child(ren).
- 4. _____ Client difficulties in managing money may result in repeated episodes of criminal misconduct.

1. _____ Evidence suggests that client difficulties in managing money related to persistent substance abuse.
2. _____ Evidence suggests that client difficulties in managing money are related to sever clinical instability.
3. _____ Other: Please explain:

II. Prior history of assistance with money management- behavioral response:

- a. Please describe prior efforts made to assist the client in the management of his/her money:

- b. Does the client have a history of actual or threatened violence toward others who have attempted to assist in the management of his/her money?
_____ Yes _____ No

If yes, please describe (include specific nature of violence and approximate date of last occurrence):

III. Client attitude towards this referral:

IV. Client goals for involvement in the money management program:

ATM Change of Address for Entitlements

To: _____

From: _____

Re: _____
Client Name

SSI/SSDI#

I, _____, request that my Social Security Benefits be mailed as a paper check in care of the Money Management Program at the following address:

Client

Date

Money Manager

Date

Witness

Date

Signature of Subject's Representative*

Date

*Only required if subject not competent.

Client Money Management History

Name of Client: _____ SS # _____

Title XIX #: _____ Medicare #: _____

DSS Client ID #: _____

Referred by: _____ Phone # _____



Section A. Employment and Income

1. *During the past 12 months, what has been your usual employment pattern?*

- 01 = Full time
- 02 = Part time
- 03 = Vocational rehabilitation program
- 04 = Student
- 05 = Military service
- 06 = Retired
- 07 = Disability
- 08 = Unemployed
- 09 = In controlled environment (e.g., in prison)
- 10 = Homemaker (chose to stay at home)
- 11 = Volunteer (not vocational rehabilitation)
- 00 = Other

(specify _____)

2. *How much money did you receive in the past 30 days from:*

- a. *Employment*.....\$ _____
- b. *Unemployment insurance*\$ _____
- c. *Welfare*.....\$ _____
- d. *Food stamps*.....\$ _____
- e. *VA pension benefits*.....\$ _____
- f. *VA service-connected compensation*.....\$ _____
- g. *SSI, not counting state supplement*.....\$ _____
- h. *State supplement to SSI*\$ _____
- i. *SSDI*.....\$ _____
- j. *Significant other, family or friends*.....\$ _____
- k. *Illegal sources*.....\$ _____
- l. *Asking for money on the street*\$ _____
- m. *Other (specify _____)*)

3. *Do you own a residence such as a house or condominium?*

- 1 = No
- 2 = Yes

4. *Do you own a car?*

1 = No 2 = Yes

5 During the past 30 days, how much did you spend on:

- a. Utilities (heat, electric, phone, etc.)\$ _____
- b. Rent.....\$ _____
- c. Food.....\$ _____
- d. Clothes.....\$ _____
- e. Transportation (car payments, gas, bus, or other transportation costs)\$ _____
- f. Health care.....\$ _____
- g. Cigarettes.....\$ _____
- h. Alcohol.....\$ _____
- i. Drugs.....\$ _____
- j. Household expenses (laundry, hardware, light bulbs, etc.)\$ _____
- k. Other (specify _____).....\$ _____

6. Indicate how much money you owe to the following:

- a. Family.....\$ _____
- b. Friends.....\$ _____
- c. Drug supplier or liquor store.....\$ _____
- d. Landlord.....\$ _____
- e. Ex-spouse.....\$ _____
- f. Child support.....\$ _____
- g. Court-ordered payments.....\$ _____
- h. Store.....\$ _____
- i. Credit card company.....\$ _____
- j. Other (specify _____).....\$ _____

7a. Do you have any savings?..... _____

1 = No 2 = Yes

7b. If answer to 9a is "YES," follow up with "**How much do you have in savings?**"\$ _____

Now I am going to ask you about where you keep your money.

8. Do you store money?

1 = No 2 = Yes

- a. At home? _____
- b. In a checking/savings account in your name? _____
- c. In an account that someone else manages? _____

Section C. Substance Use and Funds Mismanagement

9. *In how many of the past 12 months did someone steal money from you?.....* _____

Code: # of months (0-12)

10. *In how many of the past 12 months did someone else pressure you into giving him money even though you did not want to?.....* _____

Code: # of months (0-12)

11. *In how many of the past 12 months, at some time*

Code: # of Months (0-12)

- a. *Were you cold or wet because of inadequate clothing?* _____
- b. *Did you have to wear clothes that were very dirty, torn or ill fitting?* _____
- c. *Did you have to obtain clothes from a charitable organization or agency?* _____
- d. *Were you unable to go to an appointment because your clothes were inadequate?* _____

12. *In how many of the past 12 months, at some time, did you receive food from the following due to lack of money:*

Code: # of Months (0-12)

- a. *Family* _____
- b. *Friends* _____
- c. *Soup kitchen or other charity* _____
- d. *Drug supplier* _____
- e. *Did not eat* _____

13. *In how many of the past 12 months did you, at some time, not have any of the following because you could not pay for it?*

Code: # of months (0-12)

- a. *A place to stay* _____
- b. *Food* _____
- c. *Clothes* _____
- d. *Health care* _____
- e. *Alcohol* _____
- f. *Drugs* _____
- g. *Other (specify: _____)* _____

Section D. Amenability to Money Management

14a. *Is there a person or organization that helps you manage your money?.....* _____

Code: 0 = No
1 = Yes

14b. *If "Yes," who is it?.....* _____

Code: 0 = Family member
1 = Friend
2 = Lawyer/Banker/Accountant or other professional money manager
3 = My clinician or someone working closely with my clinician
4 = Other

If answer to 14a is "YES", then answer next three questions. If answer to above is "NO", skip to item 18.

15. *Are any of the your checks mailed directly to this person?.....* _____

Code: 0 = No
1 = Yes

16. *Does this person / organization serve as a:*

Code: 0 = No
1 = Yes

- a. *Representative payee for Social Security?* _____
- b. *Fiduciary for VA benefits?* _____
- c. *Conservator?.....* _____
- d. *Other? (specify _____).....* _____

17. *Who is your current money manager?*

Name: _____

Address: _____

Telephone number: _____

E-mail address: _____

Does someone other than money manager have access to this e-mail address? _____

If yes, who: _____

17. What about your financial situation bothers you the most?

18. What are your goals for involvement in the money management program?

19. Please describe prior efforts made to improve the management of your money:

20. Have you ever threatened or hit someone who was managing your money? If yes, please describe:

ATM Budget Worksheet for _____, _____
 Month Year

Client Name: _____ Date: _____

<i>Description</i>	A1: Expected Amount	A2: Anticipate check payment directly to creditor or by client?	B1: Actual Amount	B2: Actually paid by direct check payment or by client?
<i>1. Beginning Account Balance: (Money from last month)</i>				
<i>Income:</i>				
<i>2. Income from employment</i>				
<i>3. Benefits / Entitlements</i>				
<i>4. Family / Friends</i>				
<i>5. Other</i>				
<i>6. Income total (Sum of rows 1-6)</i>				
<i>7. Expenses:</i>				
<i>8. Rent</i>				
<i>9. Telephone</i>				
<i>10. Electricity</i>				
<i>11. Gas</i>				
<i>12. Groceries</i>				
<i>13. Bus Fare / Gasoline for car</i>				
<i>14. Laundry</i>				
<i>15. Cigarettes</i>				
<i>16. Entertainment</i>				
<i>17. Deposit to Savings</i>				
<i>18. Other</i>				
<i>19. Other</i>				
20. Total Monthly Expenses: (sum of rows 8-19)				
21. Net Income= (Total income)-(total expenses):				
22. Discretionary Funds Disbursed: (Treatment-Linked & Requested)				
23. Ending Balance for this month:				

ATM Notification of Ending Participation

Date: _____ Report Prepared by: _____

Client Name: _____ SS# _____

Account Balance in QuickBooks:\$ _____

This request for reimbursement of client funds requires two working days

Client Signature

Date

Signature of Subject's Representative*

Date

*Only required if subject not competent.

Signature of Money Manager

Date

Money Manager Signature

Date

Received by ATM Accountant on: _____/_____/_____

Client Account Verified by: _____

ATM Fund Request Worksheet

Client Name _____ Client ID _____ Date _____

Instructions to Money Manager: Use this form when client requests disbursement of discretionary funds beyond the amount budgeted/contracted.

1. What type of request is this?
Code: 1=New 2=Follow-up 3=During 48-hr hold

2a. Amount requested by client.....\$ _____

2b. Amount requested prior to hold, if applicable.....\$ _____

2c. Difference between today's request and prior request, if applicable...\$ _____

3. Purpose of funds.....
Code:
1= Unexpected travel expenses
2= Unexpected health care expenses
3= Substance Use
4= Impulse purchase
5= Other Specify: _____

If this was NOT a new request for funds:

4. Was there a change in the expenditure plan following the hold?.....
Code: 0=No 1=Yes 2= Not applicable

If Yes....

5. Does the new plan better reflect the best interests of the client (more likely to promote his/her health and well-being)?.....

Comments on Change: _____

6. Amount of funds dispensed.....\$ _____

Patient Signature: _____ Witness Signature _____

Money Manager Signature _____ Date _____

ATM Program - Record of Receipt of Funds

Date: _____ No: _____

Received: _____ *Dollars*

Description: _____ Amount _____

Client Signature:

Received by
Print Name _____

Received by
Signature _____

Date: _____

No: _____

Received: _____ *Dollars*

Description: _____ Amount _____

Client Signature:

Received by
Print Name: _____

Received by
Signature _____

Date: _____

No: _____

Received: _____ *Dollars*

Description: _____ Amount _____

Client Signature:

Received by
Print Name _____

Received by
Signature _____

ATM Petty Cash Request

Money Manager Name: _____

Date: _____

Please attach all receipts

Line No.	Name of Individual receiving Funds	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
Total Expenditure:		
Reimbursements Pending:		
Cash on Hand:		
Total Approved FPC:		

 Authorizer's Name

 Authorizer's signature and Date

 Money Manager Signature and Date

ATM Daily Proof Sheet

Date: _____ Report Prepared by: _____

Checking Account

A Beginning Balance			
B Total Receipts	# _____	Thru # _____	
C Total Checks	# _____	Thru # _____	
D Ending Balance (A+B-C)			

ATM Fund Petty Cash Account

A Receipts in Box (F)		
B Cash on hand (G)		
C Subtotal (A+B)		
D Replenishment Pending		
E Fund Total (C+D)		

Grand Total

--

Receipt #	Client Name	Amount	Cash on hand calculation:
			Singles
			Fives
			Tens
			Twenties
			Fifty
			Rolled Change
			Quarters
			Dimes
			Nickels
			Pennies
	Total (F)		Total Cash (G)

Verified to QuickBooks: Checking Account FPC Account

Reviewed by: _____