

POLICY

Policy Title:	Community Living disABILITY Services – Management of Personal Funds	Date Approved:	March 1, 2019
Branch/Division:	Adult Disability Services Community Service Delivery	Applicable to:	Community Living disABILITY Services
Responsible Authority:	Department of Families	Next Review	
Policy Owner:	Executive Director, Adult Disability Services	Date Reviewed:	
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1.0 Policy Statement

All individuals in receipt of Community Living disABILITY Services (CLDS) are encouraged to manage and make decisions about their personal finances to the best of their ability. Individuals are educated and assisted to gain skills and independence with their finances wherever possible.

If an individual requires assistance with the management of their finances, a Personal Financial Plan must be developed to describe the way support will be provided. Assistance will be provided in the best interest of the individual and in the least restrictive and least intrusive manner possible.

2.0 Background

The Adults Living with an Intellectual Disability Act (ALIDA) is enabling legislation that recognizes the rights of individuals to make their own decisions and receive advice, support or assistance, where necessary, in a manner that respects their independence, privacy and dignity.

LEGAL MANDATE

Personal financial planning is required in the following circumstances:

- where the individual receives assistance with the management of their personal funds from the operator or staff of a Residential Care Facility (refer to “Residential Care Licensing Manual” and Manitoba Regulation 44/88 R);
- where the individual receives assistance with the management of their personal funds from other support staff funded through CLDS (e.g., supported independent living); and
- where the Public Guardian and Trustee* has delegated the authority for management of personal funds to the Department of Families Regional Manager (refer to Section C166.10, Public Guardian and Trustee – Delegation of Responsibilities to Regional Managers, Circular 2009-06 Delegation of Authority Agreement).

A Personal Financial Plan may be developed for individuals not listed above, where requested by an individual, service provider, regional office or legal authority.

**In most circumstances, this policy would exclude individuals who have trust accounts managed as part of services provided in Personal Care Homes and subject to monitoring by Manitoba Health. Staff from Personal Care Homes typically maintain direct contact with the Public Guardian and Trustee's office regarding an individual's funds.*

3.0 Purpose

The purpose of this policy is to provide a standardized process for persons/agencies assisting individuals receiving services from CLDS with the management of their personal funds. In addition to Community Service Workers (CSWs), others involved may include residential care operators, non-profit agencies providing residential supports and staff employed by private operators or agencies.

This standardized process:

- ensures management of an individual's finances is in his/her best interest;
- ensures accountability for the management of an individual's finances;
- minimizes the possibility of mismanagement or misappropriation of an individual's finances; and
- protects the integrity of those who are assisting the individual with the management of his/her finances.

4.0 Definitions

"CLDS" means the Community Living disABILITY Services Program of the Government of Manitoba.

"Community Service Worker (CSW)" refers to staff delivering the CLDS program designated as having primary responsibility and accountability in the management of an individual's personal funds.

"Power of Attorney" refers to the legal authority contained in a written document that allows someone else to manage an individual's legal and financial affairs. A Power of Attorney can only deal with financial affairs and not with personal decisions.

"Public Guardian and Trustee (PGT)" refers to the Special Operating Agency that manages and protects the affairs of Manitobans who are unable to do so themselves and have no one else willing or able to act. The Public Guardian and Trustee may be appointed as substitute decision maker for an adult living with an intellectual disability to make decisions involving property and/or personal care.

"Residential Care Licensing Case Manager" refers to Residential Care Licensing staff responsible for reviewing the financial records of an individual's personal funds when they are managed by the staff or operator of a Residential Care Facility.

“**Service Provider**” refers to the agency or private operator responsible for the provision of direct residential services to the individual. Direct services may include the management of an individual’s personal funds.

“**Substitute Decision Maker (SDM)**” refers to a substitute decision maker for property and/or personal care appointed in accordance with The Adults Living with an Intellectual Disability Act.

“**Personal Support Network**” refers to family, friends and/or community members who provide personal support, advocacy and/or help with monitoring services and who have unpaid reciprocal relationships with individuals.

5.0 Policy

The following principles must be preserved and respected in the financial planning and management process:

- the individual is encouraged to manage and make decisions about personal finances to the best of his/her ability;
- the individual is encouraged to obtain assistance from his/her personal support network, wherever possible;
- the individual is educated and assisted to gain skills and independence with financial management wherever possible;
- all financial matters are conducted in the individual’s best interest;
- individual choice is promoted to the greatest extent possible;
- any assistance provided is as limited as possible and should be conducted in the least restrictive and least intrusive manner possible; and
- the individual has the right to privacy regarding his/her financial affairs.

6.0 Core Supporting Standards, Procedures and Guidelines

6.1 Standards

I. Financial Planning Standards

II. Financial Management Standards

I. Financial Planning Standards

1. A CSW from the Department of Families ensures that a Personal Financial Plan is developed with any individual that receives assistance with the management of their personal funds.
2. Where an individual resides in a Private Home Share, it is the CSWs responsibility to initiate and develop the plan.
3. Where developed by a service provider, the CSW will provide feedback and/or approval within 10 business days of receiving the plan.

4. The CSW ensures a review of the individual's Personal Financial Plan and the management of his/her finances is scheduled at minimum once every 18 months or more frequently as needed when there is a change in the individual's circumstances (e.g., the individual has moved, the individual's income has changed).
5. Individuals' personal bank accounts are in their name where they are the only signer on the account. Any exceptions (i.e., co-signed or staff-signed accounts) must receive consent from the individual and be documented in the Personal Financial Plan. Staff-signed accounts must also be authorized by the legally appointed authority responsible for property.
6. The PGT, where involved, will communicate any changes to the Personal Financial Plan to the CSW using the Variance to Financial Plan Form, within 10 business days of receiving the plan.
7. Where the PGT has made a variance to the plan, the CSW will advise the individual and service provider of any changes within 10 business days.

II. Financial Management Standards

1. Assistance with the management of finances is only provided as described by the individual's Personal Financial Plan and according to standards and procedures contained in this policy.
2. Individuals with co-signed or staff-signed accounts are supported to work towards greater independence. These steps are to be outlined in the Personal Financial Plan.
3. Every reasonable precaution is taken to protect the confidentiality and security of all personal financial records, monies and valuables (e.g., banking machine cards, gift cards, purchase vouchers) held in trust on behalf of the individual.
4. The individual's access to his/her personal bank account(s), monies and valuables is not restricted except where restrictions are in accordance with the individual's Personal Financial Plan and authorized by the legal authority appointed to make such financial decisions on the individual's behalf.
5. Expenditures or withdrawals over \$200 require approval from the legal appointed authority or if not appointed, the CSW (refer to Appendix B).
6. Individuals' personal financial records are readily available, accessible and organized.
7. Individuals are provided timely support and access to their personal finances.
8. Problems, concerns, incidents or allegations or suspicions of the misuse or misappropriation of the individual's finances and valuables are reported within 24 hours or the next working day to:

- the CSW, the individual and legally appointed authority responsible for property; and
 - the licensing authority involved if the individual resides in a Residential Care Facility (refer to “Residential Care Licensing Manual”, Appendix B).
9. If an individual moves or upon the individual’s death, finances and valuables held in trust are released as specified by a will, if available.
 10. The personal possession list within the Personal Financial Plan is updated as changes occur.

6.2 Procedures

- I. Overview of Roles and Responsibilities
- II. Personal Financial Planning Process
- III. Personal Accounts: Best Practices
- IV. Management of Personal Accounts and Expenditures
- V. Monitoring and Evaluation
- VI. Review and Follow-Up
- VII. Investigations

I. OVERVIEW OF ROLES AND RESPONSIBILITIES

Persons or agencies responsible for assisting individuals with the management of their personal funds may include the following:

A. PERSONAL SUPPORT NETWORK

A member of the individual’s personal support network (e.g., family members, friends or personal advocates) may assist with financial planning, decision-making and management. A family member, friend or personal advocate may also be appointed as the legal authority responsible for property (refer to D. Legally Appointed Authority Responsible for Property).

B. COMMUNITY SERVICE WORKER

A CSW has the primary responsibility and accountability to ensure that the management of an individual’s personal funds is in accordance with governing regulations, policies and established procedures.

C. SERVICE PROVIDER

Service providers are funded by CLDS to provide direct residential services to an individual. Such direct services may include the management of the individual’s personal funds, if designated in the individual’s Personal Financial Plan. This supportive function may be carried out by direct support staff hired by a service provider or CLDS. However, the service provider is ultimately responsible for the security of individuals’ personal funds held in their trust.

The service provider is responsible to assume a supervisory role of direct support staff or hire another staff to do so (e.g., Executive Director). This supervision includes ensuring that an individual's personal funds are managed according to governing regulations, policies and established procedures.

D. PRIVATE OPERATOR OR AGENCY/BOARD OF DIRECTORS

A private operator or an agency's Board of Directors is ultimately responsible for the security of individuals' funds. This responsibility includes reimbursement of an individual's personal funds where funds cannot be accounted for.

A private operator must ensure the following in order to protect the security of individuals' funds:

- staff hired have completed all required checks (refer to Criminal Record Check Policy, Residential Care Licensing Manual, Appendix E);
- new staff receive training on the management of individuals' personal funds as part of their orientation and are able to demonstrate competency prior to assuming this function;
- staff have a copy of the Policy for the Management of Personal Funds readily available for reference;
- financial management practices and policies recognize the right of individuals:
 - to manage their own financial affairs and make their own financial decisions to the best of their abilities; and
 - to the confidentiality and security of personal financial information.
- direct support staff are supervised to ensure that they adhere to the standards and procedures contained in the Policy for the Management of Personal Funds;
- financial transaction records are retained for a period of seven years after which they may be destroyed in a confidential manner (i.e., shredding);
- the CSW and other authorities where involved are notified regarding problems or concerns with the management of individuals' personal funds;
- staff cooperate in the investigation of irregularities concerning the management of individuals' funds; and
- the development of practices and policies to prevent financial management irregularities in accordance with the recommendations made by the authorities involved.

A Residential agency (Board of Directors) must ensure all of the above in order to protect the security of individuals' funds, as well as ensure that:

- job descriptions for direct support staff include the day-to-day responsibilities for the management of individuals' personal funds;
- staff performance appraisals include criteria for the review of staff practices in the management of individuals' personal funds;

- existence of staff disciplinary and dismissal procedures should staff manage individuals' personal funds contrary to standards and procedures; and
- a review of financial records occur on a monthly basis. Oversight of individuals' personal funds and monthly review and audit of individuals' financial records is the responsibility of a senior manager who does not work directly in the home.

E. LEGALLY APPOINTED RESPONSIBILITY FOR PROPERTY

Legal responsibility for an individual's property may be appointed as follows:

- Substitute Decision Maker (not PGT)

A person may be appointed as SDM for an adult with an adult living with an intellectual disability by the ALIDA. A SDM may be appointed to assume responsibility for property and/or personal care.

- Committee (not PGT)

A person may be appointed as a Committee by The Court of Queen's Bench or through the provisions of The Mental Health Act where an individual has been found to be mentally incapable about making decisions about his/her own affairs. A Committee may be appointed to assume responsibility for property and/or personal care when necessary.

- Public Guardian and Trustee

The PGT may be appointed to assume legal responsibility for an individual's property and/or personal care as a last resort, where there is no one else willing or suitable to act. The PGT may be appointed as SDM as per the ALIDA or as Committee under The Mental Health Act.

Where the PGT is SDM, the PGT delegates the authority for designated areas of decision making to the CLDS Program Manager in the region where the individual resides. This would include the responsibility to monitor the management of an individual's personal allowance. The Regional Program Manager delegates this responsibility to the CSW.

Where the PGT is Committee, the PGT delegates the authority for designated areas of decision-making to the regional health authority in the region where the individual resides. There may be circumstances where it is more appropriate for CLDS to assume the delegation, which will occur only through consultation with the regional health authority.

- Power of Attorney

An individual may arrange for a power of attorney (with assistance of legal counsel) to manage his/her finances in the event that he/she becomes legally incompetent to do so at a later date.

Any legally appointed authority responsible for property may delegate the day-to-day management of the individual's finances to the Regional Office or service provider.

An individual may also be the beneficiary of a Trust where monies and/or property are left to the individual as part of a Will, typically from a family member. Under these circumstances, the family, with the assistance of legal counsel, appoint a trustee(s) (e.g., person(s) and/or trust company), to manage the Trust for the benefit of the individual according to the family's wishes. The Trustee(s) only has authority to make decisions about monies and property within the terms of the Trust.

F. RESIDENTIAL CARE LICENSING CASE MANAGER

During regular annual reviews, the Residential Care Licensing case manager will review a sample of the yearly financial records where individuals' personal funds are managed by the operator or staff of a Residential Care Facility, to ensure that these funds are managed in compliance with policies and standards described in Part G of the "Residential Care Licensing Manual". In addition, a Residential Care Licensing case manager may assist with any difficulties encountered with financial management and recording.

Where the management of individuals' personal funds does not meet departmental standards, the licensing authority will initiate appropriate action. This may include providing recommendations for improvement, additional training or supports or reporting to regional management and coordinating investigative procedures where warranted (refer to Part L, Appendix C of Residential Care Licensing manual).

II. PERSONAL FINANCIAL PLANNING PROCESS

Throughout the Personal Financial Planning process, the CSW or Residential agency makes sure individuals and their support networks are aware of:

- the requirements of the Policy for the Management of Personal Funds and other related policies (e.g., Individual Planning for adults living with an intellectual disability – refer to section C66);
- the requirements under Employment and Income Assistance (EIA), The Mental Health Act, The Adults Living with an Intellectual Disability Act and Residential Care Licensing, as applicable; and
- financial benefits that may be available to the individual (e.g., EIA, Canada Pension Plan, Old Age Security, Registered Disability Savings Plan)

A. INITIATING THE PERSONAL FINANCIAL PLANNING PROCESS

1. The CSW or Residential agency may coordinate personal financial planning meetings with the following, as appropriate:
 - the individual wherever possible or a representative(s) chosen by the individual;
 - a facilitator of the individual's choice;
 - family, friends, advocates and others of the individual's choice;
 - current service provider/staff assisting the individual with the management of personal funds;
 - the legally appointed authority responsibility for the individual's finances/property; and/or
 - any other persons who could contribute in a meaningful way.
2. Prior to the initial meeting, the CSW or Residential agency prepares the planning team participants with the personal/financial information required in order for effective planning to take place. For this purpose, it may be helpful to forward the Personal Financial Plan form (refer to Attachment 1) to the planning team members who are able to provide the information for the meeting.
3. The CSW or Residential agency ensures that the individual, in consultation with all others involved in the planning process, decides whether the Personal Financial Plan is to be completed by itself or as a component of an overall Person-Centred Individual Plan (refer to the CLDS Person-Centred Planning Policy). A Personal Financial Plan must always connect to goals, wishes, and supports described in a Person-Centred Individual Plan.

B. DEVELOPMENT OF A PERSONAL FINANCIAL PLAN

The development of a Personal Financial Plan involves the following steps:

1. Knowing the Individual:

The individual, in consultation with all others involved in the planning process, provides all identifying information and details as follows (documented on Part I and II by the CSW or Residential agency, Attachment 1):

- the areas where the individual requires supports (e.g., with making reasoned decisions, banking procedures, managing day-to-day, monthly and long-term finances); and
- the person(s) currently responsible to provide those supports.

2. Goal and Action Planning:

General

Planning for supports considers:

- the individual's right to manage his/her own financial affairs where no one has been legally appointed to do so on his/her behalf;
- opportunities for guidance, education and support to assist individuals to gain skills with financial management;
- the individual's desires for more responsibility and independence;
- the individual's needs or desires for further assistance or changes in the assistance currently provided; and
- the individual's goals, wishes and dreams as discussed as part of a Person-Centred Individual plan.

Ongoing Supports

In areas where someone new will provide the individual ongoing assistance, the planning team identifies (documented on Part III(1), Attachment 1):

- the specific details of the ongoing supports to be provided to the individual; and
- the person responsible to provide those supports.

Financial information should only be documented in areas where the individual requires support.

Additional Goals/Actions

If any additional goals or actions are required to assist the individual to meet his/her needs, desires and best interests, the planning team identifies the following details (documented on Part III (2), Attachment 1):

- the specific goals to be achieved and the actions necessary to achieve each goal;
- person(s) responsible for each action (individual and others as assigned); and
- the timeframe within which each action is to be completed.

Special concerns or circumstances that may be discussed as part of planning may include, but are not limited to, the following:

- restrictions to the individual's access to personal bank account(s) and monies;
- planning for the future (e.g., major expenditures, drawing of a personal will, prepaid funeral plan);

- the use of the individual's funds for the benefit of others (e.g., purchase of gifts, covering expenses for others to accompany the individual on outings or vacations);
- the need or recommended role for a legally appointed authority (e.g., SDM, Committee) to make decisions on the individual's behalf; and/or
- concerns about the individual's vulnerability to financial exploitation by others and how to mitigate risk.

As a last resort, where other means of assisting the individual have consistently failed, planning may involve arrangements made with EIA. With consent of the individual and/or legally appointed authority, arrangements through EIA may include:

- forwarding rental payments directly to the landlord;
- paying utility bills directly;
- providing food vouchers in lieu of food allowances; and/or
- forwarding an individual's personal needs and/or clothing allowances care of the individual's service provider.

The CSW shall pursue an application for a SDM for property (under the ALIDA) or Committee (under The Mental Health Act) as appropriate where the individual is unable to make decisions about his/her finances with or without the assistance of

his/her support network (documented on Part III (2), Attachment 1). Such decisions may involve the individual's accumulated savings and assets, long-term investments and liabilities and/or an inheritance or estate.

Documentation Circulated

The completed Personal Financial Plan is kept on the individual's departmental file. The CSW will forward copies to the individual, the service provider and others as appropriate (e.g., individual's family, others designated to assist the individual, the legally appointed authority responsible for finances).

The PGT, when appointed, will use the Personal Financial Plan to establish a budget. A monthly allowance will be established and deposited into the individual's community bank account. The PGT will monitor spending patterns in the account and adjust the budget in consultation with the CSW. In rare instances, usually where an individual does not have a bank account, the PGT may forward the individual's monthly allowance to a service provider. This arrangement is only considered on an exceptional basis.

Where the PGT is in support of the Personal Financial Plan but changes to the plan are required, the PGT will communicate any variances to the CSW in the Variance to Financial Plan Form (refer to Attachment 2). Variances may include situations where the amount to be deposited into the individual's bank personal bank account differs from the projected annual expenditures. It is the responsibility of the CSW to advise the individual, the service provider and others as appropriate of these changes.

The service provider will keep the most recent Personal Financial Plan on the individual's residential file in the home.

C. IMPLEMENTATION OF THE PERSONAL FINANCIAL PLAN

Once the Personal Financial Plan has been developed and approved, all persons designated specific financial management responsibilities to assist the individual are required to carry out their respective responsibilities in a manner consistent with the Personal Financial Plan, as well as the procedures and standards described in this policy.

III. PERSONAL BANK ACCOUNTS: BEST PRACTICES

A. BEST PRACTICE

The majority of individuals will have a bank account in their name where they are the only signer on the account, like any other citizen. This should be considered the primary situation and best practice for setting up bank accounts for individuals.

Individuals may need a support staff to accompany them to the bank and to assist with the completion of required forms (e.g., deposit slip). Individuals will sign the documents with their signature or other identifying mark. If the bank has concerns about the participant's ability to make a consistent mark or manage his/her bank account,

arrangements for accommodations with the bank may be required. Every effort should be made to address concerns in order to preserve the individual's independence with banking.

An individual's ability to participate in the banking process may change over time, e.g., an individual's behaviour may stabilize or deteriorate which can positively or negatively impact his/her ability to attend the bank. When this occurs, the service provider should advise the CSW so that this can be communicated to the legally appointed authority responsible for property.

B. CO-SIGNED ACCOUNTS

Co-signed accounts are an exception to the best practice noted above and should only be used as a last resort, as they are considered a restrictive measure. Co-signed accounts may be established to add a measure of oversight where individuals have a demonstrated history of being financially abused by others.

The individual or the legally appointed authority responsible for property must consent to the establishment of a co-signed account. Co-signature accounts must be in the individual's name only. The account should not be set up as a joint account.

When a co-signed account is in place, the individual and his/her support staff attend the bank together and both the individual and the support staff sign the documents. This prevents the individual from independently withdrawing funds out of his/her account and giving money away to others.

In the rare situations where a co-signed account is required, at least one staff signer should be at a supervisory level (e.g., house manager).

C. STAFF-SIGNED ACCOUNTS

Some individuals may be unable to participate in the banking process. Their physical and/or intellectual disability may impede them from physically signing their signature or their mark or they may not be able to attend the bank due to their consistently complex behavioural presentation (e.g., severe aggression or property destruction) or significant medical fragility.

Service providers should first consult with the banking institution to discuss possible accommodations that would help the individuals to attend the bank, for example, making an appointment ahead of time to arrange a private room where the individual may be more comfortable completing banking transactions.

If it is not possible for the individual to attend the financial banking institution, then a legally appointed authority responsible for property is required. Section 88 (1) of The Adults Living with an Intellectual Disability Act provides the regulatory authority to appoint a SDM for property when it can be demonstrated that the individual is incapable of managing his or her property by himself or herself or with the involvement of a support network.

As a last resort, the legally appointed authority responsible for property may authorize support staff/service providers to have signing authority on the individual's community bank account. This request must be made in writing, detailing why the individual is unable to attend the financial banking institution and steps that have been taken to try to accommodate the individual in attending the financial banking institution. When there is authorization for support staff/service provider to have signing authority on the account, two staff are required to sign every transaction and one staff must be at a supervisory level (e.g., house manager). The bank account remains in the name of the individual.

IV. MANAGEMENT OF PERSONAL ACCOUNTS AND EXPENDITURES

A. MANAGEMENT OF PERSONAL BANK ACCOUNTS AND EXPENDITURES

The CSW or Residential Agency ensures that any expenditures or withdrawals out of the individual's personal funds or accounts are made in accordance with the individual's best interests, needs or wishes.

The service provider shall ensure that:

1. All personal account(s) are established in the individual's name and under the individual's signature (mark) only. Banking machine cards are only requested where the individual would be able to use such machines and maintain the security of his/her personal access number.

***Recommended:** Where the service provider has signing authority on the participant's community bank account, the service provider should request the bank not issue or require any bank card. In instances where the bank indicates a bank card is required, the service provider should refer to banking rights and responsibilities at <https://www.canada.ca/en/financial-consumer-agency/services/rights-responsibilities.html> (CLDS circular #2017-08).

2. A co-signed or staff-signed account is only established where:
 - possible accommodations have been discussed with the banking institution;
 - the arrangement is authorized in writing by whoever has the authority to make such financial decisions on his/her behalf (refer to sample letters, Attachment 3 and Attachment 4);
 - the formal letter regarding the arrangements is forwarded to the banking institution and copied to the service provider and CSW; and
 - the arrangement is detailed in the Personal Financial Plan.
3. The banking institution provides monthly statements and return of cancelled cheques for personal accounts where support is provided.
4. Cash-on-hand is sufficient to meet the individual's day-to-day needs and any excess cash is deposited to the individual's personal bank account(s).
5. All cheques payable to the individual, are deposited separately (for separate entries on bank statements or bank books) in the individual's personal bank account(s) within one banking day, at the earliest opportunity or as specified by the Personal Financial Plan.
6. If there are any changes to staff providing assistance with the management of the individual's funds, the service provider must notify the legal authority responsible for property, if appointed. Information provided will include the name(s) of staff and the date of the change. For staff-signed accounts, the legally appointed authority is responsible to authorize the changes in writing and submit to the bank.

Refer to Appendix B for the specific responsibilities for reporting and authorization involving personal bank accounts and expenditures.

B. RECORDKEEPING

1. Separate financial transaction records are required for each individual receiving assistance with the management of their funds. Records are kept as follows: (refer to Appendix A for specific directions on completing Cash, Bank and Gift Card Transaction Records. For templates, refer to Attachments 5, 6, and 7.):
 - all transactions (cash/cheques/gift cards received or spent) are recorded by date, dollar amount and explanation within one working day of the transaction
 - each transaction is initialed by the staff person handling the transaction

- bank account interest or charges are recorded monthly or whenever appropriate
 - cheques received and not immediately deposited to account are recorded as cash-on-hand until deposited
 - cash withdrawals from accounts are recorded as cash-on-hand prior to being spent
 - receipts for purchases (where receipts are typically issued) are attached to the corresponding financial transaction record
 - if there is no receipt issued for a purchase, this must be noted with the purchase on the corresponding financial transaction record
 - where transactions are made with cash, the cash amount recorded must reflect the actual amount spent (i.e., rounding to the nearest five cents as pennies are no longer used)
 - account statements (e.g., bank statements or copy of appropriate pages of bank book, cancelled cheques, deposit/withdrawal slips) are attached to the corresponding financial transaction record
 - all cash and bank transactions are reconciled/balanced monthly and any errors or omissions are properly corrected or noted on the record
 - where an individual has staff-signed accounts, a photocopy of the cash transaction record must be sent to the PGT, where appointed, on a monthly basis. The PGT does not require copies of the corresponding receipts, but may request receipts for specific expenditures.
2. If the actual cash-on-hand or the total of all bank balances is different from recorded balances on financial transaction records and no recordkeeping errors can be found to explain the discrepancy, the service provider must notify the following within 24 hours:
 - the CSW;
 - the individual;
 - the legal authority responsible for property, if appointed; and
 - Residential Care Licensing, if the individual resides in a Residential Care Facility.
 3. The service provider shall ensure that the list of an individual's personal possessions (non-clothing items over \$100 in value) is kept up-to-date (refer to page four of Attachment 1, Personal Financial Plan).
 4. All financial transaction records are kept for a period of seven years in a secure location (e.g., in the home or service provider head office) after which they may be destroyed in a confidential manner (e.g., shredding). In Residential Care Facilities, financial transaction records for the current and previous year are to be kept within the home.

V. MONITORING AND EVALUATION

1. The Residential agency ensures that a review of financial records occur on a monthly basis. Oversight of individual's personal funds and monthly review and audit of

individual's financial records is the responsibility of a senior manager who does not work directly in the home or provide direct support with financial management. Wherever possible, the monthly review should be completed by staff without access to the individual's personal accounts.

2. The service provider/staff shall cooperate with reviews and provide access to the individual's financial records upon the request of the CSW or anyone else authorized to conduct audits/reviews (e.g., Residential Care Licensing or legally appointed authority responsible for finances).
3. A CSW or Residential agency conducting a review of an individual's financial records may request that the review be conducted conjointly with the Residential Care Licensing case manager.
4. During regular annual reviews, the Residential Care Licensing case manager will review a three month sampling of the yearly financial records where an individual's personal funds are being managed by the operator or staff of a Residential Care Facility, to ensure that these funds are managed in compliance with policies and standards. In addition, a Residential Care Licensing case manager may assist with any difficulties encountered with financial management and recording.

VI. REVIEW AND FOLLOW-UP

1. The CSW or Residential agency will schedule a review of the individual's Personal Financial Plan at minimum once every 18 months or more frequently as needed, when there is a change in the individual's circumstances (e.g., the individual has moved or the individual's income has changed).
2. A review of the Personal Financial Plan will confirm that:
 - a. the Personal Financial Plan is still in accordance with the individual's current best interests, needs and wishes;
 - b. any changes regarding the individual's finances have been updated in the individual's Personal Financial Plan (e.g., financial information, objectives, individual's skill level, assistance required by the individual, designation of responsibilities);
 - c. any adjustments or corrective actions are implemented immediately; and
 - d. the service provider/staff continues to manage the individual's personal funds in accordance with standards.
3. Where circumstances warrant, the CSW shall report:
 - a. matters/issues of significance to the Regional Program Manager; and
 - b. matters/issues of significance to any other authorities where involved (e.g., Residential Care Licensing case manager, legally appointed authority responsible for property).

VII. INVESTIGATIONS

1. Where a further examination of financial management and recordkeeping procedures is required in licensed Residential Care Facilities, the CSW has the ultimate responsibility to coordinate and assume the lead role in allegation reviews and to involve other authorities as necessary (e.g., PGT, police, RCMP).
2. All allegation reviews are to be completed within five working days in order to determine the follow-up that is required by a CSW, Residential Care Licensing and if a protection investigation is required.
3. The Residential Care Licensing case manager will support the process and assume a consultative role, on request, where investigations involve approved Residential Care Facilities. (Refer to Part L, Appendix C of the Residential Care Licensing Manual for more detailed information on investigations).
4. The Regional office may consult with the local law enforcement authority to establish whether a criminal investigation will be conducted.

6.3 Guideline(s)

N/A

7.0 Policy Documents

Attachment 1: Personal Financial Plan TEMPLATE REVISED
 Attachment 2: Variance to Financial Plan NEW
 Attachment 3: Letter – Authorization for Co-Signed Accounts REVISED
 Attachment 4: Letter – Authorization for Staff-Signed Accounts REVISED
 Attachment 5: Letter – Revocation of Co-Signed Accounts REVISED
 Attachment 6: Cash Transaction Record
 Attachment 7: Bank Transaction Record
 Attachment 8: Gift Card Transaction Record NEW
 Attachment 9: Authorization for Expenditure

8.0 Resource Documents

CLDS Circular 2017-08 Personal Banking Information Sheet

APPENDIX A: GENERAL DIRECTIONS FOR FINANCIAL TRANSACTION RECORDS

FOR CASH, BANK AND GIFT CARD TRANSACTION RECORDS (Refer to Attachment 6: Cash Transaction Record, Attachment 7: Bank Transaction Record and Attachment 8: Gift Card Transaction Record).

Complete identifying information re: **month, name and address**. Separate financial transaction records must be maintained separately for each individual by full name.

Service Provider/Staff Responsible: It may be useful to name everyone who has access to the individual's personal funds and/or bank accounts. These names should coincide with the Initials column.

Contact for Reporting and Authorization: Keep the name, address and phone number of the person who must be notified about the individual's excess cash/bank account balances and who has to authorize single bank withdrawals or expenditures over specified dollar limits (refer to Appendix B).

Date: Each financial transaction must be entered by date within one day after the transaction.

Balance: The initial dollar balance entered for the beginning of the month is the dollar balance brought forward from the previous month. Thereafter, each transaction is either subtracted (i.e., for expenditure) or added (i.e., for cash received) to the previous balance to arrive at the current balance.

Initials: Where possible, each entry should be initialled by both the individual and the service provider (staff person) who handled the transaction. Minimally, the record must be signed by the service provider (staff person).

Reconciliation must be completed at the end of each month: Where the recorded amounts on the Cash, Bank or Gift Card Transaction Record is substantially different from the actual cash-on-hand actual month end bank balance or actual gift cards balance and no recordkeeping error can be found to explain the discrepancy, the applicable authorities must be notified (i.e., Community Service Worker, licensing coordinator, committee of the estate, substitute decision maker for property, trustee, power of attorney).

Reconciled By must include: The signature of the service provider (staff member) who reconciled the cash-on-hand, bank account balances and gift card balances. Note **position** where the service provider (staff member) has a position title and enter the **date** when the reconciliation was completed.

FOR CASH TRANSACTION RECORD

Person Assisting with Bank Account(s): It may be helpful to note the name and phone number of the person who is assisting the individual with his/her personal bank account(s), should the service provider (staff) need to contact this person regarding the individual's excess cash-on-hand to be deposited to account or if the individual requires funds out of his/her account for personal expenditures.

Receipt/Cheque/Account #:

- All receipts for expenditures/purchases for which receipts are typically issued must be attached (stapled or enveloped) with the corresponding cash transaction record. This may include a photocopy of a receipt where purchases were made for more than one individual at the same time. In this case, the purchases for the individual for whom the record pertains to should be circled. Number each receipt with the corresponding number noted in the Receipt column. For easier reference, receipts should be numbered in numerical order for each month (i.e., starting with #1 and onwards).
- Note cheque number for cheques not immediately deposited to account. This number may be helpful if a cheque is lost or stolen.
- Where the individual has more than one bank account, note account number when monies/cheques are deposited or cash is withdrawn from account (not immediately expended).

Cash In must include dollar amount of:

- cash received on behalf of the individual by the service provider (staff)
- cheques payable to the individual are recorded as Cash In, if not immediately deposited to his/her personal bank account(s)
- cash withdrawals
- gift cards received by the individual*

Explanation: Source of money or cheques received: name of person who provided cash or gift cards; name of person or workplace who issued individual a cheque; bank withdrawal with name of bank if individual deals with more than one bank.

***NOTE:** All gift cards received are to be recorded as cash in and immediately recorded as cash out on the Cash Transaction Record. Individual transactions with gift cards are recorded on the Gift Card Transaction Record.

Cash Out must include dollar amount of:

- cash spent, paid out or deposited to account
- cheques payable to the individual and deposited to account (each cheque must be deposited separately)

Explanation: Reason why cash or cheques were expended or disbursed: name of specific item purchased, service or activity paid for (e.g., clothing, weekly personal spending, etc.); deposit to account with name of bank if individual deals with more than one bank. Where a combination of cash and gift cards are used for a purchase, this must be noted on both the Cash Transaction Record and Gift Card Transaction Record.

FOR BANK TRANSACTION RECORD

All bank statements, cancelled cheques, copies of deposit/withdrawal slips or copies of pages of bank account book for the month for each account must be attached (stapled or enveloped) with the corresponding bank transaction record.

Account/Cheque #:

- Note cheque number for cheques issued out of the individual's chequing account and for cheques payable to the individual and deposited to account. This number may be helpful if a cheque is lost or stolen.
- Where the individual has more than one bank account, note account number for deposits/withdrawals.

Deposits must include dollar amount of:

- cheque or cash deposited to the individual's bank account
- interest earned to be recorded monthly or whenever appropriate

Explanation: Source of money or cheques deposited to account: name of person who provided cash; name of person or workplace who issued individual a cheque; bank interest; name of bank if individual deals with more than one bank.

Withdrawals must include dollar amount of:

- cash withdrawn or cheques issued from the individual's bank account(s)
- bank charges to be recorded monthly or whenever appropriate

Explanation: Reason why money is withdrawn or cheques issued: note specific item(s) purchased, service or activity paid for out of the individual's account; bank charges; name of bank if individual deals with more than one bank.

FOR GIFT CARD TRANSACTION RECORD

Person Assisting with Purchasing: It may be helpful to note the name and phone number of the person who is assisting the individual with his/her purchasing with gift cards should the service provider need to contact this person regarding the individual's gift card balances or if the individual requires the gift cards for future purchasing.

Gift Card #:

- All receipts for expenditures/purchases for which receipts are typically issued must be attached (stapled or enveloped) with the corresponding gift card transaction record. Number each receipt with the corresponding number noted in the Receipt column. For easier reference, receipts should be numbered in numerical order for each month (i.e., starting with #1 and onwards).
- Where the individual has more than one gift card, note the number from the gift card that is received or expended.

Gift Card In must include dollar amount of:

- gift card received on behalf of the individual by the service provider (staff)

Explanation: Name of person who provided gift card; name of store gift card.

Gift Card Used must include dollar amount of:

- gift card funds used

Explanation: Reason why gift card was expended, name of item(s) purchased, service or activity paid for, whether cash was also used in transaction. Where a combination of cash and gift cards were used for a purchase, this must be noted on both the Cash Transaction Record and Gift Card Transaction Record.

APPENDIX B: REPORTING AND AUTHORIZATION – PERSONAL BANK ACCOUNTS AND EXPENDITURES

Refer to Attachment 9: Authorization for Expenditure

SERVICE PROVIDER/STAFF AND SUPERVISING PROGRAM RESPONSIBLE	PUBLIC GUARDIAN AND TRUSTEE RESPONSIBLE	OTHER APPOINTED LEGAL AUTHORITY RESPONSIBLE
General:		
<p>Service provider/staff assists individual, as per Personal Financial Plan.</p>	<p>Service provider/staff assists individual, as per Personal Financial Plan or as specified by the PGT office.</p>	<p>Service provider/staff assists individual, as per Personal Financial Plan or as specified by the appointed legal authority (i.e., SDM for property, committee of the estate, power of attorney).</p> <p>A trustee only has authority to specify how funds provided from the individual's trust are spent.</p>
Single expenditure/bank withdrawal over \$200 or available funds are insufficient to cover an expense:		
<p>Service provider/staff completes the Authorization for Expenditure form and forwards to the CSW for review and approval.</p> <p>In exceptional/emergency circumstances the service provider/staff may phone the CSW for verbal approval. The Authorization for Expenditure form is still required and is to be submitted to the CSW as soon as possible.</p> <p>CSW consults with Program Manager or Supervisor where there are concerns regarding the expenditure.</p>	<p>The service provider/staff completes the Authorization for Expenditure form and forwards to the CSW for review. The CSW may also complete the Authorization for Expenditure form when the individual's personal funds are insufficient to cover planned expenditures.</p> <p>The CSW ensures the expenditure is in accordance with the individual's best interests/needs/wishes and forwards the Authorization for Expenditure form to the PGT office for approval.</p> <p>In exceptional/emergency circumstances verbal approval may be provided by the PGT office. In such cases, the service provider/staff phones the CSW who will then contact the PGT office for authorization. The Authorization for Expenditure form is still required and must be submitted as soon as possible.</p>	<p>Service provider/staff requests approval of appointed legal authority for expenditures beyond established dollar limit or under set circumstances as specified by that authority.</p> <p>These expenditures must be documented in the financial plan.</p>
Ongoing management and monitoring of personal funds:		
<p>The service provider/staff notifies the CSW when personal funds are accumulating. The</p>	<p>The PGT will monitor bank accounts to ensure funds are being used as per Personal Financial Plan.</p>	<p>Service provider/staff notifies appointed legal authority when individual's personal bank</p>

SERVICE PROVIDER/STAFF AND SUPERVISING PROGRAM RESPONSIBLE	PUBLIC GUARDIAN AND TRUSTEE RESPONSIBLE	OTHER APPOINTED LEGAL AUTHORITY RESPONSIBLE
<p>CSW ensures that planning occurs for individuals who may benefit from the use of additional funds for day-to-day spending or other purchases/ expenditures.</p> <p>Where these excess funds are not required, the CSW reviews and updates the Personal Financial Plan to reflect actual need.</p>	<p>If funds are accumulating, the PGT will contact the CSW and determine next steps (e.g., budget may need to be adjusted to reflect actual need, next month budget may be held back).</p> <p>The CSW ensures that planning occurs to spend excess funds. Where excess funds are not required, the CSW notifies the PGT who will arrange for the transfer of excess funds to the individual's trust account with the PGT.</p>	<p>account balances reach a set limit as specified by that authority.</p>
<p>Total balance of all bank account(s) over \$4000 for individual in receipt of Employment and Income Assistance (EIA) benefits:</p>		
<p>Service provider/staff notifies CSW when an individual's cumulative bank account(s) balance is over \$4,000. The CSW then notifies EIA. The CSW, EIA and the service provider will collaboratively review options with the individual and develop a plan to spend the excess funds or transfer funds to a RDSP/EIA disability trust. EIA may review eligibility criteria with the individual.</p>	<p>When cumulative funds (including participant's community account(s) and trust account with PGT) are approaching/over \$4,000, the PGT will advise EIA of the plan to either spend the excess funds or transfer funds to a RDSP or EIA disability trust.</p>	<p>Service provider/staff notifies appointed legal authority who then notifies EIA. In collaboration with the individual and the appointed legal authority, EIA will review options to spend the excess funds or transfer the excess funds to a RDSP/EIA disability trust. EIA may review eligibility criteria with the individual.</p>
<p>EIA annual reviews and income tax returns:</p>		
<p>The service provider, in consultation with the CSW, ensures EIA annual reviews and income tax returns are completed and forwarded to the appropriate offices in a timely manner.</p>	<p>The service provider, in consultation with the CSW, ensures all necessary information is provided to the PGT. The PGT is responsible for the completion of EIA annual reviews and income tax returns.</p>	<p>The appointed legal authority is responsible for completing the EIA annual reviews and income tax returns.</p> <p>A trustee is only responsible for income tax returns for monies in the individual's trust, but may also assist the individual with EIA annual reviews and personal income tax returns.</p>

APPENDIX C: PERSONAL FINANCIAL PLAN SAMPLE #1 – RESIDENTIAL CARE

I. IDENTIFYING INFORMATION

Name: Joe Smith

Address: 111 Any Street, Winnipeg

Date of Birth: November 2, 1960

Case Coordinator: Jane Doe

Program: Community Living disABILITY Services Regional Office: _____

Date of Plan: October 2017

Telephone: 204-111-2222

Postal Code: R1R 2B2

Marital Status: _____

Telephone: 204-777-5555

ANYONE LEGALLY APPOINTED TO MANAGE FINANCES ON INDIVIDUAL'S BEHALF:

If "yes" specify by whom:(i.e., SDM for property, committee)

Contact: Pubic Trustee _____ Address: 155 Carlton, Winnipeg Phone: _____

II. SUPPORT NEEDS ASSESSMENT: Check where the individual requires assistance. Identify names where someone is currently responsible for assisting the individual in the skill areas noted.

REASONED DECISIONS:	Yes	Person Responsible	DAY-DAY SPENDING:	Yes	Person Responsible
Assistance Required:	x	Agency Staff	Assistance Required:	x	Agency Staff
<input type="checkbox"/> to identify needs/preferences; <input checked="" type="checkbox"/> to identify a range of options; <input checked="" type="checkbox"/> to seek additional information regarding options; <input checked="" type="checkbox"/> to evaluate risks/benefits regarding options; <input type="checkbox"/> to choose an option of personal preference; <input checked="" type="checkbox"/> to communicate decision to others; <input checked="" type="checkbox"/> to implement decision/take action; <input checked="" type="checkbox"/> to evaluate results of action taken.			<input checked="" type="checkbox"/> to make decisions regarding daily spending; <input type="checkbox"/> to associated money with specific purchases; <input checked="" type="checkbox"/> to safe keep money (wallet, change purse); <input checked="" type="checkbox"/> to choose items/spend within budget; <input type="checkbox"/> to pay for daily expenses (coffee, lunch, activities); <input checked="" type="checkbox"/> to give correct denomination of bills/change; <input checked="" type="checkbox"/> to identify if need change back or change received is correct (count change)		
MONTHLY FINANCES:	Yes	Person Responsible	BANKING PROCEDURES:	Yes	Person Responsible
Assistance Required:	x	Agency Staff	Assistance Required:	x	Agency Staff
<input type="checkbox"/> to understand income source/responsibilities (wages, S.A.); <input checked="" type="checkbox"/> to understand monthly financial needs/obligations; <input checked="" type="checkbox"/> to budget for needs/obligations within available income; <input checked="" type="checkbox"/> to know how much money is left for daily/incidental spending; <input checked="" type="checkbox"/> to read and understand bills/invoices received; <input checked="" type="checkbox"/> to pay monthly bills on time by cash (in person) or cheque; <input checked="" type="checkbox"/> to comparison shop for best buys; look for sales/specials; <input checked="" type="checkbox"/> to choose/buy personal products and clothing (right size); <input checked="" type="checkbox"/> to keep receipts/proof of bill payment for reasonable time.			<input checked="" type="checkbox"/> to establish bank account(s) in own name; <input type="checkbox"/> to establish co-signed account(s); (if checked, see Pages 2 & 8) <input type="checkbox"/> to establish staff-signed account(s); (if checked, see Pages 2 & 8) <input checked="" type="checkbox"/> to fill out bank slips and/or cheques out of account; <input type="checkbox"/> to learn to sign/make mark on cheques/bank slips; <input checked="" type="checkbox"/> to deposit cheques/monies to account <input checked="" type="checkbox"/> to make withdrawals/cash cheques; <input type="checkbox"/> to use banking machine for transactions; <input checked="" type="checkbox"/> to understand bank service charges/interest; <input checked="" type="checkbox"/> to balance account- not overdrawn.		
LONG-TERM FINANCES:	Yes	Person Responsible	AVOID EXPLOITATION:	Yes	Person Responsible
Assistance Required:	x	Agency Staff	Assistance Required:	x	Agency Staff
<input checked="" type="checkbox"/> to understand need for long-term planning and management; <input checked="" type="checkbox"/> to understand/maintain savings in account; <input checked="" type="checkbox"/> to plan and save for costlier purchases/activities; <input checked="" type="checkbox"/> to look for best deals for major expenditures; <input checked="" type="checkbox"/> to pay for major items/expenses (furniture, vacation); <input checked="" type="checkbox"/> to be aware of and safe keep warranties, guaranties and receipts; <input checked="" type="checkbox"/> to fill out or arrange for filling forms (S.A., Income Tax); <input checked="" type="checkbox"/> to manage/direct management of assets/investments/liabilities.			<input type="checkbox"/> to avoid giving monies/valuables away; <input type="checkbox"/> to prevent others from taking monies/possessions without permission; <input type="checkbox"/> to avoid reacting to solicitations for money/withdrawals from account.		

III. PLAN

1. ONGOING SUPPORTS: To be completed in the skill areas noted in Part II where the individual currently has no supports or requires/desires someone new to assume responsibility for supports. Describe the supports to be provided to the individual in detail and identify the person(s) responsible for the provision of the identified supports. Use additional pages if necessary.

NB: If a **co-signed account or staff-signed account** is required, refer to page 8 and provide answers in this section. Outline why the participant is not able to be the sole signer on his/her account and the plan to work toward this.

DETAIL ON ONGOING SUPPORTS TO BE PROVIDED TO THE INDIVIDUAL	PERSON RESPONSIBLE
Joe has a SDM, the PGT to oversee his finances.	PGT
Joe attends the local bank with support staff regularly. With verbal coaching from support staff, he is able to make withdrawals from his account for his expenditures. Joe is able to sign for his transactions.	Agency staff and Joe
Staff keep track of Joe's cash and bank transactions using the provided transaction sheets, as per the CLDS Management of Personal Funds policy, by keeping and recording receipts for all purchases, expenditures and transactions.	Agency Staff
Joe has significant social anxiety, however, with verbal coaching and planning he is able to make his purchases for himself in the community.	Joe and Agency staff

Community Service Worker: _____ **Date:** _____

2. ADDITIONAL GOALS/ACTIONS: Identify any additional goals or actions to assist the individual to meet his/her needs, desires and best interests or to address any special concerns or circumstances regarding the management of his/her personal funds. Identify: actions to be taken to achieve each goal; person responsible for each action; timeframe within which each action is to be achieved or completed (refer to Policy, Goal and Action Planning). Use additional pages if necessary.

GOALS	ACTIONS TO ACHIEVE EACH GOAL	PERSON RESPONSIBLE	TIMEFRAME
Practice making independent purchases	Have Joe identify bills and count change both at home for practice and when making purchases in community. Support staff to assist through verbal coaching.	Agency Staff	
Practice making decisions about how to spend money	Support staff to verbally coach Joe and remind him about his budget. Give options when making purchases and help him evaluate same.	Agency Staff	
Purchase new summer/winter clothing	Shopping trip to Walmart to make purchases as his clothing no longer fits.	Agency Staff, Joe	

PROJECTED INCOME AND EXPENDITURES: To be completed only where the individual requires assistance from a service provider/staff with the management of his/her income and expenditures or budgeting of income and expenditures.

Name: Joe Smith

Year: 2017-18

Person(s) Assisting Individual: Annie Oakley

Service Provider: Agency

Program: CLDS

Total of all funds available to the individual for the year budgeted (from the following page):

Total annual income from all sources: \$3600

Total of current balance(s) in all personal bank account(s): \$365.85

Total amount of funds available on requests from other sources for the year budgeted: _____

Total Annual Funds Available: \$3965.85

Personal Budget Plan: Identify projected expenditures and approximate amount (estimate where necessary). Expenses or expenditures may include: rent and household products; telephone; cable; personal needs (i.e., laundry, dry cleaning, personal care products, hair appointments); transportation (bus pass, taxi); clothing; pocket money for personal spending; recreation/entertainment; vacation; major purchases needed or desired; payment of debts.

Planned Expenditures (include any comments or specific)	Weekly	Monthly	Other (specify frequency)	Annual Amount (for each expenditures)
Haircuts			15.00 every 6 weeks	\$130
Hygiene Products		20.00		\$240
Tickets to special events (e.g. WWE)				\$250
Summer Clothing				\$250
Winter Clothing				\$250
WIFI		20.00		\$240
Christmas and BDay Gifts				\$100
Personal Spending/Recreation	20.00			\$1040
Mileage to special activities		20.00		\$300
Total Annual Budget: (should not exceed total annual funds available for the year budgeted)				2800

Community Service Worker: _____

Date: _____

PROJECTED ANNUAL INCOME: Identify all sources of income and amount of income (estimate where necessary). Income sources must include: Income Assistance (social allowance); employment earnings; employer sponsored pensions/annuities; Old Age Security/Guaranteed Income Supplement; Canada Pension Plan; Unemployment Insurance; Worker's Compensation benefits; interest/dividends; rental income; Tax Credits; insurance benefits.

Source(s) of Income (Include any comments or specifics)	Bi-Weekly	Monthly	Other (specify frequency)	Total Annual Income (from each source)
EIA		280		3360
GST			60 x 4	240
TOTAL ANNUAL INCOME FROM ALL SOURCES:				3600

CURRENT TOTAL BALANCE IN PERSONAL BANK ACCOUNT(S)

Name of Bank	Account Number	Date of Balance	Balance
Noventis CU		September 5, 2017	365.88
TOTAL OF CURRENT BALANCE(S) IN ALL PERSONAL BANK ACCOUNT(S):			

OTHER FUNDS AVAILABLE ON REQUEST FOR YEAR BUDGETED (e.g., from Public Trustee, SDM. for property, committee of the estate, family)

Name & Address of Contact	Relationship to Individual	Telephone #	\$ Amount Available
TOTAL AMOUNT OF FUNDS AVAILABLE ON REQUEST FOR YEAR BUDGETED:			

**TOTALS TO BE NOTED ON PREVIOUS PAGE UNDER
"TOTAL OF ALL FUNDS AVAILABLE TO THE INDIVIDUAL FOR THE YEAR BUDGETED".**

cc: Pages 5-6, As Applicable: Service Provider/Staff
Individual/Family/Legal Authority

LONG-TERM FINANCIAL INFORMATION

Complete only in areas where long-term financial information is required by the service provider and/or case coordinator to fulfill their designated responsibilities with assisting the individual with the management of his/her finances (i.e., management of bank account, payment of debts, maintenance of information on long-term finances). For purposes of confidentiality, this information should not be shared with direct support staff responsible for day-to-day financial management.

NAME: _____ **DATE:** _____

SERVICE PROVIDER: _____

CASE COORDINATOR: _____ **PROGRAM:** _____

ASSETS IN BANK/TRUST ACCOUNT(S): Other than personal bank accounts readily available to the individual.

Name & Location	Account Number	Type of Account	Current Balance
Canada Savings Bond	11111	Bond	\$200

ADDITIONAL ASSETS: Identify all other assets owned by the individual, including GICs, RRSPs and other major assets such as real estate and investments, noting whether these are single or joint ownership under Description.

Assets Description and Location	Contact for Details on Assets (i.e., Name, Address & Phone Number)	Approximate Value
None		

SPECIAL ARRANGEMENTS: Identify any special arrangements made for the future, i.e., personal will, prepaid funeral plan.

Description of Arrangements	Contact for Details of Arrangements (i.e., Name, Address Phone Number)	Approximate Value
None		

LIABILITIES: Include all major outstanding debts.

Description of Liabilities	Contact for Details on Liabilities (i.e. Name, Address & Phone Number)	Approximate Amount
None		

cc: As Applicable: Service Provider/Staff
Individual/Family/Legal Authority

APPENDIX D: PERSONAL FINANCIAL PLAN SAMPLE #2 – RESIDENTIAL CARE

I. IDENTIFYING INFORMATION:

Name: Harry Smith

Address: 111 Any Street, Winnipeg

Date of Birth: March 1, 1961

Case Coordinator: Jane Doe

Program: Community Living disABILITY Services Regional Office: _____

Date of Plan: October 2017

Telephone: 204-111-2222

Postal Code: R1R2B2

Marital Status: _____

Telephone: 204-777-5555

ANYONE LEGALLY APPOINTED TO MANAGE FINANCES ON INDIVIDUAL'S BEHALF:

If "yes" specify by whom:

(i.e., SDM for property, committee)

Contact: Pubic Trustee Address: 155 Carlton, Winnipeg Phone: _____

II. SUPPORT NEEDS ASSESSMENT: Check where the individual requires assistance. Identify names where someone is currently responsible for assisting the individual in the skill areas noted.

REASONED DECISIONS:	Yes	Person Responsible	DAY-DAY SPENDING:	Yes	Person Responsible
Assistance Required: <input type="checkbox"/> to identify needs/preferences; <input type="checkbox"/> to identify a range of options; <input type="checkbox"/> to seek additional information regarding options; <input checked="" type="checkbox"/> to evaluate risks/benefits regarding options; <input type="checkbox"/> to choose an option of personal preference; <input type="checkbox"/> to communicate decision to others; <input type="checkbox"/> to implement decision/take action; <input checked="" type="checkbox"/> to evaluate results of action taken.	x	Agency Staff	Assistance Required: <input type="checkbox"/> to make decisions regarding daily spending; <input type="checkbox"/> to associated money with specific purchases; <input type="checkbox"/> to safe keep money (wallet, change purse); <input type="checkbox"/> to choose items/spend within budget; <input type="checkbox"/> to pay for daily expenses (coffee, lunch, activities); <input checked="" type="checkbox"/> to give correct denomination of bills/change; <input checked="" type="checkbox"/> to identify if need change back or change received is correct (count change)	x	Agency Staff
MONTHLY FINANCES:	Yes	Person Responsible	BANKING PROCEDURES:	Yes	Person Responsible
Assistance Required: <input type="checkbox"/> to understand income source/responsibilities (wages, S.A.); <input type="checkbox"/> to understand monthly financial needs/obligations; <input type="checkbox"/> to budget for needs/obligations within available income; <input checked="" type="checkbox"/> to know how much money is left for daily/incidental spending; <input checked="" type="checkbox"/> to read and understand bills/invoices received; <input checked="" type="checkbox"/> to pay monthly bills on time by cash (in person) or cheque; <input checked="" type="checkbox"/> to comparison shop for best buys; look for sales/specials; <input type="checkbox"/> to choose/buy personal products and clothing (right size); <input checked="" type="checkbox"/> to keep receipts/proof of bill payment for reasonable time.	x	Agency Staff	Assistance Required: <input checked="" type="checkbox"/> to establish bank account(s) in own name; <input type="checkbox"/> to establish co-signed account(s); (if checked, see Pages 2 & 8) <input type="checkbox"/> to establish staff-signed account(s); (if checked, see Pages 2 & 8) <input type="checkbox"/> to fill out bank slips and/or cheques out of account; <input type="checkbox"/> to learn to sign/make mark on cheques/bank slips; <input checked="" type="checkbox"/> to deposit cheques/monies to account <input checked="" type="checkbox"/> to make withdrawals/cash cheques; <input type="checkbox"/> to use banking machine for transactions; <input checked="" type="checkbox"/> to understand bank service charges/interest; <input checked="" type="checkbox"/> to balance account- not overdrawn.	x	Agency Staff
LONG-TERM FINANCES:	Yes	Person Responsible	AVOID EXPLOITATION:	Yes	Person Responsible
Assistance Required: <input checked="" type="checkbox"/> to understand need for long-term planning and management; <input checked="" type="checkbox"/> to understand/maintain savings in account; <input checked="" type="checkbox"/> to plan and save for costlier purchases/activities; <input checked="" type="checkbox"/> to look for best deals for major expenditures; <input checked="" type="checkbox"/> to pay for major items/expenses (furniture, vacation); <input checked="" type="checkbox"/> to be aware of and safe keep warranties, guaranties and receipts; <input checked="" type="checkbox"/> to fill out or arrange for filling forms (S.A., Income Tax); <input checked="" type="checkbox"/> to manage/direct management of assets/investments/liabilities.	x	Agency Staff	Assistance Required: <input type="checkbox"/> to avoid giving monies/valuables away; <input checked="" type="checkbox"/> to prevent others from taking monies/possessions without permission; <input checked="" type="checkbox"/> to avoid reacting to solicitations for money/withdrawals from account.	x	Agency Staff

III. PLAN

1. ONGOING SUPPORTS: To be completed in the skill areas noted in Part II where the individual currently has no supports or requires/desires someone new to assume responsibility for supports. Describe the supports to be provided to the individual in detail and identify the person(s) responsible for the provision of the identified supports. Use additional pages if necessary.

NB: If a **co-signed account or staff-signed account** is required, refer to page 8 and provide answers in this section. Outline why the participant is not able to be the sole signer on his/her account and the plan to work toward this.

DETAIL ON ONGOING SUPPORTS TO BE PROVIDED TO THE INDIVIDUAL	PERSON RESPONSIBLE
Harry is considered to be independent with his finances. He requires staff support to physically attend the bank to make deposits and withdrawals.	Agency Staff
Harry requires support to maintain a savings plan, with reminders from staff to transfer monies into his savings account. He also needs support to plan for more costly purchases.	Agency Staff
Harry attends the bank with staff to cash his biweekly cheque from AnyStreet Workshop. The money is his to spend independently and he does not require receipts for same. He also attend the bank on alternate weeks (the weeks that he is not paid by the workshop) to withdraw \$40 for personal spending (some of which comes from his cheque from working at Superstore).	Agency Staff
For risk management purposes, the maximum that Harry would have in his wallet is \$50, unless he is planning for a special or large expenditure.	Agency Staff/Harry
Any expenditures not outlined in Harry's financial plan require that receipts be kept and be paid for by Harry either by cheque or by Harry by cash from the bank, with any unspent withdrawn monies returned into his account. In this way, staff will not be directly handling Harry's money on a regular basis.	Agency Staff/Harry
Staff will support Harry to maintain a bank ledger and a cash transaction sheet to monitor his purchases and finances.	Agency Staff/Harry

Community Service Worker: _____ **Date:** _____

2. ADDITIONAL GOALS/ACTIONS: Identify any additional goals or actions to assist the individual to meet his/her needs, desires and best interests or to address any special concerns or circumstances regarding the management of his/her personal funds. Identify: actions to be taken to achieve each goal; person responsible for each action; timeframe within which each action is to be achieved or completed (refer to Policy, Goal and Action Planning). Use additional pages if necessary.

GOALS	ACTIONS TO ACHIEVE EACH GOAL	PERSON RESPONSIBLE	TIMEFRAME
Harry will attend the bank to cash workshop cheques biweekly	Agency staff to bring Harry to the bank and provide verbal prompts as needed	Agency Staff	biweekly
Harry will put money into his savings towards his annual trip to Toronto to visit his brother	Harry to attend bank with staff to transfer \$150 into his saving account monthly	Agency Staff/Harry	
Harry would like to learn to keep a bank ledger to assist with long-term planning	Staff will regularly remind Harry to review his bank statements and provide assistance in reconciling same	Agency staff/Harry	

2. LIST OF PARTICIPANTS/PERSONS RESPONSIBLE: Provide the following information for each person who is responsible for assisting the individual with specific skills or with goals/actions (as noted on Part II & Part III). Also include persons who participated in planning but who may not have been assigned any responsibilities. Use additional page if necessary.

NAME	ADDRESS/FAX #	TELEPHONE	RELATIONSHIP

Completed By: _____

(Pages 1-3)

Individual/Family/Legal Authority
 Service Provider/Staff
 Others designated responsibilities

Date: _____

Review Date: _____

PERSONAL POSSESSIONS LIST – CUMULATIVE

To be completed where the service provider/staff is responsible for the security and/or purchase/accumulation of major personal possessions on the individual's behalf (e.g., non-clothing items over \$100 in value such as furniture, appliances, electronics equipment).

INDIVIDUAL'S NAME: _____

PERSON(S) ASSISTING INDIVIDUAL: _____

SERVICE PROVIDER: _____

ITEM	DATE PURCHASED/ RECEIVED	VENDOR'S/DONOR'S NAME & ADDRESS	DESCRIPTION: COLOUR, SERIAL #, TYPE, MAKE/MODEL	DISCARDED ITEMS: DATE, REASON DISCARDED, INITIALS
See attached				

cc: As Applicable: Service Provider/Staff
 Individual/Family/Legal Authority

PROJECTED INCOME AND EXPENDITURES: To be completed only where the individual requires assistance from a service provider/staff with the management of his/her income and expenditures or budgeting of income and expenditures.

Name: Joe Smith

Year: 2017-18

Person(s) Assisting Individual: Annie Oakley

Service Provider: Agency

Program: CLDS

Total of all funds available to the individual for the year budgeted (from the following page):

Total annual income from all sources: \$5372.06

Total of current balance(s) in all personal bank account(s): \$3648.78

Total amount of funds available on requests from other sources for the year budgeted: _____

Total Annual Funds Available: \$9020.84

Personal Budget Plan: Identify projected expenditures and approximate amount (estimate where necessary). Expenses or expenditures may include: rent and household products; telephone; cable; personal needs (i.e., laundry, dry cleaning, personal care products, hair appointments); transportation (bus pass, taxi); clothing; pocket money for personal spending; recreation/ entertainment; vacation; major purchases needed or desired; payment of debts.

Planned Expenditures (include any comments or specific)	Weekly	Monthly	Other (specify frequency)	Annual Amount (for each expenditures)
Haircuts			15.00 every 3 weeks	\$300
Hygiene Products		24.00		\$300
Workshop Meals		16.00		\$192
Foot Care			\$38 every 6 weeks	\$300
Christmas Shopping for Family				\$200
Birthday Gifts for family				\$200
Clothing		60.00		\$720
Savings for Toronto Trip				\$100
Personal Spending/Recreation		150.00		\$1040
Internet (shared with roommate)		25.00		\$300
Total Annual Budget: (should not exceed total annual funds available for the year budgeted)				4652

Community Service Worker: _____

Date: _____

PROJECTED ANNUAL INCOME: Identify all sources of income and amount of income (estimate where necessary). Income sources must include: Income Assistance (social allowance); employment earnings; employer sponsored pensions/annuities; Old Age Security/Guaranteed Income Supplement; Canada Pension Plan; Unemployment Insurance; Worker's Compensation benefits; interest/dividends; rental income; Tax Credits; insurance benefits.

Source(s) of Income (Include any comments or specifics)	Bi-Weekly	Monthly	Other (specify frequency)	Total Annual Income (from each source)
EIA		283.50		3402
GST			68 x 4	272
Workshop	45.00			1170
Superstore	20.31			548.06
TOTAL ANNUAL INCOME FROM ALL SOURCES:				5372.06

CURRENT TOTAL BALANCE IN PERSONAL BANK ACCOUNT(S)

Name of Bank	Account Number	Date of Balance	Balance
Noventis CU	chequing		2483.63
Noventis CU	savings		1165.15
TOTAL OF CURRENT BALANCE(S) IN ALL PERSONAL BANK ACCOUNT(S):			3648.78

OTHER FUNDS AVAILABLE ON REQUEST FOR YEAR BUDGETED (e.g., from Public Trustee, SDM, for property, committee of the estate, family)

Name & Address of Contact	Relationship to Individual	Telephone #	\$ Amount Available
TOTAL AMOUNT OF FUNDS AVAILABLE ON REQUEST FOR YEAR BUDGETED:			

TOTALS TO BE NOTED ON PREVIOUS PAGE UNDER "TOTAL OF ALL FUNDS AVAILABLE TO THE INDIVIDUAL FOR THE YEAR BUDGETED".

cc: Pages 5-6, As Applicable: Service Provider/Staff
Individual/Family/Legal Authority

LONG-TERM FINANCIAL INFORMATION

Complete only in areas where long-term financial information is required by the service provider and/or case coordinator to fulfill their designated responsibilities with assisting the individual with the management of his/her finances (i.e., management of bank account, payment of debts, maintenance of information on long-term finances). For purposes of confidentiality, this information should not be shared with direct support staff responsible for day-to-day financial management.

NAME: Harry Smith **DATE:** 2017-18

SERVICE PROVIDER: Agency Name

CASE COORDINATOR: Jane Doe **PROGRAM:** _____

ASSETS IN BANK/TRUST ACCOUNT(S): Other than personal bank accounts readily available to the individual.

Name & Location	Account Number	Type of Account	Current Balance
RDSP	11111	RDSP	\$1200

ADDITIONAL ASSETS: Identify all other assets owned by the individual, including GICs, RRSPs and other major assets such as real estate and investments, noting whether these are single or joint ownership under Description.

Assets Description and Location	Contact for Details on Assets (i.e., Name, Address & Phone Number)	Approximate Value
None		

SPECIAL ARRANGEMENTS: Identify any special arrangements made for the future, i.e., personal will, prepaid funeral plan.

Description of Arrangements	Contact for Details of Arrangements (i.e., Name, Address Phone Number)	Approximate Value
None		

LIABILITIES: Include all major outstanding debts.

Description of Liabilities	Contact for Details on Liabilities (i.e. Name, Address & Phone Number)	Approximate Amount
None		

cc: As Applicable: Service Provider/Staff
Individual/Family/Legal Authority