

## PERSONAL FINANCIAL PLAN

### I. IDENTIFYING INFORMATION

Date of Plan: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Case Coordinator: \_\_\_\_\_

Telephone: \_\_\_\_\_

Program: Community Living disABILITY Services    Regional Office: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Address: \_\_\_\_\_ 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
<b>Assistance Required:</b>			<b>Assistance Required:</b>		
<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 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 type="checkbox"/> to evaluate results of action taken.			<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 type="checkbox"/> to give correct denomination of bills/change; <input 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
<b>Assistance Required:</b>			<b>Assistance Required:</b>		
<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 type="checkbox"/> to know how much money is left for daily/incidental spending; <input type="checkbox"/> to read and understand bills/invoices received; <input type="checkbox"/> to pay monthly bills on time by cash (in person) or cheque; <input 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 type="checkbox"/> to keep receipts/proof of bill payment for reasonable time.			<input 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 type="checkbox"/> to deposit cheques/monies to account <input type="checkbox"/> to make withdrawals/cash cheques; <input type="checkbox"/> to use banking machine for transactions; <input type="checkbox"/> to understand bank service charges/interest; <input type="checkbox"/> to balance account- not overdrawn.		
LONG-TERM FINANCES:	Yes	Person Responsible	AVOID EXPLOITATION:	Yes	Person Responsible
<b>Assistance Required:</b>			<b>Assistance Required:</b>		
<input type="checkbox"/> to understand need for long-term planning and management; <input type="checkbox"/> to understand/maintain savings in account; <input type="checkbox"/> to plan and save for costlier purchases/activities; <input type="checkbox"/> to look for best deals for major expenditures; <input type="checkbox"/> to pay for major items/expenses (furniture, vacation); <input type="checkbox"/> to be aware of and safe keep warranties, guaranties and receipts; <input type="checkbox"/> to fill out or arrange for filling forms (S.A., Income Tax); <input 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.		







**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: \_\_\_\_\_ Year: 20 \_\_\_\_\_

Person(s) Assisting Individual: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Program: \_\_\_\_\_

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

Total annual income from all sources:	\$
Total current balance(s) in all personal bank account(s):	\$
Total amount of funds available on request from other sources:	\$
Total annual funds available for the year budgeted:	\$

**1. 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.

Name of Bank	Account Number	Date of Balance	Balance
<b>TOTAL OF CURRENT BALANCE(S) IN ALL PERSONAL BANK ACCOUNT(S):</b>			

Current Total Balance in Personal Bank Account(s): \$ \_\_\_\_\_

Source(s) of Income (Include any comments or specifics)	Bi-Weekly	Monthly	Other (specify frequency)	Total Annual Income (from each source)
<b>TOTAL ANNUAL INCOME FROM ALL SOURCES:</b>				

**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
<b>TOTAL AMOUNT OF FUNDS AVAILABLE ON REQUEST FOR YEAR BUDGETED:</b>			

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

**2. PROJECTED ANNUAL EXPENDITURES**

Identify projected expenditures and approximate amount (estimate where necessary). Update table when planned expenditures or budgeted amounts change.

Planned Expenditures	Frequency			Annual Amount
	Weekly	Monthly	Other	
<b>Personal needs:</b>				
<b>Household needs:</b>				
<b>Transportation needs:</b>				
<b>Total Annual Expenditures: (should not exceed total annual funds available for the year budgeted)</b>				
<b>Future needs:</b>				
<b>Total Future Expenditures: (to be paid out when sufficient funds have been accumulated)</b>				

**Community Service Worker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**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

**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

**LIABILITIES:** Include all major outstanding debts.

Description of Liabilities	Contact for Details on Liabilities (i.e. Name, Address & Phone Number)	Approximate Amount

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

## Assessment for Co-Signed and Support Staff-Signed Accounts

It is expected that the majority of CLDS participants will have a community bank account where, like most other citizens, they are the only signer on their account. This should be the primary situation. There may be rare situations where this is not possible. Community Service Workers (CSWs) and Service Providers should ask the following questions when requesting or considering co-signed or staff-signed accounts:

**Co-Signed Accounts:** These are accounts where the participant with one of two identified support staff has authority to co-sign on the participant's account. At least one of the two staff should be at a supervisory level (e.g., house manager). The participant must always be the first signer on the account. Co-signed accounts can only be established with the consent of the participant (if legally independent) or by the SDM for Property or Committee.

- Is there a **demonstrated history** of the participant **independently** attending the bank with someone who has coerced the participant to hand over his/her funds?
- What are the safeguards that have been tried, short of a co-signer, that have failed to prevent the above scenario?
- Does the participant have an inconsistent mark or signature where the banking institution has required the participant to have a co-signer?

**Support Staff-Signed Accounts:** These are accounts where support staff sign on the participant's account and the participant is not able to sign on the account. Note that a SDM for Property must be in place for this option to be put in place.

- Is the participant physically unable to sign his/her name or make a mark that is accepted by the financial institution?
- Is there a serious medical condition that prohibits the participant from physically attending the bank?
- Does the participant exhibit aggressive or destructive behaviours that make attending the bank impossible?
- Can the above be resolved by asking for an accommodation, i.e., arranging an appointment ahead of time for a private room where the participant can complete his/her banking transactions?

## General Questions and Requirements

- If a co-signed or support staff-signed account must be put in place, when will this be reviewed? This should be documented in the financial plan.
- What is the plan to work towards the participant not needing a co-signed or support staffed-signed account in the future? This should be documented in the financial plan.