

**Consumer Choices Option Individual Budget**

**Consumer Name:** \_\_\_\_\_ **Medicaid State ID#** \_\_\_\_\_  
 (First) (MI) (Last) **Consumer's Phone** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**My Financial Management Service**  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**My Independent Support Broker**  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**My Representative (if applicable)**  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Guardian/Dual Power of Attorney (if applicable)**  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

<b>Monthly available allowance obtained from my case manager/service worker:</b>	<b>Total Available Monthly Allowance</b>	
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<b>SERVICE REQUIRED</b>		
<b>Financial Management Service Fee</b>		\$ 65.00
<b>Total Financial Management Service Fee</b>		<b>\$ 65.00</b>

<b>SERVICE REQUIRED</b>	<b>Name</b>	<b>Activities</b>	<b>Hourly pay</b>	<b>X</b>	<b>Total Hours month</b>	<b>X</b>	<b>No taxes</b>	<b>Monthly Cost</b>
<i>Budget Start up plans (six hours maximum with a maximum of \$15.00 per hour)</i>							\$ -	\$ -
<i>Follow up support (cannot exceed 20 hours a year with a maximum of \$15.00 an hour)</i>							\$ -	\$ -
<b>Total Independent Broker Fees:</b>								<b>\$ -</b>

**REQUIRED FEES SUBTOTAL** **\$ 65.00**

<b>SERVICE OPTION</b>	<b>Name</b>	<b>Description</b>	<b>Hourly pay</b>	<b>X</b>	<b>Total Hours month</b>	<b>X</b>	<b>Taxes at 9.45%</b>	<b>Monthly Cost</b>
<b>Self Directed Personal Care</b>								
Employee #1							\$ -	\$ -
Employee #2							\$ -	\$ -
Employee #3							\$ -	\$ -
Employee #4							\$ -	\$ -
Employee #5							\$ -	\$ -
Employee #6							\$ -	\$ -
Employee #7							\$ -	\$ -
Employee #8							\$ -	\$ -
Other Services							\$ -	\$ -
Other Services							\$ -	\$ -
<b>Total Self Directed Personal Care costs:</b>								<b>\$ -</b>

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<b>SERVICE OPTION</b>								
<b>Self Directed Community Supports and Employment</b>	<b>Name</b>	<b>Description</b>	<b>Hourly pay</b>	<b>X</b>	<b>Total Hours month</b>	<b>X</b>	<b>Taxes at 9.45%</b>	<b>Monthly Cost</b>
Employee #1							\$ -	\$ -
Employee #2							\$ -	\$ -
Employee #3							\$ -	\$ -
Employee #4							\$ -	\$ -
Employee #5							\$ -	\$ -
Employee #6							\$ -	\$ -
Employee #7							\$ -	\$ -
Employee #8							\$ -	\$ -
Other Services							\$ -	\$ -
Other Services							\$ -	\$ -
<b>Total Self Directed Community Supports and Employment</b>								<b>\$ -</b>

<b>SERVICE OPTION</b>						
<b>Individual Directed Goods and Services</b>	<b>Description of Item or services</b>	<b>Cost per item/service</b>	<b>Frequency</b>	<b>Monthly Costs</b>		<b>Total per month</b>
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Total Directed Goods and Services</b>						<b>\$ -</b>

<b>Savings</b>	<b>Description of Item or services</b>	<b>Total Cost of item</b>	<b>Start Date - End Date</b>	<b>Monthly Costs</b>	<b>Total per month</b>
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Savings</b>					<b>\$ -</b>
<b>GRAND TOTAL</b>					<b>\$ 65.00</b>

<b>BUDGET</b>	
Monthly Available Allowance	\$ -
Less Total Costs	\$ 65.00
<b>Balance</b>	<b>\$ (65.00)</b>

**MY NEEDS**

This individual budget helps me with the following needs. Check all needs that apply to you.

- |  |   |  |       |
|--|---|--|-------|
| <input type="checkbox"/> Walking/Mobility      | <input type="checkbox"/> Day activity                 | <input type="checkbox"/> Homemaking assistance |       |
| <input type="checkbox"/> Do heavy chores       | <input type="checkbox"/> Companionship                | <input type="checkbox"/> Medical care          |       |
| <input type="checkbox"/> Do light housekeeping | <input type="checkbox"/> Behavioral needs             | <input type="checkbox"/> Medical supplies      |       |
| <input type="checkbox"/> Prepare meals         | <input type="checkbox"/> Communication                | <input type="checkbox"/> Personal care         |       |
| <input type="checkbox"/> Do shopping           | <input type="checkbox"/> Respite                      | <input type="checkbox"/> Other                 | _____ |
| <input type="checkbox"/> Take medication       | <input type="checkbox"/> Daily living skills          | <input type="checkbox"/> Other                 | _____ |
| <input type="checkbox"/> Transportation        | <input type="checkbox"/> Lawn care                    | <input type="checkbox"/> Other                 | _____ |
| <input type="checkbox"/> Personal errands      | <input type="checkbox"/> Equipment                    |  |       |
| <input type="checkbox"/> Laundry               | <input type="checkbox"/> Employment or other training |  |       |

**Emergency Backup Plan**

All consumers must have a plan for emergency situations. This emergency plan may be paid through your individual budget, but reductions may need to be made from other services on your budget anytime this is accessed. The Financial Management agency must have an employee packet completed if your emergency back up provider is to be paid.

Name of Service	Provider	Plan Cost Hour/Unit	#	Emergency Costs
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

**Approval**

Consumer Signature: _____	_____	Date: _____
Representative Signature (if applicable): _____	_____	Date: _____
Guardian/Dual Power of Attorney Signature (if applicable): _____	_____	Date: _____
Independent Support Broker Signature _____	_____	Date: _____
Financial Management Service _____	_____	Date Received: _____

**The Financial Management Service will be processing your individual budget worksheet. To insure that services begin by the first of the month needed, receipt of this worksheet must be no later than the 25th of the month prior. (e.g. Services needed Febuary 1st, budget must be received by January 25th . All services will begin on the first of the month only.)**