

Family Living Monthly Accountability

	Provider / Guardian:	Date / Month:	
	Own Guardian		
	FLP Participant:	Serv. Coord. Name:	
1. Th	e amount of monies received through SSI/ SSA per month \$ I am the legal payee My designated payee is: I am not the payee (List name of payee)		Service Coordinator Comments
2. Th	ese monies are put into a: Savings Account Checking Account No Bank: What?		
3. Th	e amount for Room and Board is (not to exceed 80% of SSI \$	/SSA per month):	
4. Pa	sticipant personal spending money is (must be at least 20% \$ They have total control over spending their own monies Their monies are available upon request from the Provid I am managing my own monies and making decisions remonies.	der.	
5. Th	e balance of the monies is used for (i.e., favorite foods, special pu	rchases, entertainment):	
6. Sa	ring to purchase:		
	jor purchases this month over \$50.00 were (i.e., electronic iteme): (receipts attached)	ns, DVDs, electric shaver,	
	ere was an emergency purchase for (i.e., pets, dental care): mount/receipt)		
	I verify that the information is true to the best of my knoof the Participant monies will be reported immediately t		

Signature Date

and investigated.