



WORK (Work Opportunities Reward Kansans)

Individualized Budget Form for Allocation Funds

**Date:**

**Allocation Start Date:**

**A) Consumer Information**

Name:	Medicaid ID:
Address:	Phone:
City & Zip:	Monthly Allocation:

**B) Fiscal Management**

Fiscal management services are optional and are paid from the allocation funds. The current provider of this service is KATCO and they are required to set up separate accounts for the PAS services and any variable expenditure.

Vendor	Description	Calculation Monthly allocation X 8%	Cost

**C) Alternative Personal Services (Services in place of PAS hours)**

Provide a brief description below of the service you plan to use alternative services funds and the estimated cost. Alternative services are things that you use frequently, this use will result in reduced reliance on PAS hours (e.g. meals on wheels). Expenditures must be approved before use of the funds by KHPA WORK Program Manager.

Vendor	Description
1)	
2)	
3)	

**D) Personal Assistance Services (KATCO is available to assist with the estimate of withholding for employees)**

Name	Address – SS#	Hourly Pay	X Total Hours per Month	= Monthly Pay	+ Payroll Deductions	Workmen’s Compensation Costs	= Total Cost per Month
1)							
2)							
3)							
4)							
			Hours			TOTAL	\$

**E) Calculation estimate**

<b>Allocation</b>	<b>\$-</b>
<b>Fiscal Management</b>	<b>\$-</b>
<b>Alternative Personal Services</b>	<b>\$-</b>
<b>Personal Assistance Services</b>	<b>\$-</b>
<b>Remaining Funds</b>	<b>\$</b>

**F) Possible remaining funds**

**Please list and explain how you will use any remaining funds from allocation. If you have unspent funds they will be moved to a savings account to be used only as approved by the KHPA WORK Program Manager.**

Note: These funds are to be used in ways that will increase independence, decrease reliance on PAS services, or provide paid leave for attendants.

Vendor	Description and Cost
1)	
2)	
3)	

I understand that the Allocation funds are to be used to fund activities necessary to support my independence. Variable expenses not used for Personal Assistant Services or Fiscal management fees are to be moved to the savings account. The variable expenses will be used only for supports that are listed and approved on the Plan for Independence. If my eligibility for WORK ends and there are still remaining funds in the accounts I agree to return the funds to the Kansas Health Policy Authority.

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Signature

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Date

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Approval signature of WORK Program Manager

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Date