



WORK (Work Opportunities Reward Kansans)  
Individualized Budget Form for Allocation Funds

**Date:**

**A) Consumer Information**

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

**B) 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	+ Taxes	= Total Cost per Month
1)						
2)						
3)						
4)						
			Hours		TOTAL	\$

**C) 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

**D) 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	Cost
1)		
2)		
3)		

**E) 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 and decrease reliance on PAS services. Some examples include but not limited to: saving for a Microwave, saving for a lawn mower, paying neighbor to cook food, saving for vacation for staff, paying for health insurance for PAS staff, saving for emergency back up care, etc.

Vendor	Description	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