

Moderate Needs Flex Funds Budget Worksheet (CFC MOD 906 09/2018)

Participant Name:

Surrogate (If applicable):

Service Authorization Start Date: End Date:

Date of Birth:

Relationship:

Goals related to services: To receive homemaking services to support independent living.

<u>Running Totals:</u>	<u>Maximum</u>	<u>Budgeted</u>	<u>Available</u>
Year	\$3,500	\$1,140	\$2,360
Monthly	\$292	\$95	\$197
Bi-Weekly	\$135	\$44	\$91

Identify Goods & Services and Self-Hired services based on participant goals and assessed needs.

<u>A. Goods & Services</u>	<u># Units/Year</u>	<u>Cost per Unit</u>	<u>Annual Cost</u>
#1.			\$0
#2.			\$0
#3.			\$0
#4.			\$0
#5.			\$0
Total Year:			\$0

<u>B. ARIS Self-Hire Attendant</u>	<u># Hours/2wks</u>	<u>Hourly Wage</u>	<u>Annual Cost</u>
#1.			\$0
#2.			\$0
#3.			\$0
#4.			\$0
#5.			\$0
Total Wages/Year:			\$0

*Hourly wage = no less than \$11.30/hr and no more than \$28.28.

*Annual cost column calculate the hourly wage X 13.09% (unemploy/workers comp insurance)

<u>C. ARIS Fiscal ISO Cost/Month</u>	<u># Months/Year</u>	<u>Cost per Mon.</u>	<u>Annual Cost</u>
	12	\$60.00	\$720

<u>D. Admin Fee</u>	<u># Months/Year</u>	<u>Cost per Mon.</u>	<u>Annual Cost</u>
Admin fee to the case management agency for processing payments.	12	\$35	\$420

Signatures:

Consumer/Surrogate

Date

Case Manager

Date