



**Division Guideline #57**

**Date:** Created 2/16/16

**Title:** Access to Individual Funds Policy and Procedures for Habilitation Center Campuses

**Application:** Habilitation Center Campuses

**Purpose:** To ensure that individual funds are used appropriately, and are safeguarded against theft, loss and misappropriation.

**Overview:**

**The following should be used as guiding principles for requesting individual funds:**

- Will the expenditure help the individual to reach their earliest possible habilitation or transfer to a less restrictive environment?
- The cost of the activity or item should not exceed the derived benefit to the individual.
- Is the activity or item within the scope of the individual's living standard?
- Should the item of service be provided by another public or private agency?
- Is the expenditure needed to help the individual keep up personal appearances and to maximize socialization as much as possible?

**Forms:**

Family/Guardian Reimbursement - Form 1  
Request for Individual/Facility Funds - Form 2  
Cash Tracking and Receipts - Form 3:

## **Reimbursement for Family and Guardians**

Family/Guardian Reimbursement (Form 1) is used for reimbursement of mileage, meals and overnight stays. Use Request for Individual/Facility Funds (Form 2) for all other reimbursement requests, i.e., clothing expenditure.

Family/Guardian Reimbursement (Form 1) or Request for Individual/Facility Funds (Form 2) must have prior approval to assure that there is money to cover the request as well as enough to meet the individual's personal and recreational needs.

Requests on the Family/Guardian Reimbursement (Form 1) must be received at least five (5) days in advance and are limited to immediate family. Mileage to and from home, meals up to \$10 and one night stay can be approved by the Unit Manager/Assistant Superintendent Habilitation and Fiscal/Administrative Manager.

Approved Reimbursement request and receipts for expenditure must be sent to accounting within 30 days of expenditure.

## **Request for Funds by Staff or Individual**

When there is a request for funds by staff or individual, a Request for Individual/Facility Funds (Form 2) shall be completed. Funds will be available within two (2) days of request, with the exception of weekends. Requests above \$100 require advance notification to the accounting department in order to make sure funds are available when requested.

Individuals may request funds for themselves using the Request for Individual/Facility Funds (Form 2). Unit Program Supervisor (UPS) or designee should request funds for individuals using the Request for Individual/Facility Funds (Form 2). Individuals deemed competent to handle funds, which has been documented in the Individual Service Plan (ISP-commonly referred to as Person Centered Plan), may receive no more than \$60.00 per month from their benefits. These funds can be unreceptable personal spending, i.e., canteen type expenditures. This is similar to community standards. **Note:** Amounts over \$60.00 must have the Assistant Superintendent of Habilitation (ASH or designee) approval. A facility may decide to be more restrictive.

All of the other individuals, not included above, may also request funds up to \$100.00 per month from their Benefits for Personal Spending, i.e., canteen type expenditures. These funds must still be picked up by staff. **Note:** A facility may decide to be more restrictive.

Funds cannot be picked up more than three (3) days in advance of the event and this should only be done when there is a long weekend or the cashiers' office will not be open prior to event.

When funds are received the Cash Tracking and Receipts (Form 3) is required to be filled out and will follow along and be returned when either monies are returned and/or receipts are turned in to the Cashiers' or Accounting office.

Each facility, with the help of the business office, will identify a secure place in which monies may be kept prior to an event. If the event is canceled, monies must be returned to the cashiers' office the next

working day on which it is open. If an event is rescheduled within the next 7 calendar days, upon notification Accounting can grant an exception or extension of fund return and receipts.

Receipts and unused monies will be turned into accounting the next working day and within a maximum of five (5) days of the event. Exception for monies and receipts can be granted for reinforcers as indicated on the Request for Individual/Facility Funds (Form 2) as part of the ISP for up to 5 days after end of month requested money was picked up.

Failure to return receipts and or monies within designated time will cause disciplinary action.

### **Standard Limits on Amount of Funds that can be Requested Per Individual**

Requests over \$100 dollars will require guardian approval, unless otherwise documented in the ISP.

\$300 dollars per person is the maximum amount that can be requested. Request for additional funds over the maximum amount due to a scheduled overnight vacation, for example, must also be approved in advance by the Superintendent/designee.

### **Approval and Exceptions Request**

Requests for under \$100 per person require the Unit Program Supervisor (UPS) or Habilitation Specialist (HS) and Unit Manager (UM) approval.

Requests for over \$100 per person require the Unit Manager, Assistant Superintendent of Habilitation (ASH) or Superintendent and guardian approval unless otherwise documented in the ISP.

The above limits and approvals also apply to the use of Purchase Requisitions and credit card purchases.

Exceptions to the Standard Dollar Limits may be approved by the Superintendent or designee and guardian.

### **Receipt Requirements**

Receipts, along with the Cash Tracking and Receipts (Form 3), must be turned in for all expenditures and must balance with funds spent or returned.

Receipts for non-consumable items must be signed by a DA III or designated person to verify that items were observed and placed appropriately in the facility. Examples requiring signature are clothes, radios, televisions, games, etc. Items such as food, tickets, etc. do not require signatures.

Staff cannot use individual funds for any expenditure. Staff cannot give (loan) individual funds for any expenditure.

### **Reimbursement for Staff Accompanying Individuals on Outings**

Staff cannot use individual funds for any activity, e.g., meals, tickets, etc.

Outings are, by definition, an activity costing \$10 or more for admission.

Staff may be reimbursed for all, or a portion of, the activity with facility or other sources if prior approval for reimbursement is approved before the activity.

**Authority:** D.O.R. [1.510](#)

*This guideline will be reviewed and updated annually, if needed.*



Form 1

Individual Funds Policy

## REIMBURSEMENT REQUEST FOR FAMILY AND GUARDIANS

Person Making Request \_\_\_\_\_

Person to be Reimbursed \_\_\_\_\_

Mailing Address for Reimbursement

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Individuals Name \_\_\_\_\_

Date of Request \_\_\_\_\_ (Must be 5 days prior to Event)

Date of Activity or Planned Expense \_\_\_\_\_

Reason for Request \_\_\_\_\_

Amount Requested for Mileage \_\_\_\_\_ Meals \_\_\_\_\_ Hotel \_\_\_\_\_

Other Explain \_\_\_\_\_ Total \_\_\_\_\_

(Reimbursement is limited to immediate family or guardian;

(Mileage, Meals up to \$10 and One Nights stay)

(Receipts must be returned to the Accounting Office within 30 days to receive reimbursement.)

### Approvals

Unit Manager/ Assistant Supt. Habilitation \_\_\_\_\_ Date \_\_\_\_\_

Fiscal Administrative Manager \_\_\_\_\_ Date \_\_\_\_\_



**REQUEST FOR INDIVIDUAL/FACILITY FUNDS**

Accounting use only

Date

Document/Check#

  


Pick-up

Mail

Check Date

Vendor Name  
If applicable, Address

Receipts Pending

Yes  
 No

Purpose  
& Event Date

Requestor & Job Title or Consumer Name

UPS Approval

Guardian Approval Date



Unit Manager/Designee Approval

Noted in PCP  Yes  
 No

Superintendent/Asst. Superintendent  
(As required)

Home/Unit

Date to be picked up  
(No more than 3 days prior)

DMH ID/Acct. #	Sub Acct	Individual/Facility Name	Amount	Comments

Total

\$

Signature \_\_\_\_\_

Date Received \_\_\_\_\_

Submit Original & 2 Copies to Accounting  
Mo 650-1014 Revised 4/2/09

Accounting Use Only

Amount \_\_\_\_\_

Verified \_\_\_\_\_



## **INSTRUCTIONS FOR COMPLETING REQUEST FOR REIMBURSEMENT - FORM 1**

**This form is to be completed when family or guardian requests a reimbursement from a individual account for mileage, meals or overnight stays.**

**Person making Request:** Should be the person who is completing form for reimbursement from individual.

**Name of Person to be Reimbursed:** Enter name of person requesting reimbursement from individual account.

**Mailing Address:** Enter person being reimbursed mailing address and phone number.

**Individual Name:** Enter name of individual whose funds are being requested.

**Date of Request:** Enter date of request (Must be 5 days prior to Event).

**Date of Activity or Planned Expense:** Enter date of the activity or planned expense.

**Reason for Request:** Enter reason for request.

**Amount Requested for Mileage, Meals Hotel, Other:** Enter amounts requesting for each category needed and total amount.

### **Approvals**

**Unit Manager/Assistant Supt. Habilitation:** Unit Manager/Assistant Supt. Hab. Signature.

**Fiscal Administrative Manager:** Fiscal Administrative Manager Signature.

**Note:** Reimbursement is limited to immediate family or guardian for mileage, meals up to \$10 and one night stays.

## **INSTRUCTIONS FOR COMPLETING REQUEST FOR INDIVIDUAL FUNDS - FORM 2**

**This form is to be completed for each individual or group of individuals that are spending money for an activity or items.**

**Date:** Enter the current date.

**Pick up or Mail:** Check the appropriate box, whether picking up or mail.

**Vendor Name:** Enter the name of the vendor/payable to. Enter address if mailing a check.

**Requestor/Job Title/Consumer Name:** Name of the staff person making the request and their job title or individual name if requestor.

**Approval:** UPS Signature.

**Unit Manager Approval:** Unit manager signature or designee (person UM has approved to sign for them).

**Asst. Superintendent/Superintendent Approval:** Asst. Supt. or Supt. Signature

**Document/Check #:** Accounting Use Only.

**Receipts Pending:** Check YES or NO if receipts are pending.

**Purpose:** The specific reason for the request. A description of personal spending is not sufficient. Examples of acceptable descriptions include but are not limited to snacks, pop, movie admission, dinner at \_\_\_\_\_, etc.

**Event Date:** Enter the actual activity date, example could include pop money for week of Dec. 16-20, 2013; or movie 12/18/13.

**Guardian Approval Date:** Enter date received guardian approval. May be ongoing as noted in ISP.

**Noted in ISP:** Check YES or NO box to indicate if guardian approval is noted in the ISP.

**Unit/Home:** Enter unit and/or home number.

**Date to be picked up:** Enter Date for pick up (no more than 3 days prior to an event.)

**DMH ID/Acct. #:** Individual's DMH ID or Account #.

**Sub Account:** Enter Sub Account to be used, example: PRS (Personal), SAV (Savings).

**Individual Name:** Enter first and last name of the individual.

**Amount:** Amount of funds requested.

**Comments:** Any other comments relevant to request.

**Total:** Enter Total of request.

**Submit the original and 1 copy to Accounting.**