

INDEPENDENT CHOICES PROGRAM SIX MONTH BUDGET REVIEW CHECKLIST

Consumer's name: _____

Case manager's name: _____

Date of ICP budget review: _____

Date of next ICP budget review (no more than six months out): _____

1. Budget worksheets reviewed?
 Yes No
2. ICP checking account bank statement and checkbook register reviewed?
 Yes No
3. Do the items and amounts on the budget worksheet match the items and amounts in the checkbook register and/or bank statement (i.e., checks to provider(s) for wages, discretionary/contingency funds)?
 Yes No - If not, why?
4. Has the consumer been paying their taxes appropriately?
 Yes No – If not, why?
5. Has the consumer paid their portion of the WBF?
 Yes No – If not, why?
6. Have the consumer been depositing their pay-in into the ICP checking account (if applicable)?
 Yes No – If not, why?

Notes section (Other items that are helpful to review such as bookkeeping records/statement or W2 statement information):

** Please save this to the consumer's EDMS file.