Bread for the City – Representative Payee Program

Income and Expense Worksheet & Monthly Spending Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consumer |  | DOB |  | Provider Agency |  |

Use this worksheet of income and expenses to develop the consumer’s monthly budget. Total expenses should not exceed monthly income unless there is savings that will be spent down. This budget takes the place of previous budget – list ALL regular monthly payments needed on each budget.

FAX THIS AND ALL FOLLOWING PAGES TO BFC RPP AT (202) 265-1970.

|  |  |  |
| --- | --- | --- |
| **MONTHYLY INCOME** | | |
| **Source** | **Amount** | **Received By** |
| **Supplemental Security Income (SSI)** |  | 🞏 BFC 🞏 Consumer 🞏 Other |
| **Social Security Disability Income (SSDI)** |  | 🞏 BFC 🞏 Consumer 🞏 Other |
| **Civil Service Annuity/Pension (OPM)** |  | 🞏 BFC 🞏 Consumer 🞏 Other |
| **Employment** (net monthly wages) |  | 🞏 BFC 🞏 Consumer 🞏 Other |
| **Other** (describe)**:** |  | 🞏 BFC 🞏 Consumer 🞏 Other |
| **Other** (describe)**:** |  | 🞏 BFC 🞏 Consumer 🞏 Other |
| **TOTAL MONTHLY INCOME:** |  |  |

|  |  |  |
| --- | --- | --- |
| **MONTHLY EXPENSES** | | |
| **Description** | **Monthly Total** | **Who Pays?** |
| **Rent or Mortgage** |  | *BFC / Consumer / Other* |
| **Other Shelter or Storage** |  |  |
| **Food** |  |  |
| **Transportation** |  |  |
| **Hygiene** |  |  |
| **Household Products** |  |  |
| **Clothing** |  |  |
| **Other Personal Expenses** |  |  |
| **Electric** (actual or estimate) |  |  |
| **Gas** (actual or estimate) |  |  |
| **Phone** (actual or estimate) |  |  |
| **Cable** (actual or estimate) |  |  |
| **Water** (actual or estimate) |  |  |
| **Cell Phone** (actual or estimate) |  |  |
| **Medication Co-Pay** |  |  |
| **Insurance Premium** |  |  |
| **Other:** |  |  |
| **Other:** |  |  |
| **Other:** |  |  |
| **MONTHLY TOTAL:** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BALANCE** | | | |
| **Savings (Income - Expenses):** |  | **Spend Down (Expenses - Income):** |  |

**After developing the monthly budget use the following Monthly Spending Plan pages to enter all details for each check to be written by Bread for the City to allocate funds received by the Rep Payee Program. Please include full details for each check and vendor to insure correct processing.**

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| Consumer |  | DOB |  | Provider Agency |  |

**Submit this form once every six months or more frequently if changes are needed.**

**The following checks are to be written monthly:**

**RENT / MORTGAGE / SHELTER / STORAGE**

|  |  |  |
| --- | --- | --- |
| Amount: | Complete Vendor Name: | |
| $ |  | |
| Date of Payment | Complete Vendor Address: | |
|  |  | |
| Info for check memo: | | Vendor Phone: |
|  | |  |
| Check delivery method: | 🞏 By mail to address listed above 🞏 include in Agency Batch 🞏 Direct Deposit | |
|  | 🞏 Pick-up from NW Center by**:** | |
| Comments/Special Instructions: | | |
|  | | |

**EXPENSE MONEY/ SPENDING ALLOWANCE** *This may include money for personal hygiene, groceries, household cleaning supplies, transportation, etc. Otherwise list separate checks below.*

|  |  |  |  |
| --- | --- | --- | --- |
| Frequency | Amount | Pay to: | 🞏 Consumer |
| 🞏 Complete Vendor Name: |
| 🞏 Monthly | $ | Delivery method: 🞏 By mail – write address below in Comments | |
| 🞏 Twice Monthly | 🞏 include in Agency Batch – Agency/Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 🞏 Weekly (x5) | 🞏 Pick-up from NW Center by:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 🞏 Twice Weekly (x10) | 🞏 Direct Deposit to PNC Debit Card or personal account | |
| 🞏 3 x Weekly (x15) | Pick up days for weekly pick-up checks: (Please Circle) | |
| 🞏 Other | **M T W H F** | |
| Comments/Special Instructions: | | | |
|  | | | |

**UTILITIES / MONTHLY BILLS** *Whenever possible, utility bills should be mailed directly to BFC for payment in full upon receipt. See utility bill policy for complete details and mailing address information.*

|  |  |  |
| --- | --- | --- |
| Complete Vendor Name: | | 🞏 pay in full upon receipt of bill |
|  | | Estimated maximum amount: |
| Complete Vendor Address: | | Monthly due date: |
|  | | 🞏 bill mailed to BFC |
| Account Number: | | 🞏 consumer will bring in bill |
|  | **OR** 🞏 pay this amount: $ | |
| Check will be mailed to vendor unless otherwise specified below. | At the beginning of each month | |
| Comments/Special Instructions: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Complete Vendor Name: | | 🞏 pay in full upon receipt of bill |
|  | | Estimated maximum amount: |
| Complete Vendor Address: | | Monthly due date: |
|  | | 🞏 bill mailed to BFC |
| Account Number: | | 🞏 consumer will bring in bill |
|  | **OR** 🞏 pay this amount: $ | |
| Check will be mailed to vendor unless otherwise specified below. | At the beginning of each month | |
| Comments/Special Instructions: | | |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consumer |  | DOB |  | Provider Agency |  |

**UTILITIES / MONTHLY BILLS - continued**

|  |  |  |
| --- | --- | --- |
| Complete Vendor Name: | | 🞏 pay in full upon receipt of bill |
|  | | Estimated maximum amount: |
| Complete Vendor Address: | | Monthly due date: |
|  | | 🞏 bill mailed to BFC |
| Account Number: | | 🞏 consumer will bring in bill |
|  | **OR** 🞏 pay this amount: $ | |
| Check will be mailed to vendor unless otherwise specified below. | At the beginning of each month | |
| Comments/Special Instructions: | | |
|  | | |

**OTHER MONTHLY EXPENSES** *Use for other monthly payments to vendors (insurance/pharmacy/storage) or other separate checks for consumers (groceries/ transportation/etc). Attach additional pages if needed.*

|  |  |  |
| --- | --- | --- |
| Amount: | Complete Vendor Name: | |
| $ | or 🞏 Pay to Consumer | |
| Date of Payment | Complete Vendor/Consumer Address: | |
|  |  | |
| Info for check memo: | | Vendor Phone (if applicable): |
|  | |  |
| Check delivery method: | 🞏 By mail to address listed above 🞏 include in Agency Batch 🞏 Direct Deposit | |
|  | 🞏 Pick-up from NW Center by**:** | |
| Comments/Special Instructions: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Amount: | Complete Vendor Name: | |
| $ | or 🞏 Pay to Consumer | |
| Date of Payment | Complete Vendor/Consumer Address: | |
|  |  | |
| Info for check memo: | | Vendor Phone (if applicable): |
|  | |  |
| Check delivery method: | 🞏 By mail to address listed above 🞏 include in Agency Batch 🞏 Direct Deposit | |
|  | 🞏 Pick-up from NW Center by**:** | |
| Comments/Special Instructions: | | |
|  | | |

|  |
| --- |
| **Has the consumer moved?** **🞏 YES 🞏 NO If yes, submit an Address Change Form with this budget.** |

|  |
| --- |
| **Budget Start Date:** 🞏 Immediately Upon Receipt 🞏 On the 1st of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month), 20\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CSW Name:** |  | | | **CSW Phone:** | |  | |
|  |  | | **CSW email:** | |  | | |
| **Supervisor:** |  | | **Sup. Phone or Email:** | |  | | |
|  | | |  | | | | |
| **CSW Signature** (**required**) | | **Date** | **Clinical Team Supervisor** (**required**) | | | | **Date** |
|  | | |  | | | | |
| **Consumer Signature** (preferred) | | | **Date** | | | | |

**Attach additional copies of any page as needed. To provide complete, clear details attach bills or other info such as vendor names/addresses/phone numbers. Attach comments or special instructions on a separate page as needed. Other forms, such as for one-time payments, can be found at** [**http://www.breadforthecity.org/**](http://www.breadforthecity.org/)**.**

**Additional Information / Helpful Budgeting Tips**

*No need to return this page to Bread for the City.*

**Expense Disbursements:**

* Budgeting for weekly expenses should take into account that some months have **5 weeks** and should divide money accordingly so that an expense check will be available **each week**. This also encourages consumers to save a weekly check when the month has only 4 weeks.
* CRF residents generally have $100 available for personal needs – we encourage budgeting at $20/week to make sure that there is a check each week and to allow for some savings.
* SSA requires BFC RPP to collect receipts for individual disbursements to consumers of $250 or more – please see receipt requirements for Additional Disbursement Requests for more details.
* Therefore, **individual budgeted expense disbursements to consumers should be in increments smaller than $250**. For example, $200 twice per month vs. $400 in a single check.
* For consumers who are progressing towards independent money management, special arrangements to manage larger sums of money can be made using the **Special Budgeting Agreement.** Please contact a RPP Coordinator to receive this form.

**Direct Deposit:**

* **Vendors (such as landlords or CRF operators)** can sign-up to have funds direct deposited to their business accounts. Many CRF operators are already set up for this arrangement. Please see also the **Direct Deposit Form Vendor** on our website.
* **Consumers** can sign up for a **PNC PayCard.** This Bread for the City / PNC Bank card can be used to withdraw funds free of charge at PNC Bank ATM Machines. It also has a VISA logo and can be used for in-store purchases and cash-back. Please ask for more information and an enrollment form.
* **Consumers** can elect to have expense money sent to apersonal **Checking** or **Savings Account.** See the **Direct Deposit Form Consumer Expenses** for more details.
* **Direct Deposits** are posted to accounts on a specific schedule: at the beginning of the month, on the 15th, or weekly on Mondays (Tuesdays when Monday is a federal/bank holiday). Therefore, only use the **Monthly**, **Twice Monthly**, or **Weekly (x5)** expense options when choosing direct deposit. Please contact a RPP Coordinator for more details.

**Rent/Beginning of the Month Payments:**

* All **rent payments** and other once monthly payments will be made on the 1st of the month (or SSI Payment Date) unless otherwise specified. If the 1st falls on the weekend we will attempt to pay on the business day before. For consumers who have insufficient savings and receive SSDI only, beginning of month payments will be issued on the 3rd of the month (or SSDI Payment Date).
* Please monitor **STORAGE** payments and provide clear details and frequent updates on payment amounts and due dates. We find that many storage companies refuse to cash partial payments and thus late fees accumulate quickly if we are paying the wrong amount. Consider signing up for email invoices or account alerts for your consumers to keep records up-to-date.

**Utilities:**

* Preferred arrangement is to have utility bills mailed directly to BFC RPP to be paid in full upon receipt of bill.

**Mailing address for bills:**

*Consumer Name*

c/o BFC RPP

1525 7th St NW

Washington, DC 20001-3201

* Please budget based on the estimated **maximum** amount of the bill.
* RPP staff will contact CSW if a bill is unusually high or cannot be paid.
* Consumers can bring in bills or CSW can fax bills, but we cannot be responsible for timely payment if the bill is not received or is received late.
* All bills presented should include the **entire payment page** showing any past due balance, current charges, and balance due amounts. **Payment stubs without additional information are not acceptable.**
* Consumers bringing in bills cannot request **partial payments** – these must come from CSW.
* Consumers who need copies of bills can come in to walk-in hours or CSW can contact RPP Coordinator.
* Many cellphone providers no longer send out bills – please look to providers’ websites to see best payment options. Some will allow for check payment by mail but only cash payment in store.