

Central Mass Community Network
 A project of the Polus Center for Social & Economic Development
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Financial Assessment and Agreement

Name:

Date:

Evaluator's Name and Title: Laurie Sault Supervising Director, Shared Living

Financial Assessment

Task	Independent	Minimal Assistance	Maximum Assistance	No
Knows the value of money				
Can distinguish between 1, 5, 10 and 20 dollar bills				
Knows the value of different coins				
Can manage funds				
Can hold money (value \$_____)				
Knows how to avoid being taken advantage of (extortion)				
Has concept of the relationship between price and value				
Can comparison shop				
Can plan for day to day expenses				
Can establish and follow a budget				
Avoids impulse spending				
Can make small purchases				
Can make sure that the change is accurate				

Can plan for and purchase larger items				
Has and maintains a checking account				
Has and maintains a savings account				
Can deposit and withdraw money				
Has and carries an ATM card				
Can use the ATM card responsibly				
Can pay bills by check or money order				
Has an understanding of credit				
Has and carries a credit card				
Uses a credit card responsibly				

Based on the findings above, _____ can manage his/her funds independently.
 YES No

If assistance is necessary, please specify below what assistance will be provided.

Financial Information

Monthly Income: Social Security (_____) Wages (_____) Other (_____)

Representative Payee (Name, Address and Phone):

Lutheran Services Chandler St, Worcester, Ma 508-849-2152

Bank Information (Name, Address and Phone):

Type of Account and balance: checking (_____) savings (_____)

Account label:

Does person have access to his/her money at all times? Yes No

Rental Agreement and Food Expenses

I hereby agree to pay my shared living provider a fee of (____) per month for rent and (____) per month for food, for a total sum of (____) each month that I reside with this shared living provider, due the fifth of the month.

I understand that this fee may increase at any time given thirty days notice due to an increase in either food or rent expenditures by my shared living provider. My total fee will not exceed 75% of my total income.

I hereby sign this document voluntarily, and have been given an opportunity to examine this agreement and discuss its contents. I understand that I have the right to withdraw my consent to this fee agreement at any time and request a reconsideration of the amount without consequences. I have been offered a copy of this agreement for my records.

Individual's Name:

Signature:

Date:

Guardian of the Estate Name:

Signature:

Date:

Shared Living Provider Name:

Signature:

Date:

Financial Agreement

I, _____, request that CMCN Staff assist me in the management of my money. I understand that the support staff will help me learn how to use my money in accordance with my needs and interest and that the money will be solely for my use. This agreement is subject to review through the ISP. The ISP will document a plan directed toward my future financial independence. I understand that I can withdraw my consent to such assistance with my money management at any time without consequences.

Individual's Name:

Signature:

Date:

Guardian of the Estate Name:

Signature:

Date:

Shared Living Provider Name:

Signature:

Date: