

## SHARED MANAGEMENT OF FUNDS ASSESSMENT TOOL

**Individual's Name:**

**Date: 1/8/07**

**Assessment Author, Title and Agency:**

**1. Describe whether or not an individual can learn to manage or spend a portion of his/her funds, even if this is with support?**

**2. What abilities and strengths does the individual have in managing and spending his/her money?**

**3. What specific assistance does the individual need to handle his/her funds?**

**4. What training or education has been provided and with what success?**

**5. How is the individual's money accounted for and where is a record of receipts and expenditures kept?**

**6. How has the person been involved in decisions on major expenditures and how were his/her preferences considered and honored?**

**7. What arrangements are made if this individual receives assistance managing money from staff from more than one provider/location?**

N/A

**8. What other people not affiliated with the provider (representative payees, trustees, conservators, or guardians) are involved with money management and how does this affect the individual's involvement in managing his/her funds?**

**9. If applicable, what assistance has been provided to apply for financial benefits?**

N/A