



MODULE 4

My Individual Budget



My Individual Budget

Two Important Terms

Individual Budget

The **total \$ amount** I can spend for the next 12 months

Spending Plan

How I spend my budget



Notes:



How Is My Individual Budget Determined?

How much was spent on my services in the previous 12 months?



Notes:



Reasons Why My Individual Budget May Change

You have received less than 12 months of services.

Reasons for receiving less than 12 months of service could include:

- Illness
- Services started or ended within past 12 months
- Provider is not available or too far from my home
- Waiting for transportation
- Waiting for a provider to have an open spot
- No respite provider who could work the hours I needed

If you need additional services:

- My service coordinator will discuss with me at my Individual Program Plan meeting.
- My Individual Budget would change based on identified service need.
- The amount to add to my Individual Budget for these services will be determined based on the regional center average costs for similar services.



Reasons Why My Individual Budget May Change

Unmet Need

- Services in my Individual Program Plan were not used.
- There were needs not addressed in my Individual Program Plan.

OR

Change in Circumstance

- Life has changed, and so have my needs.

You will want to contact your Service Coordinator.

My Individual Budget **CANNOT** be increased...

- To pay for an Independent Facilitator (if I choose to hire one).
- To pay for the required Financial Management Service (FMS) agency.
- To pay for services or supports that I would not have been allowed under traditional services.



Reasons How My Individual Budget Can Change

At my Individual Program Plan I was “authorized” (or approved) to receive a certain amount of services.

Example:

Authorization for 30 hours of respite per month



In the past 12 months I used less services than I was “authorized” to use.

Example:

Used an average of 20 hours per month



The difference between “authorized” & used will be discussed with my service coordinator to determine if my budget should be changed.

Example:

Difference of 10 hours spent per month was not spent



How Will I Review My Individual Budget?

Step 1:

- The regional center has created a worksheet that will show what was spent in the last 12 months for all of my services.
- If a provider has not billed the regional center for some of my services, those estimated costs will be added in.
- If I had a one-time cost or a temporary service that is not anticipated to be needed in the next 12 months, it will be subtracted from the budget.

Step 2:

- Discuss with my planning team my needs.
- Money for my unmet or changed needs will be added as agreed.
- At my Individual Program Plan meeting, my service coordinator will discuss all of this with me and show me the budget worksheet.
- Costs for unmet or changed needs will be determined based on prior average costs for same or similar services.





Individual Budget Worksheet

My Individual Budget worksheet will show:

- Description of my services
- Service codes
- Amount the regional center spent in most recent 12 months
- Number of months a service was paid
- Comments, as needed
- Adjustments for additions or subtractions
- Signatures by me and my service coordinator.



Final Individual Budget

This is the amount I can spend in the Self-Determination Program over the next 12 months.

Notes:



Individual Budget Worksheet

EASTERN LOS ANGELES REGIONAL CENTER
 SELF-DETERMINATION PROGRAM
 WORKSHEET TO DETERMINE PARTICIPANT'S INDIVIDUAL BUDGET

DATE PREPARED	
Participant's Name:	
Participant's UCI #	

SECTION A: CURRENT SERVICES (To be completed by Finance staff.)

Service Description	Traditional Service Code	Amount Paid in 12 Month Period	Number of Months Paid	Notes
Subtotal Paid Current Services *		\$ -		
Add: Late Bills				
Subtract: One-Time Costs				
Total Paid Services & Late Bills		\$ -		

* Must match the most recent 12 months of actual POS expenditures per UFS report.

SECTION B: BUDGET ADJUSTMENTS (To be completed by SC with Participant per IPP meeting with cost data from finance staff.)

Service Description	Traditional Service Code	Amount to Adjust Budget for Next 12 Months	Number of Months Needed	Reason
Subtract: Services Ending				
Add: Unmet or Changed Needs				
Total Budget Adjustments		\$ -		

Note: The budget may not be increased for an independent facilitator or the FMS agency.

SECTION C: FINAL INDIVIDUAL BUDGET AMOUNT

Participant's Total Individual Budget	\$ -
---------------------------------------	------

ELARC certifies that expenditures for the Individual Budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

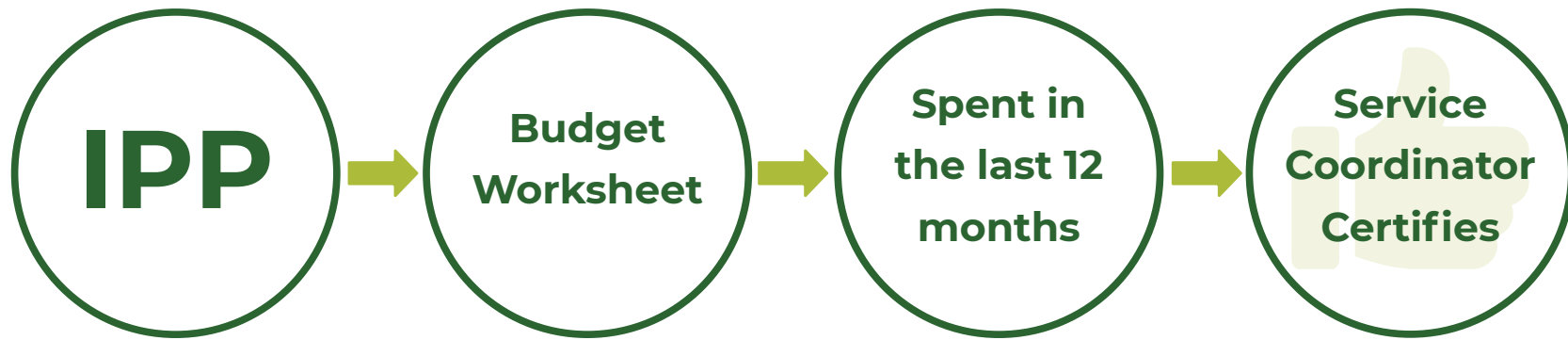
Participant Signature _____ Date _____

Service Coordinator's Signature _____ Date _____

Services & Supports Manager _____ Date _____



Individual Budget Example 1 Jason



Individual Budget = \$63,100



Jason's One Page Profile




Jason's One Page Profile



The things people like and admire about me are...

- I love to work in the garden and be outdoors.
- I am a good singer
- I have many interests including hiking, video games, traveling and cooking
- I know a lot about different kinds of music and loves music! I am learning how to play guitar
- I am friendly and a good friend



What makes me happy...

- To have a job doing what he loves; working in a garden
- Singing; I enjoy singing at home and would like to explore joining a church choir
- Music; I love many different kinds of music and would like to learn how to play guitar
- To live in my own place close to my mom's house with support needed
- To continue to spend time with my friends
- To get around town when doing fun things with friends

How I like to be supported...

- Getting around town: To have transportation support to access my community when planning future activities with my friends
- Finding a job: To receive support to find a job in the area of gardening and to receive training and funds to purchase the garden tools I need
- Having my own home: To learn how to cook and do laundry before I move out on my own. Help with finding an apartment and receive support when I moves out so that I am successful
- Friends: help from others to figure out ways to have more friends who share in my same interests; i.e. hiking club, travel, video games, singing
- Be Healthy: help with finding a dietician to assist me to lose weight and remain healthy





Jason's Example Worksheet

EASTERN LOS ANGELES REGIONAL CENTER
SELF-DETERMINATION PROGRAM
WORKSHEET TO DETERMINE PARTICIPANT'S INDIVIDUAL BUDGET

DATE PREPARED	4/23/2019
Participant's Name:	Jason
Participant's UCI#	789123

SECTION A: CURRENT SERVICES (To be completed by Finance staff.)

Service Description	Traditional Service Code	Amount Paid in 12 Month Period	Number of Months Paid	Notes
Day Program	515	\$ 18,375.00	12	Attended 245 days
Personal Assistant	62	\$ 23,760.00	11	120 hrs per month
Independent Living Skills	520	\$ 18,805.00	11	Training
Subtotal Paid Current Services *		\$ 60,940.00		
Add: Late Bills				
Personal Assistant	62	\$ 2,160.00	1	1 month used but not yet paid
Subtract: One-Time Costs				
Total Paid Services & Late Bills		\$ 63,100.00		

* Must match the most recent 12 months of actual POS expenditures per UFS report.

SECTION B: BUDGET ADJUSTMENTS (To be completed by SC with Participant per IPP meeting with cost data from Finance staff.)

Service Description	Traditional Service Code	Amount to Adjust Budget for Next 12 Months	Number of Months Needed	Reason
Subtract: Services Ending				
Add: Unmet or Changed Needs				
Total Budget Adjustments		\$ -		

Note: The budget may not be increased for an independent facilitator or the FMS agency.

SECTION C: FINAL INDIVIDUAL BUDGET AMOUNT

Participant's Total Individual Budget	\$ 63,100.00
--	---------------------

ELARC certifies that expenditures for the Individual Budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

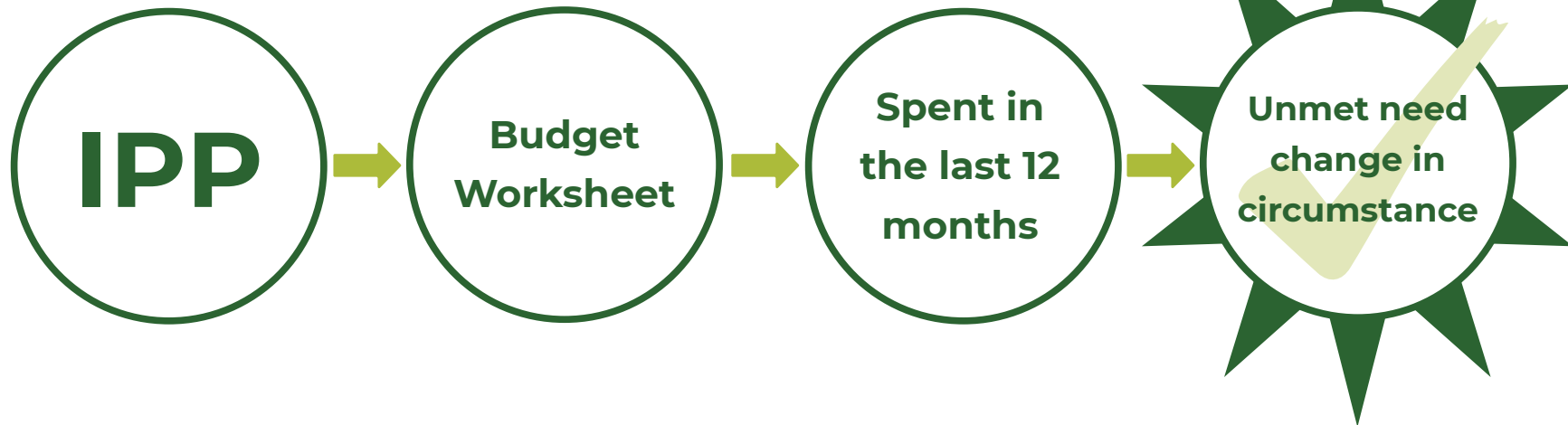
_____ Participant Signature	_____ Date
_____ Service Coordinator's Signature	_____ Date
_____ Services & Supports Manager	_____ Date



Individual Budget Example 2 Sofia



Change in Needs...



Adjustment to Individual Budget is needed.




Sofia's Example Worksheet



All About Sofia!



What people like and admire about me are...

- I am a good friend 
- I am creative
- I am a strong swimmer
- I take good care of our dog Rocky
- I'm a loving sister

What makes me happy...

- Being in my pool
- Watching videos on YouTube
- Playing with Rocky
- Designing pictures on my computer
- Playing with my friends
- Doing my art work
- Summer Camp
- Making new friends
- Be accepted at school
- Being independent 



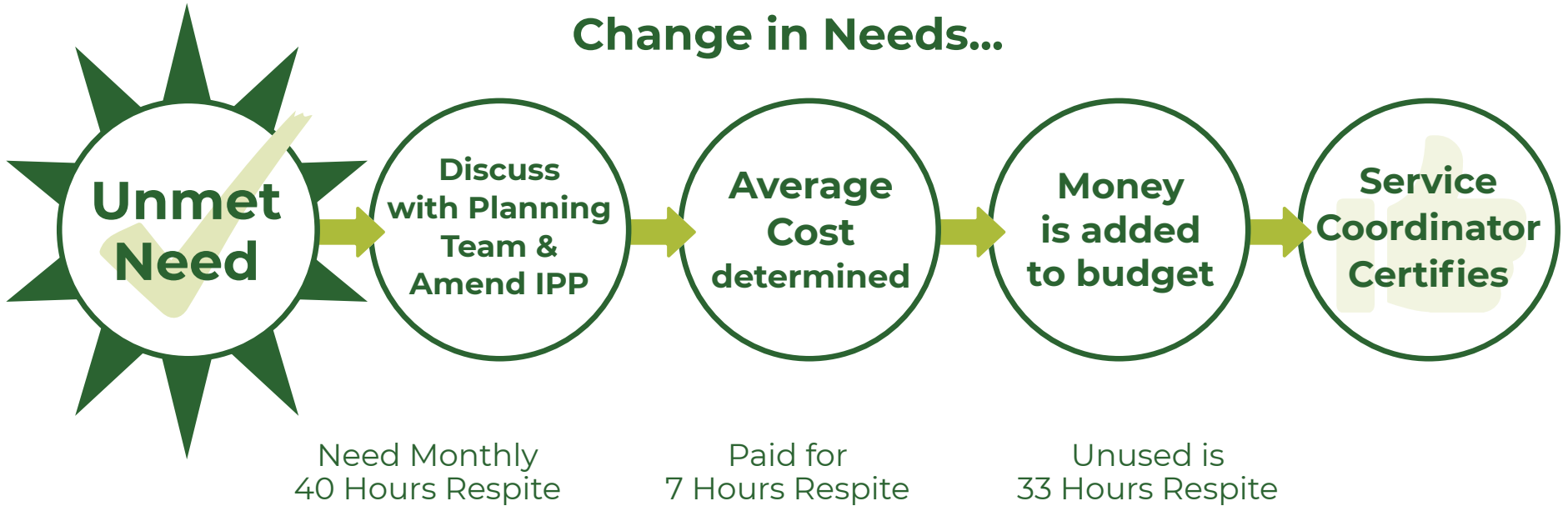
How I want to be supported...

- Coordinate times with me for transportation so I can get to hang out with my friends after school and weekends Help me find summer camps to go to.
- At school, stay back and respect my personal space until I tell you I need help then come over to help me.
- I need a special computer and a mouse to do design on the computer.
- Be available to attend art classes with me.
- Help me find an electric wheelchair and learn how to use one.



Individual Budget Example 2 Sofia

Change in Needs...



33 hours x \$25 per hour = \$825 per month x 12 months = \$9,900

Spent \$2,100	+	Unmet Need \$9,900	=	New Individual Budget \$12,000
--------------------------	----------	-------------------------------	----------	---



Sofia's Example Worksheet

EASTERN LOS ANGELES REGIONAL CENTER
SELF-DETERMINATION PROGRAM
WORKSHEET TO DETERMINE PARTICIPANT'S INDIVIDUAL BUDGET

DATE PREPARED	4/19/2019
Participant's Name:	Sofia
Participant's UCI#	123456

SECTION A: CURRENT SERVICES (To be completed by Finance staff.)

Service Description	Traditional Service Code	Amount Paid in 12 Month Period	Number of Months Paid	Notes
Respite	862	\$ 2,100.00	12	7 hrs per month used
Subtotal Paid Current Services *		\$ 2,100.00		
Add: Late Bills				
Subtract: One-Time Costs				
Total Paid Services & Late Bills		\$ 2,100.00		

* Must match the most recent 12 months of actual POS expenditures per UFS report.

SECTION B: BUDGET ADJUSTMENTS (To be completed by SC with Participant per IPP meeting with cost data from Finance staff.)

Service Description	Traditional Service Code	Amount to Adjust Budget for Next 12 Months	Number of Months Needed	Reason
Subtract: Services Ending				
Add: Unmet or Changed Needs				
Respite	862	\$ 9,900.00	12	33 hrs more per month needed
Total Budget Adjustments		\$ 9,900.00		

Note: The budget may not be increased for an independent facilitator or the FMS agency.

SECTION C: FINAL INDIVIDUAL BUDGET AMOUNT

Participant's Total Individual Budget	\$ 12,000.00
--	---------------------

ELARC certifies that expenditures for the Individual Budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

_____ Participant Signature	_____ Date
_____ Service Coordinator's Signature	_____ Date
_____ Services & Supports Manager	_____ Date



After My Individual Budget Is Finalized...

I will work with my service coordinator on my Spending Plan.



My Spending Plan Must:

- Show what services I plan on purchasing over the next 12 months.
- Include paying for my Financial Management Service (FMS) agency.
- Include paying for an Independent Facilitator (if I choose to hire one).

Notes:



My Notes & Next Steps

Support Authority
Freedom Responsibility
CONFIRMATION
