995 Worthington Street, Springfield, MA 01109
Telephone 413-734-5376 FAX 413-737-7949

MANAGEMENT OF FUNDS CONSENT

NAME: ____ SS#: ________________________

REP. PAYEE NAME/PHONE: ____

☐ Check here if MHA is rep payee

INCOME INFORMATION: (Source of income, Food Stamp amount, Wages, Fuel Assistance, etc.)

DESCRIBE INDIVIDUAL'S ABILITY TO DO BANKING: (i.e., write checks, fill out withdrawal or deposits slips, purchase money orders, etc.)

☐ MHA participant is independent in funds management

MONTHLY EXPENSE INFORMATION:

Rent: $ ______________________________ Payable to:
Food: $ _____________________ Payable to: ____
Charges for care ________________ Payable to:____

Utilities: Electric company name and average amount: . __________________________________
Gas company name and average amount:_______________________________________
Cable company name and average amount: ____________________________________
Phone company name and average amount: ____________________________________
Other Expenses: ____

PROCEDURE FOR PAYING MONTHLY EXPENSES: (Check, Money Order, In Person, Level of Staff Assistance, etc.)

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RECREATIONAL & PERSONAL SPENDING; (Amount budgeted monthly; method, amount and frequency of disbursement to participant; method for safeguarding cash, etc.)

I, ______________________________, consent to the Shared Management of Funds with the Mental Health Association, Inc. I give consent voluntarily, without threat of punishment or promise of special reward. I have been given an opportunity to fully discuss this consent and to have my questions answered. I have also been offered a copy of this document. I understand that I may take time to reach a decision and also understand that I may withdraw my consent at any time without fear of punishment.

______________________________	______________________________
Signature of Participant or Guardian	Date

I have fully explained the information above and answered any questions to the best of my ability. It is my opinion that consent has been given knowingly and freely.

______________________________	______________________________
Signature and Title of Person Obtaining Consent	Date