

<b>Individual Financial Profile</b>	
Client Name:	Date:
Client Address:	
Name and Role of Person Assisting the client in Profile Completion:	
Is the client residing in Section 8 Housing? <b>Y or N</b>	
Is the client receiving Personal Supports? <b>Y or N</b>	
Number of roommates sharing expenses:	
Social Security Representative Payee (Name):	
Social Security Representative Payee (Telephone #):	
<b>I. Monthly Income Received</b> (All monthly income must include supporting documentation)	
Employment (gross income):	
SSDI:	
SSI:	
VA Benefits:	
Food Stamps:	
Other (specify, such as gifts or annuity):	
Total Monthly Income:	
<b>II. Projected Monthly Expenses</b> See Attachment "A" for Personal Supports/Roommates (All monthly expenses must include supporting documentation)	
A. Housing	
1. Rent/Room & Board	
2. Utilities	
3. Telephone	
4. Cable TV	
5. Internet	
6. Garbage	
7. Lawn Service	
8. Other (specify)	
Housing Subtotal:	
B. Food/Household	
C. Transportation	
D. Personal	
1. Entertainment	
2. Clothing	
3. Personal Items	
4. Health Related	
5. Insurance	
6. Paid Roommate	
7. Paid Neighbor	
8. Monthly Spending Money	

9. Laundry Money	
10. Other (specify)	
Personal Subtotal:	
Total Monthly Expenses:	

<b>III. Comparison of Monthly Income with Projected Monthly Expenses</b>	
Total Monthly Income:	
Total Monthly Expenses:	
Monthly Income minus Monthly Expenses:	
To meet projected expenses, present monthly income will be:	Sufficient     Insufficient

<b>IV. Start-up Expenses</b>					
<b>Comparison of Share Start-up Expenses for Personal Supports/Roommates</b>					
(All start-up expenses must include supporting documentation)					

	Live-in Personal Supports	Client	Roommate 1	Roommate 2	Total Expenses
A. First month rent					
B. Last month rent					
C. Security deposit					
D. Electric deposit					
E. Electric hook-up					
F. Telephone deposit					
G. Telephone hook-up					
H. Cable installation					
I. Furnishings					
J. Household supplies					
K. Pantry stocks					
L. Moving costs					
M. Other (specify)					
<b>Total Start-Up Expenses</b>					

## V. Comparison of Available Funds with Projected Start-up Expenses

(Must include supporting documentation)

Savings Account balance <sup>1</sup> :	as of:
Checking Account balance:	as of:
<b>Subtotal-Funds Savings and Checking Balance:</b>	
Amount needed to meet any financial obligations prior to move:	
Subtotal-Funds available (Savings and Checking minus financial obligations)	
Amount to remain in savings account for emergencies, etc. (living expenses for 2 months is suggested):	
<b>Subtotal-Funds available minus Emergency Funds:</b>	
<b>Total Start-up Expenses:</b>	
<b>Total Start-up funds requested:</b>	
A positive total represents surplus savings for the individual and no start-up subsidy should be needed.	
Negative total represents the maximum amount of start-up funds by the individual.	

### In-Home Subsidy Requests<sup>2</sup>

\_\_\_\_ Based on the figures above, **(choose all that apply)** a **start-up, emergency, temporary, or ongoing subsidy** in the amount of:

- Start-up Subsidy: \$ \_\_\_\_\_ (one-time only to cover start-up costs)
- Emergency Subsidy: \$ \_\_\_\_\_ (up to 90 days to address a sudden change in the client's financial situation)
- Temporary Subsidy: \$ \_\_\_\_\_ (until a new roommate is selected)
- Ongoing Subsidy: \$ \_\_\_\_\_ (monthly not to exceed June 30)

is requested to commence on  [INSERT DATE]  and end by the end of the current Fiscal Year (June 30).

**Signatures:**

Individual: \_\_\_\_\_ /Guardian: \_\_\_\_\_

Supported Living Provider: \_\_\_\_\_

Date submitted to Support Coordinator: \_\_\_\_\_

Support Coordinator: \_\_\_\_\_

Date returned to Supported Living Provider: \_\_\_\_\_

<sup>1</sup> Excludes ABLE and retirement accounts

<sup>2</sup> Must meet the conditions of Rule 65G-13.004

**VII. Definitions (Pursuant to Rule 65G-13.001):**

- 1. Start-Up Subsidy:** Financial assistance the Agency provides to a client who is moving to his or her own home, which is provided on a one-time basis as a single supplement to the client's income to cover start-up costs based on the client's individual needs.
- 2. Emergency Subsidy:** Financial assistance the Agency may approve for a period of up to 90 days when the financial situation of the client suddenly changes and that client risks losing his or her housing due to the change.
- 3. Temporary Subsidy:** Financial assistance the Agency may provide to a client who loses a roommate who shared expenses with the client until a new roommate is selected to share costs.
- 4. Ongoing Subsidy:** Financial assistance the Agency may provide on a monthly basis to a client who has demonstrated an ongoing need for financial assistance in order to live in his or her own home. Ongoing subsidies are also known as Recurring and can only be approved for a time limited basis not to exceed the end of the current fiscal year.

APD Use Only

Region Office, mark all that apply:

Start-up Subsidy	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved for \$ _____
Emergency Subsidy	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved for \$ _____
Temporary Subsidy	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved for \$ _____
Ongoing Subsidy	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved for \$ _____

Authorizing signature \_\_\_\_\_

**ATTACHMENT "A"**

**Comparison of Shared Monthly Expenses for Personal Supports/Roommate**

- *Personal Supports will pay \$ \_\_\_\_\_ toward rent (an equal proportion of rent and utilities)*
- *The individual/roommate(s) is/are responsible for the balance of the rent and all of the utilities.*
- *Receipts and expense forms will be maintained.*

	Personal Supports	Individual	Roommate 1	Roommate 2	Total Expenses
<b>HOUSING:</b>					
1. Rent/Room & Board					
2. Utilities					
3. Landline and cell phone					
4. Cable TV					
5. Garbage					
6. Lawn Service					
7. Other (specify)					
<b>HOUSING Subtotal:</b>					
<b>FOOD/HOUSEHOLD</b>					
<b>Total Monthly Shared Expenses:</b>					

*In-Home Subsidies are approved in accordance with client needs as determined by the Individual Financial Profile. APD clients wishing to request an In-Home Subsidy are required to submit this form along with substantiating documentation demonstrating the need for their request. Failure to submit accurate information may result in the denial, partial approval, or termination of an In-Home Subsidy. Approval of all In-Home Subsidies is subject to the availability of Agency funds. Misuse of In-Home Subsidies by either the client or any person who controls the client's finances may result in termination of the subsidy and/or referral to the State Attorney's Office, DCF, law enforcement or other appropriate authority*