

Policy & Procedure Manual

MANAGEMENT OF RECIPIENT'S FINANCES – R-I-9

POLICY:

OPTIONS northwest provides support to foster individual responsibility and knowledge of personal finances while eliminating conditions that may contribute to financial abuse.

People receiving support from OPTIONS have the right to control and manage their personal finances. Some people may be able to do so independently, while others may request or require temporary or ongoing assistance in developing these skills. The nature of financial support required for each individual will be clearly identified in their Individual Support Plan (ISP) binder and Financial Record Binder.

Separate books of accounts and financial records will be kept for each person who receives assistance with the management of their day-to-day finances. These records will be reviewed annually by the Finance Department and a report will be submitted to OPTIONS Board of Directors.

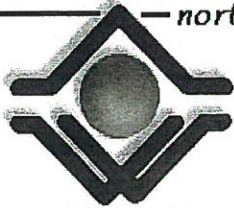
Abuse of personal funds belonging to any person receiving support from OPTIONS will not be tolerated and will result in disciplinary action up to and including termination of employment and/or notification to the local authorities. Any suspicion or knowledge that such abuse exists must be reported immediately.

OPTIONS is committed to safeguarding Recipient of Service's finances. It is not our intent to control or direct individuals but in some cases this policy and procedure may restrict a person's rights. Refer to Rights Assessment/Management Policy R-I-11.

It is the responsibility of the supervisor or their designate to orientate new employees to this policy during the supervisor orientation meeting.

PURPOSE:

1. To assess, document and assist each recipient of service with the level of financial support required or requested.
2. To ensure a consistent method for documenting and recording the day-to-day management of individual's finances.



3. To provide for the protection of personal and household finances in the least intrusive manner.
4. To ensure annual financial audits are completed on all personal and household accounts maintained for each recipient of service as required in Regulation 299/10.

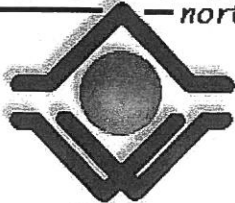
PROCEDURE:

A) LEVEL OF FINANCIAL SUPPORTS REQUIRED:

1. Each individual and/or the person acting on their behalf will have input regarding the level of financial support they require. This will be discussed and explained in a language and manner appropriate to the individual. Whenever possible, family members will be approached to assist the individual with their finances.
2. The level of financial support required by each individual will be identified on the Financial Support Plan (see Appendix A). This plan will be developed in conjunction with the individual and the person acting on their behalf. Once signed, the plan will be placed in the Financial Support Network section of the individual's ISP binder and a copy will be placed in their Financial Record Binder.
3. Financial Support Plans will be reviewed and updated during the Annual Support Plan process or more often as required.

B) ONTARIO DISABILITY SUPPORT PROGRAM:

1. Most individuals receiving support participate in the Ontario Disability Support Program (ODSP) and receive monthly disability income from the Ministry of Community and Social Services (MCSS). The Personal Needs Allowance portion of the individual's monthly ODSP payment is for their personal use. The Institutional Rate/Living Allowance portion is for living expenses and is paid to OPTIONS at the beginning of every month using the Residential Fees Form (see Appendix B) or to the Landlord as applicable.
2. The Ministry of Community and Social Services' policy requires notification of status changes, as well as periodic documentation reviews of the financial status of people receiving ODSP payments.
3. MCSS guidelines dictate that should a single person hold in excess of \$5,000.00 in their bank account, their ODSP support may be reduced or cease until such



time that funds are reduced below this amount. Therefore, those managing their money are responsible to notify the Regional Ministry Office if this occurs.

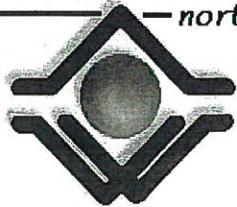
4. The Regional Ministry Office must be contacted should any person receiving support be absent from service for any period exceeding three months.
5. Many items required by the individual receiving ODSP are covered under a variety of programs available through Ontario Works, funded by MCSS (i.e. the purchase of an air flow mattress and a commode has been funded through Discretionary Benefits). Each individual in receipt of ODSP has an assigned Ministry Representative who can inform them of the various programs available and assist them to apply for the appropriate benefits.

C) GUIDELINES FOR FINANCIAL SUPPORT:

1. Support staff will require approval from their supervisor to use their own personal funds (i.e. credit cards, cash, cheques) to make purchases for individuals supported and will not use their own Air Miles, Club Cards etc. on any purchases.
2. OPTIONS supports the use of Personal Identification Numbers (PIN) and debit cards for people who are able to demonstrate their independence in the use of the PIN card. This level of support will be indicated in their Individual Support Plan.
3. Staff will not borrow money from individuals supported for their own personal use or for use by their roommates.
4. Funds will not be borrowed between recipients of service.
5. If an allegation of financial abuse is reported, the reporting procedures and internal investigation process as outlined in OPTIONS Abuse Policy AD-III-1 will be followed.

D) FINANCIAL RECORD KEEPING:

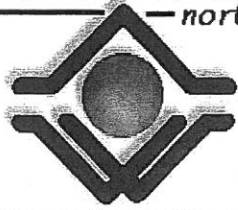
1. Documentation must be maintained in the Individual's Financial Record Binder which will contain a section index for their Financial Support Plan, Petty Cash Ledgers and, as required, Bank Account Ledgers.
2. At least once within each 24-hour period, a staff person assigned will verify all financial documentation of individuals supported to ensure full reconciliation.



3. A new ledger form must be started January 1st for each year.
4. Supervisors will verify and sign the account balances monthly.

E) RECIPIENT'S PETTY CASH:

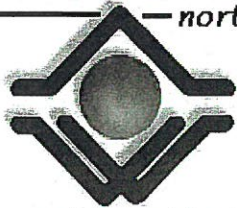
1. Each individual in the home will have their own separate petty cash.
2. In the individual's Financial Record Binder, a separate section will be maintained for cash on hand using the Petty Cash Ledger (see Appendix C and Appendix C-1 for a completed example of this form). All transactions that affect petty cash must be recorded on the ledger Form.
3. All transactions must include date, description of transaction, deposit amount, withdrawal amount, closing balance, and initials of staff completing the transaction.
4. A petty cash voucher must be completed for each purchase/withdrawal. These vouchers will be kept in the individual's petty cash box, and for all purchases, a receipt must be attached or an explanation given if not.
5. Those receipts of a shared nature (i.e. pizza) must be documented on a petty cash voucher indicating where the original receipt is kept.
6. If applicable, there should be a record of a withdrawal on the Bank Account Ledger and a deposit on the Petty Cash Ledger on the same day.
7. A staff person assigned must count petty cash daily and verify against the Petty Cash Ledger. Once reconciled, the staff person must initial in the daily verification column.
8. At the end of each month, assigned staff will reconcile all petty cash accounts using the Petty Cash Reconciliation form (see Appendix D).
9. The Supervisor will verify all transactions on the Petty Cash Reconciliation form, and sign and date the bottom of the form. All receipts must be crosschecked against purchases.
10. Petty cash should generally not exceed \$100.00 and is to be used for purchases under \$25.00. For purchases in excess of this amount, the individual's personal



bank account will be accessed and, if applicable, a request will be made to the person acting on their behalf. For those individuals who have the Office of The Public Guardian and Trustee as their financial representative, a purchase request will be completed and submitted for approval according to Purchase Policy FD-VIII-1.

F) BANK ACCOUNTS:

1. If required, the individual will have a separate section in their Financial Record Binder for bank account record keeping. The Bank Account Ledger Form (see Appendix E and see Appendix E-1 for a completed example of this form) will be used to record all transactions affecting the account.
2. All transactions must include date, description of transaction, cheque number (if applicable), deposit amount, withdrawal amount, closing balance, and initials of staff completing the transaction.
3. ODSP and Government grants/refunds should be via direct deposit and must be added as a deposit to the ledger form unless otherwise requested by the recipient.
4. Interest earned on the bank account must be recorded each month on the Bank Account Ledger Form as a deposit and bank charges as a withdrawal.
5. Cheque books, if used, must be in duplicate form ensuring there is a copy of each cheque written. Only one cheque book must be used at a time. Cheque sequence numbers must be followed. If a mistake is made, VOID should be marked across the cheque, and the cheque still recorded on the Ledger Form in order for sequence numbers to be followed. Additional cost of duplicate cheques shall be borne by OPTIONS.
6. Assigned staff must update Bank Account Ledger forms at least once a month and all receipts must be crosschecked against purchases.
7. Once a month the Supervisor will verify all transactions recorded on the ledger form with transactions in the bankbook or on the bank statement ensuring both balances match. This will be completed as identified below:
 - a) Review the Bank Statement/Bankbook and on the Bank Account Leger form, in the appropriate area, check off those items that have cleared the bank.



- b) Make an entry on the Bank Account Ledger form under the withdrawal column for any service charges identified on the bank statement/bankbook and check off as cleared.
 - c) Make an entry on the Bank Account Ledger form under the deposit column for any interest payment identified on the bank statement/bankbook and check off as cleared.
 - d) Make an entry on the Bank Account Ledger form under the deposit column for any electronic deposits/deposits identified on the bank statement/bankbook that haven't been entered on the Bank Account Ledger form and mark off as cleared.
 - e) Review the cleared column and any items not checked off as cleared will be added or subtracted under the monthly verification column and, the balance should equal the ledger balance.
8. The closing balance at the end of each page will be brought forward to the top of the next page as "balance forward".

G) AUDIT OF RECIPIENT'S FINANCES:

1. All account transactions and ledgers will be independently audited on an annual basis by an employee of the Finance department using the Audit of Recipient Finances form (see Appendix F).
2. The completed form will be uploaded to CIMS and the original kept in the Annual Audit section of the recipients Financial Record Binder.
3. An annual report including any outstanding issues or concerns will be prepared by the Director, Finance and Administration for the Director, Personal Support Services, the Executive Director and the Board of Directors.

RECOMMENDED BY: Director, Personal Support Services

APPENDICES: 8

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services, Finance

ORIGINAL POLICY DATE: January 2014

AUTHORIZED BY: Executive Director

SIGNATURE:



FINANCIAL SUPPORT PLAN

Recipient of Service: _____

Location: _____

Level of Financial Support Required:

- Independent Independent with Support
- Family Support Public Trustee Support
- Supervisor Support

Provide details for the level of support you require to manage your finances:

Name of Person who assists you to make financial decisions:

_____ **Phone number:** _____

I bank at:

Financial institution: _____ **Branch/Location:** _____

Account #(s): _____

PIN# (if required) _____

Name of Person who signs on my account(s): _____

I use a: Bank Book or receive a Bank Statement to balance my account monthly
(check one)



Personal Support Services

RECIPIENT ANNUAL BUDGET

MY INCOME:

ODSP \$ _____

CPP _____

OAS _____

OTHER (specify) _____

TOTAL INCOME: \$ _____

MY EXPENSES:

OPTIONS FEES \$ _____ x 12 months \$ _____

CLOTHING _____

PERSONAL NEEDS _____

EQUIPMENT _____

FURNITURE _____

ACTIVITIES _____

OTHER(specify) _____

TOTAL EXPENSES: \$ _____

**Recipient/Person Acting on their Behalf
Signature**

Supervisor Signature

Date _____

Date _____

**OPTIONS northwest
Residential Recoveries**

POLICY: R-I-9
APPENDIX B

Location: _____

Period Covered: _____

Client Name	Amount Paid			Total	Comments
	Fees	Incontinence	Other		
Amount Paid Total					

Submitted By: _____

Receipt #: _____

Date: _____

Date: _____

Client Name	To Be Billed Externally			Total	Comments
	Fees	Incontinence	Other		
To Be Billed Total					

Location Total					
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PETTY CASH LEDGER

Petty Cash for: _____

A petty cash voucher must be completed for all cash purchases and attached to the receipt

Date	Description	Enter Transactions Here				Enter Daily Verifications Here		
		(+)	(-)	(=)	Entered Initials	The Cash on hand must be reconciled every day		
		Deposit Amount	Withdrawal Amount	Ledger Balance		Count of Cash on Hand	Difference (Should be nil)	Verified Initials
Aug 1	Balance Forward			100.00	AB	100.00	-	OP
Aug 2	Tim Horton's		3.49	96.51	AB			
Aug 2	Parking Meter		1.00	95.51	AB	95.51	-	OP
Aug 3				95.51	CD	95.51	-	OP
Aug 4				95.51	CD	95.51	-	CR
Aug 5				95.51	CD	95.51	-	CR
Aug 6				95.51	EF	95.51	-	CR
Aug 7				95.51	EF	95.51	-	CR
Aug 8				95.51	EF	95.51	-	CR
Aug 9				95.51	GH	95.51	-	ST
Aug 10				95.51	GH	95.51	-	ST
Aug 11				95.51	GH	95.51	-	ST
Aug 12				95.51	GH	95.51	-	ST
Aug 13				95.51	U	95.51	-	ST
Aug 14				95.51	U	95.51	-	ST
Aug 15	Silver City Movie		7.50	88.01	U	88.01	-	ST
Aug 16				88.01	KL	88.01	-	ST
Aug 17				88.01	KL	88.01	-	UV
Aug 18				88.01	KL	88.01	-	UV
Aug 19				88.01	MN	88.01	-	UV
Aug 20				88.01	MN	88.01	-	UV
Aug 21				88.01	MN	88.01	-	ST
Aug 22				88.01	MN	88.01	-	ST
Aug 23				88.01	AB	88.01	-	ST
Aug 24	Wal-Mart -Jacket		56.90	31.11	AB	31.11	-	UV
Aug 25				31.11	CD	31.11	-	UV
Aug 26				31.11	CD	31.11	-	UV
Aug 27				31.11	CD	31.11	-	UV
Aug 28				31.11	E	31.11	-	ST
Aug 29	Tim Horton's		3.49	27.62	MN	27.62	-	ST
Aug 30	City Bus		2.50	25.12	MN	25.12	-	ST
Aug 31	Reimbursement Cheque	74.88		100.00	MN	100.00	-	ST



**Internal Audit Department
Audit Of Recipient Finances**

Audit Scope: All recipient finances			
Audit Objectives: To ensure compliance to the policy and procedures set for the management of recipient finances.			
Audit Procedures	Assessment (Y/N)	Results	Initials

1. Review financial support plan <ul style="list-style-type: none"> • Plan fully completed • Plan reviewed annually 			
2. Review recipient budgets <ul style="list-style-type: none"> • Budget plan completed and signed off • Budget plan reviewed by Support Worker and Supervisor at least annually or as changes occur. 			
3. Review recipient ledgers Petty Cash Ledger: Completed in full and initialed daily Random check for completed vouchers/receipts Supervisor signed/dated reconciliation forms Bank Account Ledger: Completed in full and initialed daily Supervisor Monthly verification done Random check of cheques written/receipts			

Completed By: _____ Date: _____

Reviewed By: _____ Date: _____

