

Client Personal Spending Allowance (PSA) Check Protocol

Clients with “zero income” are eligible to receive a \$200 monthly Personal Spending Allowance (PSA) check. Approval of client PSA will be indicated on the ADAMHS Board Notification (sent out to CPST/TBS worker, CPST/TBS worker Supervisor, Agency Housing Liaison, ADAMHS Finance Department and Class 2 Residential Facility Operator at RAP approval). It is the Provider Agency’s responsibility to notify appropriate parties at their agency of client PSA check approval. The protocols for client PSA checks are as follows:

1. CPST/TBS workers are required to work on budgeting skills with any client receiving a PSA check. CPST/TBS workers are required to utilize the “Monthly PSA Budgeting Tool,” to be completed on a monthly basis. The “Monthly PSA Budgeting Tool” must be submitted to the ADAMHS Board at housing@adamhsc.org by the 15th of each month (for the previous month). Example: The clients Budgeting Tool for the month of May must be submitted by June 15th.
2. Clients receiving PSA checks should have budgeting addressed in their Individual Treatment Plan (ITP). This can be a goal, or a method to achieve a larger goal (increase daily living skills, etc.).
3. CPST/TBS workers should be continuously monitoring PSA check spending throughout the month and have knowledge on how the PSA check is being spent.



Residential Assistance Program (RAP) Client Personal Spending Allowance (PSA) Monthly Budgeting/Spending Tool

Client Name: _____ **Month/Year:** _____

Category	Amount Budgeted	Amount Spent	Notes
Bus Fare/Transportation			
Hygiene Items			
Cell Phone			
Clothing			
Snacks			
Entertainment			
Other (Please Indicate)			
Other (Please Indicate)			

Client Signature: _____

Date: _____

CPST Name: _____

CPST Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Agency: _____

CPST Phone Number: _____

Supervisor Phone Number: _____