



Family Living Monthly Accountability

Provider / Guardian: _____

Date / Month: _____

☐ Own Guardian

FLP Participant: _____

Serv. Coord. Name: _____

	Service Coordinator Comments
1. The amount of monies received through SSI/ SSA per month is: \$ _____ <input type="checkbox"/> I am the legal payee <input type="checkbox"/> My designated payee is: _____ <input type="checkbox"/> I am not the payee _____ <div style="text-align: center;">(List name of payee)</div>	
2. These monies are put into a: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account <input type="checkbox"/> No Bank: What? _____	
3. The amount for Room and Board is (not to exceed 80% of SSI/SSA per month): \$ _____	
4. Participant personal spending money is (must be at least 20% of SSI/SSA per month): \$ _____ <input type="checkbox"/> They have total control over spending their own monies. <input type="checkbox"/> Their monies are available upon request from the Provider. <input type="checkbox"/> I am managing my own monies and making decisions regarding spending my monies.	
5. The balance of the monies is used for (i.e., favorite foods, special purchases, entertainment):	
6. Saving to purchase:	
7. Major purchases this month over \$50.00 were (i.e., electronic items, DVDs, electric shaver, furniture): (receipts attached)	
8. There was an emergency purchase for (i.e., pets, dental care): (amount/ receipt)	

I verify that the information is true to the best of my knowledge. I acknowledge that any abuse or exploitation of the Participant monies will be reported immediately to the State of New Mexico Department of Health/ DHI and investigated.