

# INDEPENDENT CHOICES PROGRAM (ICP) SIX MONTH BUDGET REVIEW CHECKLIST

Participant's name: \_\_\_\_\_

Case manager's name: \_\_\_\_\_

Date of ICP budget review: \_\_\_\_\_

Date of next ICP budget review (no more than six months out): \_\_\_\_\_

1. Budget worksheets reviewed?

☐ Yes ☐ No

2. ICP checking account bank statement and checkbook register reviewed?

☐ Yes ☐ No

3. Do the items and amounts on the budget worksheet match the items and amounts in the checkbook register and/or bank statement (i.e., checks to provider(s) for wages, discretionary/contingency funds)?

☐ Yes ☐ No - If not, why?

4. Has the consumer been paying their taxes appropriately?

☐ Yes ☐ No – If not, why?

5. Has to consumer paid their portion of the WBF?

☐ Yes ☐ No – If not, why?

**Notes section** (Other items that are helpful to review such as bookkeeping records/statement or W2 statement information):

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**\*\* Please save this to the consumer's EDMS file.**