



Maintenance Analysis Worksheet Part I

Use when the client is providing documentation of normal expenses.

Household Size	Normal Expenses*			IPE Expenses		Increase, if any**
Step 1: Identify the number of individuals who live in the household:	Step 2: Identify the household's normal monthly expenses at the time of application for services.	Step 3: Calculate client's share of normal monthly household expenses. (Step 2 GRAND TOTAL divided by step 1)	✓ <i>to verify that documentation has been submitted.</i>	Step 4: Identify the client's monthly expenses to implement the IPE.	✓ <i>to verify that documentation has been submitted.</i>	Step 5: Calculate increased monthly costs. (Step 4 GRAND TOTAL minus step 3 GRAND TOTAL)
Food Total						
Shelter						
Housing						
Natural Gas						
Electricity						
Propane						
Trash						
Water						
Cable						
Internet						
Telephone						
Cell Phone						
Shelter Total						
Clothing Total						
GRAND TOTAL						

* There are normal living expenses for food, shelter, and clothing associated with all individuals, whether the individual himself or herself has directly paid for those expenses, or whether those expenses have been paid by another individual. Therefore, identifying \$0.00 normal expenses for the basic subsistence items identified above is not an appropriate option.

** Maintenance is subject to economic need and client financial participation.

Certification at time of application

I certify that the information provided is accurate and complete. I understand that I am required to submit supporting documentation, such as receipts, to my counselor. I understand that falsified information will be referred for further investigation to the Fraud Unit of the Kansas Department for Children and Families.

I understand that if I refuse to provide the necessary documentation about my normal expenses, and there is no disability-specific or other compelling reason that prevents me from doing so, then maintenance will not be an available service.

Client's Signature

Signature of Representative, if appropriate

Date

Certification at time of IPE development

I certify that the information provided is accurate and complete. I understand that falsified information will be referred for further investigation to the Fraud Unit of the Kansas Department for Children and Families.

Client's Signature

Signature of Representative, if appropriate

Date

Maintenance Analysis Worksheet

Part II

In the event there is a disability-specific or other compelling reason that the client is unable to provide normal expense documentation, use this Worksheet Part II to apply Option A, B, or C. These options may be used only at the time of IPE development and require a second approval.

Option A -- the client receives SSI, SSDI or both: Normal expenses shall be deemed to be 75% of the maximum SSI payment for an eligible individual as published by the Social Security Administration at:

<http://www.ssa.gov/OACT/COLA/SSlamts.html>

Option B -- the household does not receive Temporary Assistance to Needy Families (TANF), and the client does not receive SSI or SSDI: Normal expenses shall be deemed to be 75% of the maximum SSI payment for an eligible individual as published by the Social Security Administration at:

<http://www.ssa.gov/OACT/COLA/SSlamts.html>

Option C -- the household receives TANF: Normal expenses shall be deemed to be the TANF monthly benefit amount plus the Supplemental Nutrition Assistance Program monthly benefit (if applicable), divided by the number of individuals for whom these benefits are provided.

	Normal Expenses*		IPE Expenses	Increase, if any**	
	Step 1: Select the Option that will be used to identify normal expenses. Record the dollar figure in the GRAND TOTAL line below. <input type="text"/> Option A <input type="text"/> Option B <input type="text"/> Option C	✓ <i>to verify that a second approval has been received.</i>	Step 2: Identify the client's monthly expenses to implement the IPE. 	✓ <i>to verify that documentation has been submitted.</i>	Step 3: Calculate increased monthly costs. (Step 2 GRAND TOTAL minus step 1 GRAND TOTAL)
Food Total					
Shelter					
Housing					
Natural Gas					
Electricity					
Propane					
Trash					
Water					
Cable					
Internet					
Telephone					
Cell Phone					
Shelter Total					
Clothing Total					
GRAND TOTAL					

* There are normal living expenses for food, shelter, and clothing associated with all individuals, whether the individual himself or herself has directly paid for those expenses, or whether those expenses have been paid by another individual. Therefore, identifying \$0.00 normal expenses for the basic subsistence items identified above is not an appropriate option.

** Maintenance is subject to economic need and client financial participation.

Certification at time of IPE development

I certify that I am unable to provide documentation about my normal expenses for the following reason(s):

As a result, Rehabilitation Services will use the default option identified above in this Worksheet, Part II to determine my normal expenses.

I further certify that the information provided is accurate and complete. I understand that falsified information will be referred for further investigation to the Fraud Unit of the Kansas Department for Children and Families.

Client's Signature

Signature of Representative, if appropriate

Date