



Division of Development Disabilities

Client Funds Contact Information

- DES/DDD Client Funds
400 West Congress #500
Tucson AZ 85701
- Shared Email Address: **All of Client Funds Staff** can view and assist.
- DDDDSClientFund@azdes.gov
- Geri Ortiz, Client Funds Manager 520.308.9926 Direct Number.
- Betty Pineda –Aguilera, Client Funds Supervisor 520.471.3359 Direct Number.
- Office Number 520.628.6800
- Office Fax 520.628.6918

Management of Member Funds

- DDD as the Representative Payee must provide proof to Social Security and DES internal auditors that the funds, we received and disbursed were used for the exclusive use and benefit, and in the best interest of the member.
- Social Security has appointed DES/DDD as the Rep Payee, therefore, Only the DDD Support Coordinator is authorized to amend any changes to a request.
- The DDD Support Coordinator will work with the member's "team" to decide the best use of the funds. The DDD Support Coordinator will make the final decision.
- Qualified Vendors should not "turn over" funds to the guardian, family member, etc. If they do not use the funds properly, do not submit receipts, do not return unspent funds; you as the Qualified Vendor are held accountable for those funds as they were issued to you.

Proper Use and Safeguards of Funds



Ensure the member's funds are used to meet the acceptable day-to-day personal needs as specified in the planning documents.



Ensure that the member's funds are NOT used to purchase items required to be supplied by the Qualified Vendor.



Keep member funds in a secure locked location.



Do not allow the member to have direct access to the funds.



If a member is no longer receiving services, send the closing ledger, receipts, unspent funds and any required documents to Client Funds within 15 days from the date they are no longer receiving services.



If you like to suspend funds for a month you can email Client Funds. A ledger is still required as you have funds "on the books"

Return of Fund

- Return of Funds can be done by Check, Money Order, or Cashier Check.
- If you return cash, it must be done in our office and a receipt will be given. Do not send cash by mail.
- Provide specific details when returning funds. We are a Statewide unit and receive funds or over 1300 members from various Vendors, Guardians, Family, etc.
- Examples of specific detail required to properly credit the funds.
 - ✓ Return of excess January monthly funds for John Smith
 - ✓ Return of unspent funds for John Smith Ck# 12544 \$ 450.00
 - ✓ Return of closing funds for John Smith no longer providing services.

Missing Funds

- If funds from the Monthly Ledger is discovered missing, the funds issued for that month including, any rolled over funds recorded from the previous month, must be returned within 15 days of discovery.
- Report it to the Division no later than the close of the next business day following the discovery of the loss or theft.
- Member funds, balance, ledgers, and receipts are subject to audit. Any audit exceptions are the responsibility of the service provider for resolution and/or repayment.

Direct Funds to a Member

- If approved by the DDD S.C. direct spending funds to a member must be noted on the ledger. Example, “Per ISP - direct funds to member”.
- The Rights, Health, & Safeguards must not have noted a risk of financial exploitation or abuse. If a restriction on the amount a member can carry, only that amount will be disbursed.
- Direct **One Time Funds** to a member does **not** require a receipt.
- Direct Monthly Funds to a member **does require proof** the member received the direct funds and must be noted on the monthly ledger when the funds were disbursed.
- Some providers use a petty cash receipt. They have the member sign they received the cash and submit the petty cash receipt with the ledger.
- If you have a member that you believe would benefit from having funds issued to them directly speak to the DDD Support Coordinator. The DDD Support Coordinator will need to submit a request to change how funds are issued.

Receipt Requirements

Legible receipts are required.

Receipts are due 30 days from date the check was issued.

New requests for funds may be denied until receipts are cleared up.

Receipts returned that are not for the purpose requested will not be accepted.

Unspent funds must be returned with the receipts.

Receipts for online orders require order confirmation **and** delivery confirmation.

Receipts that have been altered will not be accepted.

Detailed Receipt: must show paid or zero balance, date, time, merchant name, items purchased, item amounts, any shipping costs, tax, and total.

How to ledger an item that does not have a receipt

- Not all purchases have a receipt issued. The purchase must still be noted on the ledger.
- Ensure to note the merchant, description of the item, and amount spent.
- Some examples of when a receipt may not be issued carnival, fair, yard sale, corner street food vendor.
- Amount spent on a purchase where a receipt will not be issued must be a reasonable amount, as you will not have a receipt to verify the purchase.

One-Time Special Funds

One-Time Special Funds are tracked on the 1832A Expenditure Reconciliation form. This form is attached to the check. **Do not record one-time expenditures on the monthly ledgers.**

All unspent funds must be returned no matter the amount.

One-Time Funds must be used as indicated on the check and/or reconciliation form. If you need to amend the request, contact your DDD S.C. for written approval.

Submit the written amended approval with the expenditure reconciliation form.

Excess spending may not be reimbursed. Stay within the approved amount issued.

One Time Special Funds Continued

- Do not purchase gift cards to use later such as movies/restaurants. Exception would be gaming cards, music, books for cell phone, iPad, laptop, etc.
- When Social Security has approved member funds to pay for third party expense, the expenditure reconciliation form will clearly indicate the amount and expenses that have been approved.
- If not noted SSA approved, The full amount of the funds are for Member ONLY expenses.
- Social Security Approval is Never approved on Monthly Spending Funds issued.
- Social Security Approval is **required prior** to issuing funds. Only the amount approved can be used. No “after -the-fact” reimbursements.

DDD -1832A Expenditure Reconciliation front of form

DDD-1832A FORFF (12-20)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
Statewide Client Funds

EXPENDITURE RECONCILIATION

Individual Name: _____ Date of Check: _____

Purpose of Check:

Check Number: _____ Check Amount: \$ _____

RESTRICTION

Member funds cannot be used to purchase the following: Alcohol Tobacco Food

NAME: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE LEGIBLE RECEIPTS WITHIN
30 DAYS FROM THE DATE OF THE CHECK, OR NO FURTHER FUNDS WILL BE ISSUED.

DESCRIPTION OF MERCHANDISE	VENDOR NAME (If Appropriate)	COST
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
Subtotal		\$ 0.00
Unspent Funds Returned to DES/DDD Client Funds Account		\$
TOTAL USE OF FUNDS		\$

I certify that I have seen the above listed items, and they were purchased for the use of the named individual.

Signature of Responsible Person: _____ Date: _____

Print Name: _____

RETURN COMPLETED FORM AND LEGIBLE RECEIPTS TO:
DES/DDD CLIENT FUNDS
400 WEST CONGRESS #500
TUCSON, AZ 85701
(520) 628-6800

IT IS YOUR RESPONSIBILITY TO KEEP A COMPLETE COPY OF ALL RECEIPTS BEFORE YOU SUBMIT TO OUR OFFICE.

FOR ADMINISTRATIVE USE ONLY

Receipts Verified and Totaled By: _____ Date: _____

See reverse for EOE/ADA disclosures

DDD -1832A Expenditure Reconciliation back of form

DDD-1832A FORFF (12-20) – Reverse

PROPER USE OF INDIVIDUAL FUNDS

Individual funds are for Individual **USE ONLY**. Social Security Approval **MUST** be obtained **PRIOR** to issuing individual funds to pay for another person's expenses. The DDD Support Coordinator will submit the proper form to Client Funds for Social Security approval request.

If Social Security approval has been given it will be noted on the front of this form as SSA Approved. If SSA Approved is **NOT** noted on the front of this form, funds can **ONLY** be used for member expenses.

Individual funds must be spent as indicated on the check and/or expenditure reconciliation form. If only clothing is indicated only clothing may be purchased. Any unauthorized purchased will not be accepted and the funds reimbursed back to the individual DES/DDD client account.

The DDD Support Coordinator "may" amend the original request for funds. You must receive written approval prior to purchasing additional items. Only the DDD Support Coordinator can authorize any amendments to a check. A Qualified Vendor, Provider, Guardian, Family, etc. cannot give authorization to amend the request for funds.

Do not exceed the check amount. Reimbursement for exceeding the amount is not guaranteed. You must obtain prior written approval from the DDD Support Coordinator. The exact amount exceeded must be approved by the DDD Support Coordinator.

VALID RECEIPT

Legible receipts must be submitted 30 days from the date check is issued.

All Receipts must be legible and detailed. Name of the Vendor, Date, Amount, Total of purchase and description of items purchased.

Altered receipts will not be accepted, and the amount of that receipt must be reimbursed back to the individual account. Do **NOT** write over the preprinted information on the receipt, make any notes next to the receipt or on a separate sheet of paper. Do **NOT** use tape or highlighter on the receipts it fades out the ink on the receipt.

VALID RECEIPT FOR ONLINE PURCHASES

Legible detailed confirmation order form with total cost. Legible detailed delivered/shipped confirmation form. **BOTH** must be submitted.

Any changes such as "out of stock" legible documentation of those detailed changes must be submitted.

GIFT CARD PURCHASE

The purchase of a gift card requires the same accounting practices and oversight as a cash purchase. Legible receipt for the purchase of the gift card **AND** legible detailed receipts showing the use of the gift card are required 30 days from date check was issued.

A gift card purchased for a family/friend only the legible receipt for the purchase of the gift card is required.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1

Process to Email One- Time Special Funds

- The One Time Special Request for Funds with legible receipts can be emailed to Client Funds. It must be done in the proper format to be accepted. No need to mail them by Post Office if you have emailed.
 - Email to DDDDClientFund@azdes.gov
 - The subject line of the email must contain the following verbiage Vendor/Provider Name -- One Time Funds for J. Doe Ck# 12345. example: **ABC INC – J. Doe One Time Funds Ck# 12345**
 - One email per member.
 - A completed and signed DDD-1832A Expenditure Reconciliation form and legible receipts must be attached.
 - Submission by Post Office will be required if unspent funds need to be returned. We can not clear a One-Time Special Funds Request until the unspent funds have been received.

Monthly Funds and Ledgers Maintained by the Provider

- When a Provider receives funds on behalf of a member, they are to maintain a separate monthly daily detailed ledger for each member. **All Monthly Funds** must be accounted for.
- A ledger provides a story if you will. Please provide as much information as possible such as.
 - If you rolled over funds from the previous month, those funds are the starting balance.
 - If you deposit funds issued for that month, note that as deposit. If funds were not issued and the rolled over funds is what will be used, then note no deposit rolled over funds to be used.
 - If you return excess funds, note that on the ledger the amount returned. This is how you will have the accurate ending and starting balance.

Monthly Funds and Ledgers Maintained by the Provider continued.

- If you provide funds directly to the member, note it on the ledger and provide signed receipt the member received the funds. *Example: Per ISP direct funds to member.*
- Separate ledgers must be maintained for Residential Home and Day Programs.
- The end of the month ledger balance shall not exceed \$200.00.
- Ledger must be received on or before the 15th of each month, to avoid delay in release of future funds.
- A daily detailed ledger, receipts and excess funds must be **mailed** to DDD/Client Funds. It must be received by client funds on or before the 15th of the month
- A daily detailed ledger and receipts can be **emailed** to DDD/Client Funds on or before the 15th of the month.
- Client Funds developed a ledger with all required reporting requirements. If you do not use our form, ensure your form has all reporting requirements.

Ledger Requirements

- Full Name of the member
- Date and Year reporting. Do not combine months, one ledger per month
- Name of the Vendor, Provider, Guardian submitting the ledger
- Separate section/column to report the following
 - ✓ Date of transactions (Deposit or Debit)
 - ✓ Merchant Name of Source funds received from
 - ✓ Description of Purchase or Purpose of the Deposit of Funds to be used.
 - ✓ Deposit Amount
 - ✓ Debit Amount
 - ✓ Daily running balance.

Negative Balances Listed on Ledgers

Ensure that providers/staff monitor available funds to keep spending within the approved budget

If monthly expenses exceed the spending amount, work with the DDD Support Coordinator to increase the spending amount if the member's budget allows

Do not submit a ledger with an ending or starting negative balance. Once all the funds issued for the month have been spent the ledger is to be noted as zero starting or ending balance.

Ledger submitted with a negative rolled over "starting balance"- the negative amount will need to be reimbursed on the current ledger or directly to Client Funds for deposit

Excess Spending may not be reimbursed.

Example of Return of Funds

DDD-2036A FORENG (8-20)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

MEMBER FUNDS MONTHLY LEDGER

First and Last Name of Member: JANE DOE Reporting Month/Year: 01/2022

Qualified Vendor Name: ABC VENDOR Provider/Guardian/Individual Name: GROUP HOME

Note: Ensure you maintain a clear legible copy of all the receipts for your own record. All original receipts submit with the monthly ledger to DES/DDD Client Funds.

Date	Merchant Name or Source Funds Received From	Description of Purchase or Deposit of Funds	Supervisor/Manager Signature	Deposit	Debit	Daily Balance
STARTING BALANCE:						\$ 150.00
1	1/3/22	DDD Client Funds	Monthly Spending Allowance/ Cable bill	\$ 250.00	\$	\$ 400.00
2	1/4/22	McDonalds	Lunch (receipt attached)	\$	\$ 9.62	\$ 390.38
3	1/6/22	Walmart	personal care items, craft supplies (receipt attached)	\$	\$ 22.84	\$ 367.54
4	1/6/22	Olive Garden	Dinner (receipt attached)	\$	\$ 19.97	\$ 347.57
5	1/10/22	PER ISP Direct Funds to member	Personal Spending. (no receipt needed for direct funds)	supervisor signature supervisor signature	\$ 10.00	\$ 337.57
6	1/12/22	Dollar Store	snacks, personal needs (receipt attached)	\$	\$ 14.68	\$ 322.89
7	1/19/22	Cox Cable	copy of bill attached	\$	\$ 32.58	\$ 290.31
8	1/24/22	PER ISP Direct Funds to member	Personal Spending. (no receipt needed for direct funds)	supervisor signature supervisor signature	\$ 10.00	\$ 280.31
9	1/29/22	Texas Road House	Dinner (receipt attached)	\$	\$ 23.15	\$ 257.16
10	1/31/22	DDD Client Funds	return excess end of month funds back to DDD	\$	\$ 58.00	\$ 199.16
End of Month Balance: balance cannot exceed \$200.00. Excess amount returned to DES/DDD Client Funds with the ledger.				\$ 250.00	\$ 200.84	\$ 199.16

See reverse for EOE/ADA disclosures

Example: Ledger retain and roll over excess funds.

DDD-2036A FORENG (8-20)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

MEMBER FUNDS MONTHLY LEDGER

First and Last Name of Member: JANE DOE Reporting Month/Year: 01/2022

Qualified Vendor Name: ABC VENDOR Provider/Guardian/Individual Name: GROUP HOME

Note: Ensure you maintain a clear legible copy of all the receipts for your own record. All original receipts submit with the monthly ledger to DES/DDD Client Funds.

Date	Merchant Name or Source Funds Received From	Description of Purchase or Deposit of Funds	Supervisor/Manager Signature	Deposit	Debit	Daily Balance
STARTING BALANCE:						\$ 150.00
1	1/3/22	DDD Client Funds	Monthly Spending Allowance/ Cable bill			
				\$ 250.00	\$	\$ 400.00
2	1/4/22	McDonalds	Lunch (receipt attached)			
				\$	\$ 9.62	\$ 390.38
3	1/6/22	Walmart	personal care items, craft supplies (receipt attached)			
				\$	\$ 22.84	\$ 367.54
4	1/6/22	Olive Garden	Dinner (receipt attached)			
				\$	\$ 19.97	\$ 347.57
5	1/10/22	PER ISP Direct Funds to member	Personal Spending. (no receipt needed for direct funds)	supervisor signature		
				supervisor signature	\$ 10.00	\$ 337.57
6	1/12/22	Dollar Store	snacks, personal needs (receipt attached)			
				\$	\$ 14.68	\$ 322.89
7	1/19/22	Cox Cable	copy of bill attached			
				\$	\$ 32.58	\$ 290.31
8	1/24/22	PER ISP Direct Funds to member	Personal Spending. (no receipt needed for direct funds)	supervisor signature		
				supervisor signature	\$ 10.00	\$ 280.31
9	1/29/22	Texas Road House	Dinner (receipt attached)			
				\$	\$ 23.15	\$ 257.16
10	1/31/22	ABC Retained excess funds and rolled over to next month	Due to circumstance beyond our control unable to issue excess funds back timely.			
				\$	\$	\$
End of Month Balance: balance cannot exceed \$200.00. Excess amount returned to DES/DDD Client Funds with the ledger.				\$ 250.00	\$ 142.84	\$ 257.16

See reverse for EOE/ADA disclosures

Example of Excess use of funds

DDD-2036A FORENG (8-20)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

MEMBER FUNDS MONTHLY LEDGER

First and Last Name of Member: JANE DOE Reporting Month/Year: 01/2022

Qualified Vendor Name: ABC VENDOR Provider/Guardian/Individual Name: GROUP HOME

Note: Ensure you maintain a clear legible copy of all the receipts for your own record. All original receipts submit with the monthly ledger to DES/DDD Client Funds.

Date	Merchant Name or Source Funds Received From	Description of Purchase or Deposit of Funds	Supervisor/Manager Signature	Deposit	Debit	Daily Balance	
STARTING BALANCE:						\$ 257.16	
1	1/3/22	Excess Dec funds rolled over. Jan funds not needed.	Spending/cable	\$ 0.00	\$	\$ 257.16	
2	1/4/22	McDonalds	Lunch (receipt attached)	\$	\$ 9.62	\$ 247.54	
3	1/6/22	Walmart	personal care items, craft supplies (receipt attached)	\$	\$ 22.84	\$ 224.70	
4	1/6/22	Olive Garden	Dinner (receipt attached)	\$	\$ 19.97	\$ 204.73	
5	1/10/22	PER ISP Direct Funds to member	Personal Spending. (no receipt needed for direct funds)	supervisor signature supervisor signature	\$	\$ 10.00	\$ 194.73
6	1/12/22	Dollar Store	snacks, personal needs (receipt attached)	\$	\$ 14.68	\$ 180.05	
7	1/19/22	Cox Cable	copy of bill attached	\$	\$ 32.58	\$ 147.47	
8	1/24/22	PER ISP Direct Funds to member	Personal Spending. (no receipt needed for direct funds)	supervisor signature supervisor signature	\$	\$ 10.00	\$ 137.47
9	1/29/22	Texas Road House	Dinner (receipt attached)	\$	\$ 23.15	\$ 114.32	
10				\$	\$	\$	
End of Month Balance: balance cannot exceed \$200.00. Excess amount returned to DES/DDD Client Funds with the ledger.				\$ 0.00	\$ 142.84	\$ 114.32	

Process to Email Monthly Ledgers

The Monthly Ledger with legible receipts can be emailed to the shared email address for Client Funds. It must be done in the proper format to be accepted. No need to mail them by Post Office **unless** you are returning excess funds.

- Email to DDDDSClientFund@azdes.gov
- The subject line of the email must contain the following verbiage Vendor/Provider Name and the
 - ✓ Month/Year of the ledgers. *example: **ABC INC - Dec 2021 ledgers***
- One email with a separate attachment for each member.
- Each attachment must be labeled with the member's full name
- Each attachment must have the ledger form and legible receipts.
- Submission by Post Office will be required if excess funds need to be returned to Client Funds. We can not clear the ledger until the funds have been received.

Question, Comments, Concerns?

Thank you for attending.

