

Works for Me

Mission Statement

J. Arthur Trudeau Memorial Center has created the ***Works for Me*** program in response to the self-direction movement within the national developmental disability community. People with developmental disabilities and their families have been clear about their desire to manage their own supports in a manner that “works for them”.

The ***Works for Me*** payroll agent model allows people to take control of all support resources already at their disposal. Functions such as plan development, funds allocation, hiring people you choose, contracting scheduling and supervision are all at your command.

*The mission of **Works for Me** is to empower people with developmental disabilities to lead meaningful and personally satisfying lives of their own choosing by enabling them to fully control their own supports.*

Organization Structure

Works for Me is a “subsidiary account” of J. Arthur Trudeau Memorial Center. While ***Works for Me*** has its own mission statement and policies and procedures, ***Works for Me***’s role and function is commensurate with the agency’s license and mission

Individuals participating in ***Works for Me*** are legally considered sole proprietors, each having their own individual Employment Identification Numbers (EIN) provided to them by the Internal Revenue Service via the SS 4 application process. The individuals that work for these sole proprietors (Sole Proprietor) are employees of those Sole Proprietors, and it is expressly understood that ***Works for Me***’s role is that of a payroll agent or fiscal intermediary, and that these employees are not employees of J. Arthur Trudeau Memorial Center. Each Sole Proprietor is unique in its own individual operation relative to all aspects of the job, including but not limited to; responsibilities, pay, benefits, hours worked, etc.

Information Management

I. Policy

It is the policy of **Works for Me** to keep all information confidential and in compliance with the Health Insurance Portability and Accountability Act HIPAA.

II. Procedure

The data collection and information management system is up-to-date and comprehensive. Each employee in the administrative office has a personal computer (PC) with up to date software. These PCs are tied into a network for easy access and the exchange of timely communication for those individuals who have the appropriate access codes.

Works for Me will utilize the Financial Dynamics System. Excel software will be most often used for information tracking and analysis. All maintenance and repair of data systems including hardware is completed by our in-house IT department.

Works for Me is tied into a high-speed cable. Each administrative employee has his/her own access code to the computers. These codes are changed regularly in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. The codes are maintained by one administrator and stored securely in the main office. The outdated codes, along with the office paper shredder, are destroyed with the office paper shredder.

The Networking System is maintained in a fireproof box off site from potential hazards such as water or fire. The system is maintained in a fireproof box off site.

Works for Me maintains all original information about the Sole Proprietor and the employees including but not limited to birth certificate, application, BCI check, social security card, driver's license, w-9, and other documents. Sole Proprietors are encouraged to keep their own files as well. In the event of a fire, **Works for Me** would maintain all original information, **Works for Me** refers to keep all original information, **Works for Me** are stored in locked cabinets. These cabinets are locked at all times when not in use.

Information sent to **Works for Me** is generally transmitted by the US Post Office or the fax machine. The administrator operates the fax machine. The President/CEO is the sole signatory (one officer from **Works for Me** is also authorized to sign) for all items that require signatures including payroll checks. Payroll is transmitted via the computer to American Express and returned back to **Works for Me** on a bi-weekly basis. The payroll summary is reviewed for accuracy and generally mailed to each Sole Proprietor. The Sole Proprietor will then distribute his/her payroll to the employee(s). There are instances when a particular Sole Proprietor chooses to have the paycheck(s) sent

Board of Directors

President/CEO

Coordinator of Self Directed Services

C.F.O

Administrative Support

Independent Contractors

directly to the employees. In those instances, **Works for Me** requires a signature from all parties indicating the authorization of the process.

Important information either received by **Works for Me** or given by **Works for Me** is logged in the person's file. Grievances preferably are to be submitted in writing. If a verbal complaint is entered, **Works for Me** will note the date and nature of the complaint in a confidential clinical document, maintained in the Sole Proprietor's file. **Works for Me** will review this grievance or complaint within three (3) business days of the date filed.

Accessing Works for Me Program

I. Policy

Works for Me and the Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) Division of Developmental Disabilities (DDD) have distinctive roles in the process by which people can access the **Works for Me** Program. BHDDH is the licensing and funding agent and has all final decisions on whether or not the individual has been accepted into **Works for Me**, as well as the amount of funding and the allowable expenses. DDD will ensure that all persons receiving services are Medicaid eligible.

II. Procedure

- A. Individual/Family Contacts DDD – Family members, legal guardians and/or the individual contacts DDD in regards to initiating the process to receive services. These individuals will be given information on the services available to him/her. DDD will ensure that the person is Medicaid eligible prior to receiving services.
- B. **Works for Me** meets with the family and/or individual to discuss in detail the process and responsibilities of self-directed services. **Works for Me** personnel will additionally describe the benefits and disadvantages of using a payroll agent model for service delivery.
- C. Individual/Family meets with DDD case worker – Family members, legal guardians and/or individual contact his/her DDD social worker to inform him/her of their decision to use the **Works for Me** program.
- D. Individual/Family or Independent Plan writer develops and submits a formalized plan – The Individual will submit a comprehensive plan to BHDDH for approval. The plan must include the services requested, emergency supports and detailed budget. The family or individual can choose to use an Independent plan writer to develop the plan. There is a fee for this service that will come out of the individual support plan.
- E. BHDDH reviews, approves, denies and/or modifies the plan – BHDDH will approve the proposed service plan, deny the service plan or deny the service plan with recommendations for change. The individual may re-submit the plan with the necessary changes for approval.

Works for Me's Role

I. Policy

The role of **Works for Me** is to make sure that the person spends their self-directed support budget in accordance with their BHDDH approved support plan. As the licensed Medicaid provider entity, **Works for Me** is the financial conduit between the Sole Proprietor and the Division of Developmental Disabilities (DDD). **Works for Me** will have a signed "Certification Document" with BHDDH outlining its responsibilities with all parties concerned. It is also understood that **Works for Me** is a payroll agent also known as the "Fiscal Intermediary". **Works for me** is not the Sole Proprietor, nor does **Works for Me** have any programmatic responsibility.

II. Procedure

Works for Me is responsible for "taking care" of the person's BHDDH approved budget. This generally includes paying their employees and/or approved invoices, billing BHDDH for reimbursement, and tracking spending.

A. Payroll

Works for Me payroll is bi-weekly (every other week). Timesheets must have 2 signatures (the Sole Proprietor and the employee) and must be submitted within the recommended time frame (provided in writing to the Sole Proprietor), employees will be paid promptly. It is required all Employees receive paychecks via "automatic deposit".

Works for me subcontracts with American Payroll Company to perform all necessary payroll related functions, including but not limited; processing bi-weekly payroll, payroll taxes (including quarterly and year end) W-4's, 1099's, etc.

Works for Me will file all appropriate Federal and State taxes on behalf of the Sole Proprietor.

B. Budget Management

Works for me provides quarterly (every three months) statements indicating the Sole Proprietors account balance. If a **Works for Me** representative notices spending concerns (too much

or too little) the Sole Proprietor will be contacted for consultation. **Works for me** will put that in writing as well.

Works for Me will assist the Sole Proprietor from the very beginning in developing budgetary needs taking tax liability, worker's compensation costs, and administrative costs into consideration.

Works for Me will pay employees and invoices in a timely fashion. **Works for me** will subsequently invoice BHDDH for reimbursement within two weeks of the beginning of the month.

C. Background checks

The Sole Proprietor will request their employees to conduct a Bureau of Criminal Investigate (BCI) check, driver's record checks, and upon request, employment verification checks on all potential applicants. **Works for Me** will review the submitted documentation and the Sole Proprietors will be informed as to the eligibility of the applicant's employment based on the results of these background checks.

D. Worker's Compensation

As a Rhode Island Sole Proprietor, all Sole Proprietors must carry worker's compensation insurance. **Works for Me** will arrange for such coverage.

E. Record Keeping

Works for Me will maintain full set of records of all activity associated with each Sole Proprietor. These records will be kept in a locked file in the main administrative office.

F. Reimbursement

Works for Me obtains its funding on a flat fee arrangement. The fee is for a 12 month period and will not increase during that time frame.

G. Quality Assurance

Works for Me will review the "Self-Directed Support Agreement" with all the Sole Proprietors. The Self-Directed Support Agreement will be signed annually by each Sole Proprietor. The Sole Proprietor will receive a copy of this agreement and **Works for Me** will maintain a copy.

Works for me will provide each Sole Proprietor with an opportunity to receive all training opportunities provided by the Community Provider Network of Rhode Island (CPNRI). Each Sole Proprietor's name and address will be kept in a confidential file located at the

CPNRI's office. When a statewide training is held, CPNRI will mail the specifics to each Sole Proprietor for their consideration. These trainings are not mandatory and are paid for out of the Sole Proprietor's budget or personal fund.

H. Medicaid Cost of Care

There are instances in which the Medicaid Cost of Care principles may apply for a particular individual. **Works for Me** is required to collect this information, and the Sole Proprietor is required to provide **Works for Me** with this information when appropriate. Should the Medicaid Cost of Care apply, **Works for Me** shall collect the Cost of Care amount on a monthly basis.

Employee Payroll Policy

I. Policy

It is the policy of **Works for Me** to pay the employees on a bi-weekly basis. Independent contractors and other vendors will be paid on a monthly basis unless other arrangements have been made. **Works for Me** subcontractors with an outside payroll company, American Payroll to process payroll and payroll related items including W-4's and 1099's.

II. Procedure

- A. Each Individual Sole Proprietor will submit his or her employees' time sheets on the bi-weekly dates provided to them by **Works for Me**. Time sheets may be faxed, mailed or hand delivered to the **Works for Me** office. Each time sheet must contain two signatures, including the employee's and the Sole Proprietor's/representative, and the dates and time worked.
- B. **Works for Me** personnel will review the time sheets for accuracy on hours worked compared with the plan approved hours. **Works for Me** will contact the Sole Proprietor/Representative for verification for any time sheets that do not contain two signatures or in inconsistent with the person's plan.
- C. All approved time sheets will be transferred to the payroll work sheet and faxed to American Payroll. American Payroll will process the bi-weekly payroll and deliver the bi-weekly payroll and summary to the **Works for Me** office. **Works for Me** personnel will verify the worksheet to ensure accuracy of pay rate and hours paid.

- D. The American Payroll summary sheet will be entered on the general ledger of the Sole Proprietor. The summary sheet will be filed in the Sole Proprietor's binder for the week ending date and date paid.
- E. The employee will be paid for all hours worked on a bi-weekly basis. **Works for Me** request that all payroll processing and reimbursements are made via Direct deposit to ensure the employee receives his/her money on a timely basis.
- F. If the time sheets are incorrect due to the employee and/or Sole Proprietor/Representative error, and if **Works for Me** personnel are unable to rectify the error with the Sole Proprietor prior to the processing date, the employee will receive compensation on the next payroll date. If the error occurred on behalf of the **Works for Me** personnel, corrections will be submitted and reimbursement will be given as soon as possible.

Statement of Confidentiality

J. Arthur Trudeau Memorial Center d/b/a **Works for Me** has an ethical and legal obligation to keep confidential all information received from and/or about person(s) supported and personnel with whom the agency is currently and/or previously involved or otherwise has knowledge, in accordance with all State and Federal regulations, Health Insurance Portability and Accountability Act (HIPAA)

Works for Me has developed this policy to emphasize that the individual(s) right to privacy must be protected and that unauthorized disclosure of confidential information in any form may result in specific legal and agency penalties.

In signing this document, an individual who has direct access to confidential information acknowledges and confirms his/her commitment to the principles and limitations of confidentiality.

Works for Me acknowledges the need for and seeks to maintain a close cooperative relationship with a variety of individuals and agencies in its pursuit of financial and/or programmatic integrity. To this end, authorized **Works for Me** personnel may discuss appropriate client financial and/or programmatic information, on an as needed basis with:

1. Current employee(s), consultants, day-program vendors/Sole Proprietors or therapists assigned to providing services to the client.

2. **Works for Me** Administration
3. Division of Developmental Disabilities, Department of Human Service, Department of Health, Internal Revenue Service, RI Division of Taxation, American Payroll, Inc.
4. Legal Guardians. Guardian Ad Litem
5. Law Enforcement Personnel, Medical Service Personnel

All individuals seeking information on **Works for Me** client(s) must obtain written permission from the client or his/her legal guardian. The President/CEO of J. Arthur Trudeau Memorial Center/**Works for Me** will be notified of the request prior to the release of any such information.

Additionally, all persons receiving **Works for Me** services and his/her employee(s) understand that **Works for Me** maintains confidential information in reference to the services provided, and employee based information including but not limited to: applications, criminal background checks, driver's license checks, worker's compensation information, Sole Proprietor verification documents, I-9's, related tax information as required by State and Federal laws, payroll information, other pertinent information and identifiable information as required.

Individuals seeking information on employees, family members, legal guardians, volunteers, agents, student interns, contractor and vendors must likewise obtain written permission from the individual on whom the information of these requests prior to the release of any such information.

I have read the Confidentiality Statement and understand and agree to the provisions contained within.

I agree and consent to maintain and protect the strict confidential information for any person(s) and personnel associated with the **Works for Me** program. I will not provide information with third parties unless written consent is obtained from the President/CEO and/or designee.

I understand that any violation(s) of confidentiality can and will result in disciplinary action in accordance with State and Federal regulations, HIPAA regulations and agency regulations. This may include criminal prosecution under the Rhode Island General Law.

Employee Name (PRINT)

Employee Signature

Date

Works for Me

Date

Employee Enrollment Policy

I. Policy

It is the policy of J. Arthur Trudeau Memorial Center d/b/a ***Works for Me*** to assist and provide direction to the ***Works for Me*** Sole Proprietors in providing the Sole Proprietor with the appropriate documentation and forms to process the potential worker as an employee.

Works for Me will distribute all available Internal Revenue Service (IRS), Workers Compensation and Department of Labor materials to the Sole Proprietor.

All required information and paperwork must be submitted prior to the individual working with the Sole Proprietor. At no time will ***Works for Me*** allow an individual to work with incomplete paperwork. This is in conjunction with the standards, regulations and laws set forth by the State of Rhode Island and the Federal government.

II. Procedure

A. Employee

1. A potential employee of the Sole Proprietor must complete all necessary forms required by the State of Rhode Island and the Federal government.
2. Employee will complete a W-9, I-9 and an Emergency Notification Form.
3. The employee must submit a Bureau of Criminal Check from the State of Rhode Island Attorney's General Office that meets the requirement for employment.
4. The employee must complete a Motor Vehicle Check from that meets the standards of employment.
5. All completed forms will be maintained at the ***Works for Me*** office in the Sole Proprietor/employee's folder.
6. The employee's information will be entered into the data system at the ***Works for Me*** office and submitted to American Payroll for verification.
7. All employees will be paid and reimbursed on a bi-weekly basis.

Enrollment/Employment Information Policy

J. Arthur Trudeau Memorial Center, d/b/a ***Works for Me*** will give the Sole Proprietor and the employee all forms that will need to be completed by said individuals. The ***Works for Me*** Administrator will review all forms to ensure that it is accurate and completed correctly. ***Works for Me*** will ensure that the package is completed prior to the processing.

Works for Me will process and register all new hires with the Rhode Island State Directory of New Hires www.rinewhire.com. ***Works for Me*** will monitor the report of all new hires and maintain said information in the appropriate files.

Works for Me will maintain all Sole Proprietor and Employee records and update the forms as necessary.

Works for Me will maintain a checklist, in each person's record, of all required forms for both the Sole Proprietor and Employee. The Administrator will document the date each form was received, when said form needs to be updated and any form not received.

All State and Federal documents, such as IRS form 8655, SS-4 or IRS form 8821, will be submitted to the appropriate government agency. A copy of all forms will be maintained in the appropriate person's file.

Financial Policy

I. Policy

It is the intent of **Works for Me** to develop and support community inclusion with all Sole Proprietors and employees. In accordance with State and Federal regulations and Laws, all employees of the Sole Proprietor submit acceptable receipts for reimbursement.

While it would be impossible to list all the possible financial transactions that an employee may encounter, a brief list of general transactions has been compiled. All transactions using employee's funds and/or employee's funds must meet the guidelines for acceptable expenditures.

II. Procedure

1. Sole Proprietor's Financial Plan

Each of the Sole Proprietor's supported has a plan that is approved by the State of Rhode Island. The amount approved varies for each Sole Proprietor. The total amount received is dispersed for a twelve month period.

2. Allowable expenses

Allowable expenses are defined as expenses incurred while working with the Sole Proprietor. They would include but not be limited to transportation costs, YMCA membership fees, Medical expenses and creation and monitoring of behavioral or medical support plan along with the annual plan writers fee.

3. Appropriate receipts

It is the responsibility of the employee that is shopping to make sure he/she gets proper receipts.

Works for Me has to follow strict guidelines regarding receipts. The State of Rhode Island auditors check receipts to make sure the following information is listed:

- a) The vendor name
- b) Date of transaction
- c) Description of what service was purchased
- d) Dollar amount
- e) Signature of the Sole Proprietor verifying the expenditure

If this information is not printed on the receipt, the Vendor/Sole Proprietor needs to write in the missing information.

Hand written receipts will only be accepted on rare occasions when the vendor does not have the ability to provide an electronic receipt. A written receipt should document all the above required information and should be signed by the Vendor providing the service along with the Sole Proprietor's signature.

I _____ have read and understand the Financial Policy,
Name

Grievance Procedure and Policy

I. Policy

It is the intent of **Works for Me** to seek and maintain a high level of efficiency when contracting with Sole Proprietors. To promote the efficient and smooth operation of the Work for Me program, it is of the utmost importance that the grievances be promptly and fairly adjusted. Every effort should be made to resolve a grievance at the earliest possible time and at the earliest possible step in the grievance procedure.

II. Procedure

- A. If a Sole Proprietor has a complaint or grievance involving the **Works for Me** program, the complaint should be brought to the attention of the Administrator of **Works for Me** and/or the President/CEO. Preferably this complaint will be submitted in writing. If a verbal complaint is entered, **Works for Me** will note the date and nature of the complaint in a confidential clinical document maintained in the Sole Proprietor's file.
- B. **Works for Me** will review the grievance or complaint within three (3) business days of the date filed and received. The Administrator or President/CEO will review the grievance or complaint and contact the Sole Proprietor in writing within five (5) business days of reviewing the grievance or complaint.
- C. If requested by the Sole Proprietor, the President/CEO will meet with the individual(s) involved with the grievance in person to discuss the complaint. He/she will attempt to bring the matter to a satisfactory resolution.
- D. The President/CEO will submit in writing his/her findings and/or recommendation(s) concerning the grievance and a copy of the same shall be sent to all the individual(s) involved and the J. Arthur Trudeau Center Board of Directors chair person.
- E. If the individual is not satisfied with the J. Arthur Trudeau Memorial Center's decision and seeks further relief, that person must submit a written statement to the Board of Directors chair person. The chair person will submit a written response to the individual(s) and the President/CEO. The resolution of the grievance at this administrative level will be accepted as a final resolution for all person(s) involved.

Sole Proprietor Grievance Form

If you are unhappy with any of the services or any of the decisions made by **Works for Me**, please fill out this form and give it to the President/CEO at the J. Arthur Trudeau Center at 3445 Post Road, Warwick, RI 02886.

If you do not want to fill out this form, but wish to file a complaint, you can do so by contacting the President/CEO directly at 739-2700. The President/CEO will follow up with a written summary of your complaint.

Name

Address

Contact Number

What are you unhappy about?

What have you tried to do about this?

What do you want to happen now?

Is there anything else you would like to say?

Did anyone assist you with this form?

Signature

Date

Date Received: _____

By Whom: _____

Title: _____

Comments: _____

Signature

Date

Termination of Services Policy

I. Policy

It is the intent of ***Works for Me*** to provide continuous services for the individual in the ***Works for Me*** department. If at any time the individual decides to terminate services and/or is deceased, the service contract with ***Works for Me*** will discontinue.

II. Procedure

- A. Once ***Works for Me*** is contacted and/or informed of terminated services, ***Works for Me*** is legally obligated to inform the Internal Revenue Service (IRS) and the Division of Taxation in writing within two business days.
- B. The Division of Taxation will close the individual's account and return a letter of confirmation stating such.
- C. The ***Works for Me*** personnel will notify the Sole Proprietor's insurance carrier in writing of the termination of services.
- D. Any unused funds will be returned to the State of Rhode Island, BHDDH, Division of Developmental Disabilities. A summary of wages, benefits and/or other expenses will be submitted with the closed plan.
- E. ***Works for Me*** will pay up to the date of termination all expenses incurred by the Sole Proprietor. If any expenses are incurred after the date of termination, ***Works for Me*** does not hold any responsibility for the expense(s).

Program Participant's Representative

I. Policy

The J. Arthur Trudeau Memorial Center, - ***Works for Me*** will process all the necessary information for the program participant's representative in accordance with the guidelines, rules, regulations and laws set forth by the State of Rhode Island and the Federal Governments.

Works for Me will ensure that the program participant's representative completes a criminal background check. The Administrator will also monitor the program representative on an annual basis, unless concerns arise before that said date.

The representative must sign a statement stating he/she is not a beneficiary of any type of insurance policy currently held by the Sole Proprietor. This document will be maintained in the representative and the Sole Proprietor's record.

If the Sole Proprietor chooses to change his/her representative, he/she may do so at any time with advance notification to the ***Works for Me*** Administrator.

Monthly Reporting

I. Policy

It is the policy of the **Works for Me** program to keep accurate financial records for all income and accrued expenses paid through an individual's plan. To keep all involved persons abreast of his/her financial status, **Works for Me** will submit monthly financial reports.

On a monthly basis, the individual will receive a detailed report for all expenditures that has been paid during the said month. This will include but not limited to employee(s) expenses, wages paid to independent contractors, worker's compensation expenses, plan development fee(s), management fee(s), transportation costs and miscellaneous expenditures. If **Works for Me** has a concern in regards to an individual's spending patterns or an individual invoice, **Works for Me** will contact the individual by telephone and follow up with a letter.

At no time will **Works for Me** allow expenses to exceed the State approved budget. Copies of this letter will also be sent to the DDD caseworker.

- A. On the date of the individual's plan, that individual will receive a detailed report stating the total amount of funds that **Works for Me** will receive from the DDD for a twelve-month period.
- B. On a monthly basis from the date of the original plan, the individual will receive a report stating the above mentioned items. The report will highlight the expenses and remaining funds for the plan.
- C. If an individual spending exceeds the amount allocated, **Works for Me** will send a letter to the individual. Alterations to the person's plan may be needed to be in compliance with the allocated funds. At no time will **Works for Me** allow expenses to exceed the State approved budget. Copies of this letter will also be sent to the DDD caseworker.

- D. The Sole Proprietor may request a written or verbal financial balance at any time during the plan year. With all such requests, **Works for Me** will require five (5) business days to process the requested information.
- E. The Sole Proprietor can request a formal meeting with **Works for Me**. (**Works for Me** can request a formal meeting with the Sole Proprietor and DDD caseworker) to review all financial information during a course of the year.
- F. If there is a change in the Sole Proprietor status, such as but not limited to; increase of employee needs, transportation and/or medical needs, an addendum to the budget may be submitted to the DDD caseworker for review. It is the responsibility of the Sole Proprietor or representative, not **Works for Me**, to submit this addendum. This addendum must be approved by DDD prior to utilization of any funds that exceed the original spending plan.

Annual and Quarterly Reporting

I. Policy

It is the policy of the **Works for Me** program to keep accurate financial records for all income and accrued expenses paid through an individual's plan. To keep all involved persons abreast of his/her financial status, **Works for Me** will submit written quarterly and annual financial reports.

On a quarterly basis, the individual will receive a detailed report for all expenditures that has been paid during the said quarter. This will include but not limited to employee(s) expenses, wages paid to independent contractors, worker's compensation expenses, plan development fee(s), management fee(s), transportation costs and miscellaneous expenditures. If **Works for Me** has a concern in regards to an individual's spending patterns or an individual invoice, **Works for Me** will contact the individual by telephone and follow up with a letter.

At no time will **Works for Me** allow expenses to exceed the State approved budget. Copies of this letter will also be sent to the DDD caseworker.

II. Procedure

- A. On the date of the individual's plan, that individual will receive a detailed report stating the total amount of funds that **Works for Me** will receive from the DDD for a twelve-month period.
- B. On a quarterly basis (every 3 months), from the date of the original plan. The initial approved individual support budget will contain the annual total expenditures. These

budgets are based on a twelve (12) month basis, some are on a calendar basis i.e., January – December and some are not. Each quarterly report will be detailed in the following categories:

- Wages paid to all employees, vendors and Independent Contractors
- Worker's Compensation expenses
- Plan Development fees
- **Works for Me** Management fees
- Transportation
- Miscellaneous Expenditures
- Items approved in the support plan
- The report will include starting fund balance, funds utilized to date, and remaining balance.

- C. If an individual spending exceeds the amount allocated, **Works for Me** will send a letter to the individual. Alterations to the person's plan may be needed to be in compliance with the allocated funds. At no time will **Works for Me** allow expenses to exceed the State approved budget. Copies of this letter will also be sent to the DDD caseworker.
- D. The Sole Proprietor may request a written or verbal financial balance at any time during the plan year. With all such requests, **Works for Me** will require five (5) business days to process the requested information.
- E. The Sole Proprietor can request a formal meeting with **Works for Me**. (**Works for Me** can request a formal meeting with the Sole Proprietor and DDD caseworker) to review all financial information during a course of the year.
- F. If there is a change in the Sole Proprietor status, such as but not limited to; increase of employee needs, transportation and/or medical needs, an addendum to the budget may be submitted to the DDD caseworker for review. It is the responsibility of the Sole Proprietor or representative, not **Works for Me**, to submit this addendum. This addendum must be approved by DDD prior to utilization of any funds that exceed the original spending plan.

EXAMPLE

Works for Me

Quarterly Report

John Doe

Period 1/1/2015 – 3/31/2015

Staff Wages	\$	2,911.00
Payroll Taxes		250.59
Worker's Compensation		409.00
Management Fee		1,500.00
Other Expenses		<u>500.00</u>
	\$	<u>5,725.00</u>

SOLE PROPRIETOR AUTHORIZATION OF PAYMENT

I _____ am authorizing **Works for Me** to make the
(Print name)

following payment on my behalf.

Vendor

Average Monthly Cost

I have authorized the above vendor(s) to mail my invoices directly to:

Works for Me
3445 Post Road
Warwick, RI 02886

I understand that if an invoice exceeds the monthly cost noted above, the **Works for Me** personnel will notify me prior to making vendor payment.

Sole Proprietor Signature

Date

Works for Me personnel

Date

Date Authorization Received

Addendum-Criminal Record Checks

Information contained in the Bureau of Criminal Investigation computer pertaining to conviction or arrest pending disposition for the crimes identified below will result in a letter to applicant disqualifying the applicant from employment. The following list of disqualifying information includes, but is not limited to:

Offenses against the Person:

- Assault by spouse
- Assault with intent to commit specific felonies
- First Degree sexual assault
- Second Degree sexual assault
- Third Degree sexual assault
- First Degree child abuse
- Second Degree child abuse
- Kidnapping
- Kidnapping with intent to extort
- Felony assault
- Domestic Assault
- Voluntary manslaughter
- Involuntary manslaughter
- Murder

Public Indecency:

Transportation for indecent purposes:

- Harboring
- Prostitution

- Pandering
- Deriving support or maintenance from prostitution
- Circulation of obscene publications and shows
- Sale or exhibition to minors of indecent publications, pictures or articles
- Child nudity

Drug Offenses:

Any offense constituting a felony which is enumerated in Rhode Island General Law 21-28-1.01 et seq., the Uniform Controlled Substance Act.