

MASSACHUSETTS MONEY MANAGEMENT PROGRAM
REPRESENTATIVE PAYEE CLIENT MONITOR CHECKLIST

Client: _____ Period Monitored: _____

Monitor: _____ Date Monitored: _____

Deposits:

1. Direct deposit has been arranged. Yes No
2. All normally expected deposits have been received. Yes No

Expenses:

3. All essential bills are being paid each month (rent, utilities, food). Yes No
4. Memo line on checks is adequately filled out. Yes No
5. Were there any unexpected large payments? Yes No
6. Information on canceled checks corresponds with information on checkbook register. Yes No
7. Checks made out to staff member or volunteer have supporting documentation.
(Checks should be backed up by a receipt and/or signed cash receipt.) Yes No N/A
8. Are the client's benefits being spent appropriately, to meet his or her basic needs according to Social Security Administration Guidelines? Yes No

Bank Statements, Canceled Checks, Checkbook Register:

9. Are there any service or overdraft fees. Yes No
10. The account balance is under \$2,000 (\$3000 for a couple) for clients receiving SSI or Medicaid/Mass Health. Yes No
11. Are there any missing statements or canceled checks? Yes No
12. Signature on checks match authorized signer. Yes No

13. All expenses and deposits are being recorded on the check register. Yes No

14. Does the check register have fragmented or incomplete entries? Yes No

15. Are there check numbers missing in register or are not in consecutive order?
 Yes No

16. Beginning and ending balances agree with bank statement and with previous month's ending balance. Yes No

17. Checkbook register and bank statement are reconciled for each month monitored.
 Yes No

Comments: _____

