

MASSACHUSETTS MONEY MANAGEMENT PROGRAM
BILL PAYER CLIENT MONITOR CHECKLIST

Client
Monitor

Date Monitored

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Period Monitored

FR:

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To:

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File Review:

Have all the statements and volunteer reports been received?

Do the statements include check images?

If no, is the Check Register side of the Monthly Volunteer Report completed including client's signature?

YES	NO

Deposits:

Have all expected direct deposits been credited?

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Expenses:

Are all essential bills being paid each month (rent, utilities, food)?

Is the memo line adequately filled out?

Were there any unusual or large expenses?

Are any checks made out to a staff member, volunteer or CASH?

If yes, is there a corresponding cash receipt signed by the client?

Bank Statements:

Are there any service or overdraft fees?

Is the account balance under \$3500? or \$2,000 (\$3K for a couple) for clients receiving SSI, Medicaid or Mass Health?

Are checks being used in sequential order?

Does the signature on checks match the clients signature?

Have any ATM/Debit or online banking transactions been made?

Comments:

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