ATM Training Workshop

Marc I. Rosen, M.D.
Karen Ablondi, MPH

Yale University School of Medicine
New Haven, Connecticut
Acknowledgments

This training manual was developed with the support of the National Institute on Drug Abuse (NIDA) Grant R01-DA12952, and the Department of Veterans Affairs VISN 1 Mental Illness Research Education and Clinical Care Center, VA Health Services Research & Development Grant (MHI20-100) and P50-DA09241.

The manual development team acknowledges the editorial suggestions and assistance of Andrea Weinstein, MA, C.R.C and Kristin Serowik B.A.
# ATM Training Workshop

## Table of Contents

1. **Agenda** .................................................................................................................................. 4
2. **Workshop Objectives** ........................................................................................................... 6
3. **Introductions & Overview** ..................................................................................................... 7
   - ATM Background Power Point Talk & Discussion
4. **Money Management Training Part 1** ................................................................................... 9
   - Exercise & Discussion Clinician’s Views on MM ................................................................. 10
   - Exercise & Discussion Family Financial Habits ................................................................. 12
5. **Money Management Training Part 2** ................................................................................. 15
   - Exercise & Discussion Role Play ....................................................................................... 16
   - Exercise & Discussion Case scenarios .............................................................................. 17
5. **Money Management Training Part 3** ................................................................................. 20
   - Film Advisor-Teller Money Manager
   - Didactic ABC’s of Money Management ........................................................................... 21
   - Presentation Social Security Presentation ....................................................................... 23
7. **Money Management Training Part 4** ................................................................................. 24
   - Activity ATM & FIT Manual & Workbooks
   - Activity Money Management Study Form .................................................................... 25
8. **Money Management Training Part 5** ................................................................................. 36
   - Presentation Avoiding Money Traps ................................................................................ 37
9. **Money Management Training Part 6** ................................................................................. 38
   - Presentation Money & Credit
     - Understanding Your Credit Report
     - Who We Are What We Do
10. **Money Management Training Part 7** .............................................................................. 39
    - Conclusion, Wrap up & Review
# Money Management Training Workshop
## Agenda
### Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30</td>
<td>Introductions &amp; Overview</td>
</tr>
<tr>
<td></td>
<td>√ ATM Background Power Point Talk &amp; Discussion</td>
</tr>
<tr>
<td>8:30 – 10:00</td>
<td>Money Management Training Part 1</td>
</tr>
<tr>
<td></td>
<td>√ Clinician’s Views on Money Management</td>
</tr>
<tr>
<td></td>
<td>√ Examining the Origin and Impact of Financial Behavior</td>
</tr>
<tr>
<td>10:00 – 10:15</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 – 12:00</td>
<td>Money Management Training Part 2</td>
</tr>
<tr>
<td></td>
<td>√ Ethical Dilemmas</td>
</tr>
<tr>
<td></td>
<td>√ Case scenarios</td>
</tr>
<tr>
<td></td>
<td>√ Role Play</td>
</tr>
<tr>
<td>12:00 – 1:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 – 3:00</td>
<td>Money Management Training Part 3</td>
</tr>
<tr>
<td></td>
<td>√ ATM Film</td>
</tr>
<tr>
<td></td>
<td>√ 3 Steps to Money Management</td>
</tr>
<tr>
<td></td>
<td>√ ABC’s of Money Management</td>
</tr>
<tr>
<td>3:15 – 3:30</td>
<td>Break</td>
</tr>
<tr>
<td>3:30 – 4:30</td>
<td>Social Security Presentation</td>
</tr>
<tr>
<td></td>
<td>√ SSI/SSDI benefits</td>
</tr>
<tr>
<td></td>
<td>√ Federal/State/Local programs</td>
</tr>
<tr>
<td></td>
<td>√ Medicaid/Medicare</td>
</tr>
<tr>
<td></td>
<td>√ Social Security Work Incentives</td>
</tr>
<tr>
<td></td>
<td>√ Ticket to Work</td>
</tr>
</tbody>
</table>
## Money Management Training Workshop
### Agenda
#### Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 –  8:30</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8:30 – 10:30</td>
<td>Money Management Training Part 4</td>
</tr>
<tr>
<td></td>
<td>√ ATM &amp; FIT Manual &amp; Workbooks</td>
</tr>
<tr>
<td></td>
<td>√ Money Management Study Forms</td>
</tr>
<tr>
<td></td>
<td>√ Review &amp; Questions</td>
</tr>
<tr>
<td>10:30 – 10:15</td>
<td>Break</td>
</tr>
<tr>
<td>10:15–12:30</td>
<td>Money Management Training Part 5</td>
</tr>
<tr>
<td></td>
<td>√ Avoiding Money Traps</td>
</tr>
<tr>
<td>12:30 – 1:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30 – 3:00</td>
<td>Money Management Training Part 6</td>
</tr>
<tr>
<td></td>
<td>√ Understanding Credit Reports</td>
</tr>
<tr>
<td></td>
<td>√ Debt Management Services</td>
</tr>
<tr>
<td></td>
<td>√ Bankruptcy Counseling</td>
</tr>
<tr>
<td>3:00 – 3:30</td>
<td>Break</td>
</tr>
<tr>
<td>3:30 – 4:30</td>
<td>Money Management Training Part 7</td>
</tr>
<tr>
<td></td>
<td>√ Conclusion</td>
</tr>
<tr>
<td></td>
<td>√ Wrap up &amp; Review</td>
</tr>
</tbody>
</table>
ATM Money Management Training Workshop Objectives

Upon completion of the 2-day Money Management Training Workshop, participants will have the following knowledge and resources:

I. Cognitive.
   Participants will understand:
   - Their own individual differences and financial values and accept those of others.
   - The role of family dynamics and its impact on financial behavior.
   - The importance of motivation and readiness to begin money management.

II. Affective.
   Participants will value:
   - The ethical requirements of providing money management services.
   - The role of client as colleague by collaboratively developing money management financial goals.

III. Skills.
   Participants will be able to:
   - Teach ATM & FIT money management skills to their patients.
   - Demonstrate the ability to conduct money management with their patients.
   - Review barriers to money management success.
   - Advice patients on avoiding money traps.
   - Help patients to identify other options than borrowing money.
Introductions & Overview

ATM Background Power Point Talk & Discussion

GOALS
To get acquainted with new colleagues
To identify the financial habits of your family of origin.
To gain an understanding of ATM and its background.

Procedure

A. Group Introductions Getting-Acquainted Team Building Activity

B. Overview
   1. Provide an overview of the workshop.
   2. Begin Session I by reviewing the goals listed above. Write goals on the easel.

C. ATM Background Presentation
   1. Distribute handouts to accompany PowerPoint presentation

D. Closure
   Close the session by summarizing the main points of the Overview and by providing a brief overview of Part 1.
Getting-Acquainted Team Building Activity

Directions:

Ask participants to ask a question that they would ask to get acquainted with another person. Provide examples, such as “What do you like to do for recreation?” and “If you could spend two weeks anywhere you wanted, where would you go?”

Then ask for a volunteer to go first. The first person:

- tells the whole group his/her name and where he/she is from (or some other “standard” identifier you want everyone to know about each other),
- asks the question he/she wrote, for the next person to answer

The next person in line:

- tells the whole group his/her name and where he/she is from (or the other “standard” identifier requested),
- shares his/her response to the previous person’s question, and
- asks the question he/she wrote, for the next person in line to answer.

The process continues until all participants have been introduced and answered & asked a question.

Wrap up the activity by asking the reflection items listed below.

Reflections
What are the most important things you like to know about other people before you start working with them?
In what ways did this activity help you get acquainted with others in the group?
Was it helpful for learning each other’s names and something about other people who are here?
Money Management Training Part 1

Clinician’s Views on Money Management
Examining the Origin and Impact of Financial Behavior

GOALS

To identify clinician’s views on money management
To explore personal feelings associated with the subject of money management.
To examine the financial habits of your family of origin.

Procedure

A. Introduction
   Begin the session by reviewing the goals listed above. Write goals on the easel.

B. Activity  Clinician views on Money Management

C. Exercise  Family Financial Habits Worksheet

D. Discussion & Closure
   Close the session by summarizing the main points of Part 1 and by providing a brief overview of Part 2.
Clinician's Views on Money Management

Please take a few minutes to think about the following questions and share with the group your knowledge and opinions on providing money management services to your patients.

Have you ever been trained to do any kind of money management?

Have you ever been a patient's money manager?

Have you ever requested a representative payee or conservator for a patient?

Do you have any specific questions you would like addressed during this training?

Are you ambivalent about providing money management services to your patients?

How do you feel (confidence & skill level, like & dislike) about providing money management services to your clients?

What do you routinely ask patients about their income?
  About their Expenses?
  About their Debts?
  About how they store money?

Have you ever stored money for a patient?
  Stored personal belongings?
  What issues did this raise?

Have you ever helped a patient get a benefit you didn't think the patient was entitled to?
  VBA benefit or SSI/SSDI application?
  Other?
Have you ever had conflict with a patient around their money management?
   Around payee assignment?
   Around a bill they owed?
   Around advice you gave the patient?

Does your site have a money management program?
   What is your experience working with it?

Do you advise clients to pay off their old debts?

**Clinician Attitudes:**

Do you think clinicians should address money management as part of clinical care?
   Only certain clinicians?
   Only case managers?

Do you feel you understand benefits issues well enough to discuss?
ACTIVITY: Family Financial Habits

PURPOSE: By examining family financial habits, we can explore where our own spending habits and financial beliefs originated.

TIME: 30 minutes

MATERIAL: Family Financial Habits Worksheet

Instructions

1. Discuss how financial knowledge develops gradually over time and by examining the financial habits of your family (father, mother, primary caretaker, sister, brother, self, etc.) you may begin to understand how some of your financial habits may positively or negatively affect you.

2. Ask participants to complete the Family Financial Habits Worksheet. For each family member, place a check in the appropriate box if that family member practices the described action.

Objectives:
At the completion of this activity you will be able to:

1. Identify the financial habits of your family of origin,
2. Compare and contrast your current financial habits with those of your family of origin,
3. Discuss the impact your family’s life-style habits have on the development of your own financial habits, and
4. Summarize the impact (both positive and negative) your financial habits may have on your finances in the long run.

Note to Instructor: If participants have children and a family of their own, you may also want to suggest they analyze their present family financial habits and the impact they will potentially have on their children.
Evaluation:
Compare and contrast your current financial habits with those of your family of origin using the Financial Habit Worksheet. After completing this worksheet I will ask you to summarize the contribution and the impact (both positive and negative) of your family’s financial habits on your current habits. What are the implications for your financial health in the long term?
### Financial Habits Worksheet

<table>
<thead>
<tr>
<th>Financial Habits</th>
<th>Mother</th>
<th>Father</th>
<th>Self</th>
<th>Siblings</th>
<th>Spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pays bills on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talks openly about finances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has credit cards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pays off mthly credit card balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incurs late fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gambles (lotto, ponies, casinos)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviews mthly bank statement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money in Savings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement account</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage/rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lives pay check-to-pay check</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gets anxious when discussing finances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone else manages finances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a mthly budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plans/saves for future purchases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spends impulsively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pays bills with money orders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent-to-Own</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding own tax return</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argues over finances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gives extravagant gifts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes**
Money Management Training Part 2

GOALS
To develop ATM counseling techniques to provide ATM
To gain an understanding of ethical values surrounding money management

Procedure

A. Introduction
   Begin the session by reviewing the goals listed above. Write goals on the easel.

B. Activity Case Examples for Role Play

C. Activity Ethical Case Scenarios

D. Discussion & Closure
   Close the session by summarizing the main points of Part 2 and by providing a brief overview of Part 3.
Money Management Training Part 2

ACTIVITY: Case Examples for Role Play

PURPOSE: To develop ATM counseling techniques to provide ATM

TIME: 45 minutes

MATERIAL: ATM Role Play

Instructions

Explain to participants that each will have an opportunity to practice ATM in a twenty minute role play in which the trainers will simulate clients enrolled in the study.

One staff member (therapist) will perform the session by referring to a simulated handout displaying recent clinical & financial information pertinent to today’s visit.

During the role play
Remind the staff member to practice the ATM counseling stance.
At about 15 minutes, debrief and bring the session to closure.

Comments:
Therapists typically will find using ATM easier or more natural over time.
Keep debriefing targeted to the most salient teaching points needed by the therapist. (i.e., don’t overwhelm the therapist with too much feedback…a few points that hit home are better than excessive coaching). For some therapists, this may mean highlighting their successes and how to further enhance their performance (e.g., “You really got at how the client feels mixed about stopping reducing spending and were careful not to give the client too many recommendations).

Fundamentally, we are trying to get the therapist to embrace ATM into their interactions with their clients, consistent with the client as colleague model.
Activity: Ethical Case Scenarios

PURPOSE: To gain an understanding of money management and ethical values

TIME: 45 minutes

MATERIAL: Ethical case scenario handout

Instructions

Explain to participants that each will have an opportunity to practice a role play in which the trainers will simulate clients enrolled in the study.

One staff member (therapist) will perform the session by referring to a simulated handout displaying an ethical situation presented during a money management session.

At the end of the role play, process the activity with the participants.
Ethical Case Scenarios

1) Client is 45 year old SSI recipient with bipolar disorder. Lives in a shelter, and spends much of her day at VA.
   a) Presents saying she has deposited a new boyfriend’s money in her account
   b) Presents saying she is taking money out of the (joint?) account to pay for a hotel room to share with her boyfriend
   c) Presents with her boyfriend. He wants his money back and she tells him that she has been making a budget with you. He wants to talk to you about her budget. He is big and angry.

2) Client is a 30 year old bipolar woman who receives SSDI.
   a) Has spent her check on crack, has been evicted, and has no place to stay. Presents asking for meal tickets and VA placement.
   b) Has been beaten up by man she was dating who stole her money
   c) Case worker has told her that clinician will ask she be assigned a payee. Has stopped going to see clinician but still will see you because you help her.

3) Client is a 40 year old depressed mother of 3. She has a Section 8 apartment so her rent is very low. She lives with a 12 year-old, 15 year-old, and 19 year-old daughter. Her 19 year-old daughter has an infant son and no place to stay.
   a) She tells you her landlord is threatening her with eviction because her daughter stays with her, which is against apartment rules.
   b) She has gotten her daughter to move out. Her boyfriend stays at her house from time to time. She allows him to stay and she uses crack with him when he stays.

4) Client is a 50 year-old divorced veteran with recurrent depression.
   a) She is unable to save money because she spends $50 per week on cigarettes and Dunkin Donuts coffee.
b) She is overweight and has diabetes. Her doctor has told her she should lose weight. You notice she spends a lot of money on food. She tells you she shops at the bodega down the street.

c) Her boyfriend stays at her apartment periodically and gives her crack.

d) She gets a job in a peer mentoring program at a community center but is worried she will lose her SSDI benefits.

5) Client is a 45 year-old single veteran with PTSD residing at the VA women’s program.
   a) She recently became employed and is earning $240.00 weekly.

   b) She gets a Section 8 voucher and is eager to move into an apartment.

   c) She presents will her money management plan which includes getting a payday loan and buying furniture at a local Rent to Own store.

6) Client is a 33 year-old single veteran with major depression with psychotic features.
   a) She was recently awarded VBA benefits and will soon receive a 10K lump sum payment.

   b) She would like to take her supportive friends and family on a cruise, which would exhaust most of the lump sum payment

   c) She owes 2K in credit card debt and 3K in back child support.
Money Management Training Part 3
Getting Clients Interested in Money Management

GOALS

To develop skills to engage clients in money management.
To Learn the ABC’s of Money Management.

Procedure

A. Introduction
   Begin the session by reviewing the goals listed above.

B. Film: Advisor Teller Money Manager (ATM)

C. Presentation & Handout: 3 Steps to Money Management
   Training involves engagement procedures and techniques to start a conversation about money management.

D. Exercise: Participants will role play engagement techniques to develop competency.

E. Handout: ABC’s of Money Management
   The ABC’s of money management (ATM & FIT) are presented to participants to develop the basics fundamental skills necessary to conduct money management sessions with clients.

F. Closure
   Close the session by summarizing the main points of Part 3 and by providing a brief overview of Part 4.
ABC’s of ATM

A anticipate all expenses and plan who will pay for them (money manager or client using discretionary funds).

B budget all expected income to see if it covers expenses.

C compare anticipated expenses and available funds and revise the budget when necessary.
ABC’s of FIT

A

Anticipate all expenses,
overestimate expenses

B

Budget all expected income to see if
it covers expenses.

C

Compare anticipated expenses and
available funds and revise the budget
when necessary.
Social Security Presentation

GOALS

To provide participants with an overview of the Social Security Administration and the services and benefits the agency provides.

Procedure

A. A 2 hour presentation by The Social Security Administration covering the following topics: SSI/SSDI benefits, Federal/State/Local programs, Medicaid/Medicare

B. Social Security Work Incentives and Ticket to Work.

C. A question and answer period will be held after the presentation.

D. Participants will be provided with handouts and contact information for the local social Security Office.
Money Management Training Part 4

ATM & FIT Manual & Workbooks
Money Management Study Forms

GOALS

To develop the competency to conduct money management with clients
To teach therapists how to accurately complete study forms

Procedure

A. Introduction
   Begin the session by handing out the workbooks to participants

B. Activity  Workbook Practice Session
   In a role play, participants will practice completing the workbook
   (including Goal Setting, Expense Sheets, and Monthly Budgets)

C. Exercise  Study Forms
   1. Participants will be trained to complete study forms and have an
      opportunity to practice the newly acquired skill.
   2. Study Forms include: Initial Information from Clinician, Client
      Budget and Consent Form, Direct Deposit for Federal Benefit
      Payments, Non Budgeted Request, Notification of Ending Study
      Participation, Client Visit Flow Sheet, Goals Sheets, Weekly
      Expense Sheet, Monthly Budget Worksheet, Weekly Activities
      Budget, & End of Study form.

D. Closure
   Close the session by summarizing the main points of Part 4 and by
   providing a brief overview of Part 5.
Client Name___________________ Clinician__________________________

Clinician: Please describe prior efforts made to assist the client in the management of his/her money ________________________________________________ 
______________________________________________________________ 
______________________________________________________________ 
______________________________________________________________

Clinician: Has the client ever assaulted or fought with someone who managed their money? If yes, please describe: ______________________________________ 
______________________________________________________________ 
______________________________________________________________ 
______________________________________________________________

Does the patient have a history of any assaultive behaviors?
______________________________________________________________ 
______________________________________________________________

Has the patient ever done anything to make you afraid of meeting in your office alone? ________________________________________________ 
______________________________________________________________ 
______________________________________________________________

What works to calm the patient down when he/she is agitated? 
______________________________________________________________ 
______________________________________________________________ 
______________________________________________________________
Client Name___________________ Clinician__________________________

Clinician: Describe client’s attitude towards this referral

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Clinician: Client goals for involvement in the money management program

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
**Yale University Resource Administration Program**

**Client Budget and Consent Form**

---

**Client:** __________________________  **Date:** __________________________

**Address:** __________________________________________________  **SS#:** __________

**Income - Check those to be managed by the Program**

<table>
<thead>
<tr>
<th>Sources of Income</th>
<th>Amount per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ SSI</td>
<td>$ _______________</td>
</tr>
<tr>
<td>☐ SSDI</td>
<td>$ _______________</td>
</tr>
<tr>
<td>☐ Other</td>
<td>$ _______________</td>
</tr>
</tbody>
</table>

**Total Monthly Income**  $ _______________

**Expenses**

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Payee/Account #/Description</th>
<th>Amount per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Rent</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Telephone</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Electricity</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Gas</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Credit Cards</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Transportation</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Food</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Cable</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>☐ Debit Card Allowance</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

---

I hereby give consent to the Yale University Money Management Program to deposit, budget and disburse my monies as outlined above. I understand that my monies will be deposited into a Yale University non-interest-bearing checking account and that I will incur no bank charges through my participation in this program. Yale University will assume responsibility for safeguarding my monies while such monies remain in the possession of the Money Management Program and its staff. I understand that requests for additional money or withdrawal of money from the program will be processed as described in the signed Consent.

---

**Patient** __________________________  **Date** __________________________

**Study Therapist** __________________________  **Date** __________________________
Yale University Money Management Program
Direct Deposit for Federal Benefits Payments

Name of Federal Benefit Recipient

____________________________________

Address

____________________________________

Telephone Number

___________________________________

SS#

I, ________________________ request that my SSDI/SSI benefits be
directly deposited into the following account:

<table>
<thead>
<tr>
<th>Checking Account Title:</th>
<th>Yale University Resource Administration Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 -Digit Routing Number:</td>
<td></td>
</tr>
<tr>
<td>Account Number:</td>
<td></td>
</tr>
</tbody>
</table>

I authorize this payment to be sent to the financial institution named above, to be
deposited into the account above.

_________________________________________  __________________________
Client                                        Date

_________________________________________  __________________________
Study Therapist                               Date
Yale University Resource Administration
Program

Use this form when client requests disbursement of discretionary funds beyond the amount budgeted/contracted.

I am requesting _____________________________(Amount)

Purpose of funds:

☐ Unexpected travel expenses
☐ Unexpected health care expenses
☐ Substance use
☐ Impulse purchase
☐ Mutually agreed upon abstinence promoting activities
☐ Other

Client Name__________________________________________________________

Date of Request:_____________ Date Needed:__________________________

Client Signature:____________________________________________________

Study Therapist remarks/recommendations:______________________________

____________________________________________________________________

____________________________________________________________________

Study Therapist Signature:____________________________________________
Date: __________________________ Report Prepared by: __________________________

Client Name: __________________________ ID No: __________________________

Account Balance in QuickBooks: __________________________ $ _________

This request for reimbursement of patient funds requires two working days

_________________________________________ Date
Client Signature

_________________________________________ Date
Study Therapist Signature

_________________________________________ Date
PI/Designee Signature

Received by DSA Business Office on: _____/_____/_____

Client Account Verified by: __________________________
Client Visit Flow Sheet

Client ID________________________ Client Number________________________
Week in study________________________ Rater Code________________________

Interview Date________________________

Is the client FIT ATM or Prior to Randomization?

☐ FIT ☐ ATM ☐ Prior to Randomization

Is this a scheduled visit?

☐ Yes ☐ No

Did the client attend the prior week’s scheduled visit?

☐ Yes ☐ No

Type of Contact:

☐ In person ☐ Telephone ☐ Correspondence

With whom contact occurred:

☐ Patient ☐ Clinician ☐ Joint ☐ Other Visit

Length of contact? (in minutes) ______________

Breathalyzer: __________________

Urine toxicology:

COC  ☐ Negative ☐ Positive ☐ Positive (prescribed) ☐ Refused Test

OPI  ☐ Negative ☐ Positive ☐ Positive (prescribed) ☐ Refused Test

THC ☐ Negative ☐ Positive ☐ Positive (prescribed) ☐ Refused Test

Were treatment funds loaded to debit card?
If yes, how much________________________

Were any bills paid on behalf of the client?
If yes, how many_________ Total amount paid out_________

Was the client account reviewed in detail?

☐ Yes ☐ No
Goals

Client ID________________________ Client Number ____________

Week in study________________________ Rater Code______________

Interview Date________________________

Things I Want that Require Money

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

Individual Short and Long-term Goals to Work Toward

<table>
<thead>
<tr>
<th>Goals:</th>
<th>Short-term</th>
<th>Long-term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ______________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ______________________________________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Goals:

1. ___________________________Steps to achieve this goal:

__________________________________________________________________________

__________________________________________________________________________

2. ___________________________Steps to achieve this goal:

__________________________________________________________________________

__________________________________________________________________________

3. ___________________________Steps to achieve this goal:

__________________________________________________________________________
**Weekly Expense Sheet**

Client ID  
Client Number  
Week in study  
Rater Code  
Interview Date  

*How did you spend your money? Record both your daily and weekly expenses. At the end of the week, you will know where your money went and have a better idea how you want to spend it in the future.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# ATM Budget Worksheet

**Client ID**  
**Client Number**

**Week in study**  
**Month**

<table>
<thead>
<tr>
<th>Description</th>
<th>A1: Expected Amount</th>
<th>B1: Actual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Beginning Account Balance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Money from last month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Income from employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Benefits / Entitlements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Family / Friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Food Stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. <strong>Income total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Sum of rows 1-6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Health Care Products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Groceries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Bus Fare / Gasoline for car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Laundry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Entertainment/Restaurants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Deposit to Savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Debt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **21. Total Monthly Expenses:**   |                     |                   |
| (sum of rows 8-19)               |                     |                   |

| **22. Net Income:**             |                     |                   |
| (Total income)-(total expenses):|                     |                   |

| **23. Ending Balance for this month:** | | |

---

---
1. Do you agree to develop an activity budget this week? ___Yes ___No

2. From the categories below, please code 3 activities that the client plans to complete this week.

- □ Education
- □ Financial
- □ Employment
- □ Family
- □ Health
- □ Social
- □ Recreational
- □ Transportation
- □ Housing
- □ Legal
- □ Personal Improvement
- □ Abstinence

Activity 1 _________________________________________________
Amount activity will cost ________________
Completion Verification_________________

Activity 2 _________________________________________________
Amount activity will cost ________________
Completion Verification_________________

Activity 3 _________________________________________________
Amount activity will cost ________________
Completion Verification_________________
I understand that I will spend $__________ to complete these activities by
__________
Date

_________________________ ____________
Client      Date

_________________________ ____________
Therapist    Date

Were activities agreed upon for last week? If yes, complete the following:

☐ How many? ☐ How many attempted? ☐ How many completed?

Client Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Therapist Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Money Management Training Part 5

Avoiding Money Traps

GOALS

Discover how to avoid money traps, scams and more
Develop skills to assist clients review the pros and cons of money traps

Procedure

A. Introduction
   1. Begin the session by distributing the Avoiding Money Traps handout
   2. Presentation: Avoiding Money Traps

B. Discussion: Review methods and techniques to avoid money traps. Give examples: cell phones, rent to own, bank fees, pay day loans, and using credit wisely.

C. Closure
   Close the session by summarizing the main points of Part 5 and by providing a brief overview of Part 6.
Money Management Training Part 6

Credit and Debt Management

GOALS

To learn how to read and interpret Credit Reports
Identify reputable Debt Management Services in your area
Learn about Bankruptcy Counseling

Procedure

A. Introduction
   1. Provide a brief overview of Part 6.
   2. Begin the session by reviewing the goals listed above.

B. Presentation: Credit Reports and Credit Scores

C. Presentation: Local Credit Counseling agencies and services

D. Closure
   1. Close the session by summarizing the main points of Part 6
   2. Provide participants with information regarding credit counseling services in the area.
Money Management Training Part 7

Conclusion

GOALS

By reviewing material, continue to develop therapist’s competency to deliver ATM and FIT.

Procedure

A. Wrap up & Review
   Participants are encouraged to use this time to ask questions and review the material from the 2 day training workshop.

B. Additional role-play and case scenarios will be used to further develop the therapist’s competency to deliver ATM and FIT.