

INSTRUCTIONS FOR COMPLETING AN ICP BUDGET WORKSHEET

1. Enter the name of the ICP participant in the 'Participant' field.
2. Enter the prime # of the ICP participant in the 'Prime #' field.
3. Enter the date you are actually completing the ICP Budget Worksheet in the 'Completed date' field.
4. Enter the effective date you are approving the new budget for in the 'Effective date' field.
5. Enter the date that the next six-month budget review is due in the 'Next financial review' field (this should be six months from the effective date of this budget).
6. Enter the amount on the 546IC2Wk form in the 'Monthly Benefit' field at the bottom of the 546 form in the 'Monthly Benefit' field.
7. Enter the Monthly Benefit in the 'Total Monthly Cash Benefit' field ('digital version' the form does the calculation for you).
8. Enter the total provider wages in the 'Total Personal Support Worker/Employee Provider Wages' field.
 - a. **Note:** If you are authorizing any contingency and/or discretionary funds it does help to complete the rest of the form first and complete the wages section last so you know exactly how much money is left in the budget for provider wages.
9. Enter the FICA, FUTA, and SUTA taxes in those fields and the WBF payment in the WBF field (These are all found under the 'Employer tax add-ons' section of the 546IC2Wk form).
 - a. **Note:** If the consumer knows how often they intend on paying their employer portion of the taxes, you should indicate the frequency by checking either Quarterly, Semi-Annually, or Annually. If they do not know, this can be left blank. However, you should encourage them to seek the assistance of a tax professional for guidance.
10. Enter the total monthly mileage amount in the 'Total Mileage' field.
11. If the consumer has requested and you have approved any contingency and/or a discretionary funds, enter those monthly amounts in the 'Contingency Funds' and the 'Discretionary Funds' fields.
 - a. **Note:** Any contingency and/or discretionary funds that are approved will reduce the amount of money available for the provider's wages. For example, you previously entered \$2500.00 for provider A's wages, if you approve \$100.00 per month of contingency funds, you will need to reduce the total wages for provider A to \$2400.00.

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12. The Total budget expenditures (section 1 plus section 2) should be entered in the 'Total budget expenditures' field and should match the 'Total Budget' indicated in the Cash Benefit section at the top of the form.
13. Case manager and consumer or their ICP Representative must sign and date the bottom of the form.