| State of Kansas  Department for Children and Families  Prevention and Protection Services | **WARDS ACCOUNT**  **Spend-Down**  **Worksheet** | PPS 5927A  Rev. October 2019 |
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| When a client who receives SSI is approaching the $2,000 resource limit, the worker needs to try to spend down the WARDS account. This spend down must occur before the 1st of the month. Follow these steps to see if a spend-down is available. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARDS Worker’s Name: | | | | | | |  | | | | | | | | Date Worksheet Completed: | | | | | | | | | | | | | | | |  | | | | |
| WARDS Client’s Name: | | | | | | |  | | | | | | | | | | Client ID#: | | | | | | | |  | | | | | | | | | | |
| Client SSN: | | | | | | | last 4 digits | | | | | |  | | |  | | | Client DOB: | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP 1 | Dates DCF was Payee: | | | | | | | | |  | | | | | | | | to | | |  | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP 2 | | | Were service months missing from approved deposits? | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | |
|  | | |  | | |  | | |  | |  | | |  | | | | | |  | | | | | |  | |  | **STOP** | | | |  |  | |
|  | | | If yes, attach the Deposit Detail report and list the missing months (Month/Year) here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STEP 3 | | | Were there additional expenses involved with the missing months? | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No  **STOP** | | | | | |
|  | | | If yes, attached the SCRIPTS expense report and list them (service ID#s/amounts) here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP 4 | | | Request a manual expense by completing this section and sending the completed form, with attachments, to the WARDS Accountant. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **To WARDS Accountant:** | | | | | | | | Please do a manual expense from this client’s WARDS account. (see client info above.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payee: | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |
| Total Amount: | | | | | $ | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | | | | |
| Reason: Reimbursement for cost of care (date/ServiceID/amount – list as many that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| For WARDS Accountant Use: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request Recv’d: | | | | |  | | | | Check #: | | |  | | | | | | Date on Check: | | | | | | | | |  | | | | | | | | |

[](http://srsshare.srs.ks.gov/communications/Graph/Official%20Logos/DCF%20Logos/DCF-black.png)