State of Kansas
Department for Children and Families
Prevention and Protection Services

WARDS ACCOUNT SPENDING REQUEST

PPS 5929
October 2019

Complete this form to request a disbursement from a child's WARDS account. Make sure all deposits are approved or disapproved before submitting this request.

Worker Making Request: _____ Date of Request: _____

E-mail: Phone:

Request for…

Client Name: _____ Client SSN: _____ last 4 digits Client ID: _____

Describe purchase:

Make purchase (choose one) from:

☐ Regular Acct-SSI ☐ Regular Acct-SSA ☐ NonRD Acct-RR ☐ NonRD Acct-VA ☐ NonRD Acct-OTH

☐ Dedicated Acct — Purchases from the Dedicated account must be prior approved by Social Security. Include in "Describe purchase" field who at Social Security approved the purchase and the date in which you received approval.

Make check out to (Payee): _____ Amount: _____

☐ Receipt/invoice attached

☐ Allowance request signed receipt shall follow within 15 days of receiving the check.

Mail check to: _____

Street Address: _____

City, ST Zip:

Worker's Signature: _____

Supervisor's Signature: _____

WARDS Accountant-When signed with electronic signature (name typed), attach request form to e-mail from WARDS Worker.

Check Recv'd…

Case Manager Signature: _____ Date: _____

Client Signature: _____ Date: _____

Signing here indicates I received the check or cash on this date in the amount of: $

For WARDS Worker: After client signs, scan and e-mail a copy to the WARDS Accountant.

For WARDS Accountant – Save scanned, signed form on PPS Sharepoint site (PPS > PPS Finance and Allocations > WARDS.)

For WARDS Accountant Use

Request Recv'd:		Check #:		Date Check mailed:		Initials:	
Signed Receipt Recv'd: (where applicable)							


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