

WARDS ACCOUNT SPENDING REQUEST

Instructions

DCF completes this form to request a check from a child's WARDS account. Refer to PPM section 5929 for a list of appropriate items that can be purchased from WARDS monies.
One form is required for each payee requiring payment.

WARDS Accountant: Save scanned copies of the PPS 5929 and receipts on PPS SharePoint site (PPS > PPS Finance and Allocations > WARDS).

Worker Making Request:	Enter the DCF WARDS worker's name.
Date of Request:	Enter the date worker is submitting the form to WARDS Accountant
E-mail:	Enter the DCF WARDS worker's e-mail address.
Phone:	Enter the DCF WARDS worker's phone number.

Request for...	
Client Name:	Enter client's full name (this is the client for whom there is an account in WARDS)
Client SSN:	Enter the last 4 digits of the client's social security number.
Client ID:	Enter the client's FACTS client ID number.

Describe purchase:	Enter a short description of the item(s) to be purchased or that have been purchased. If more than one payee is required for the items purchased, complete a separate form for each payee.
Make purchase from:	Choose from which account/benefit type the payment should be made. Choose only 1 account/benefit type unless the purchase is too large for the balance in one account; mark the accounts/benefit types needed to complete the purchase and explain reason for marking more than one box in the "Describe purchase" narrative.
Make check out to (Payee):	Enter who the check should be made out to. This can be a store, the CWCMP, the client, or another person who is being reimbursed for a purchase. When making the check out to the client, the client's signature is required on the form when the check is given to the client.
Amount:	Enter the amount of the request.
☐ Receipt/invoice attached	Check this box for a purchase already made and scan receipt to include with the PPS 5929 reimbursement request.
☐ Allowance request	Check this box when requesting an allowance check for the client. When worker presents the check to the client, the client must sign the PPS 5929 to acknowledge receipt.
Mail check to:	Enter name of person to whom the check should be mailed.
Street Address:	Enter address where check should be mailed.
City, ST Zip:	Enter City, State, and Zip where check should be mailed.
Worker's Signature:	The DCF WARDS Worker signs here. Electronic signature (name typed) is allowed.
Supervisor's Signature:	The WARDS Worker's supervisor or designee signs here. Electronic signature (name typed) is allowed.

Check Recv'd...	
CM Signature/Date:	When allowance requested, the Case Manager (or other CWCMP agency or DCF staff) who will turn it over to the client signs indicating receipt of the check. If another form or paper is used to obtain the signature, indicate this here.
Client Signature/Date:	When allowance requested, client signs here to acknowledge receipt of check. If another form or paper is used to obtain the signature, indicate this here.

For WARDS Accountant Use	
Request Recv'd:	Enter date PPS 5929 received.
Check #:	Enter check # issued from WARDS account.
Date Check mailed:	Enter date check mailed to recipient.
Initials:	Enter initials of worker completing the request.
Signed Receipts Recv'd:	Enter date copy of signed receipt received; attached copy of signed receipt to this original request.

