

# ATM Training Workshop



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## 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

|               |   |
|---------------|---|
| 8:00 - 8:30   | Introductions & Overview<br>✓ ATM Background Power Point Talk & Discussion  |
| 8:30 - 10:00  | Money Management Training Part 1<br>✓ Clinician's Views on Money Management<br>✓ Examining the Origin and Impact of Financial Behavior                                |
| 10:00 - 10:15 | Break   |
| 10:15 - 12:00 | Money Management Training Part 2<br>✓ Ethical Dilemmas<br>✓ Case scenarios<br>✓ Role Play   |
| 12:00 - 1:00  | Lunch   |
| 1:00 - 3:00   | Money Management Training Part 3<br>✓ ATM Film<br>✓ 3 Steps to Money Management<br>✓ ABC's of Money Management  |
| 3:15 - 3:30   | Break   |
| 3:30 - 4:30   | Social Security Presentation<br>✓ SSI/SSDI benefits<br>✓ Federal/State/Local programs<br>✓ Medicaid/Medicare<br>✓ Social Security Work Incentives<br>✓ Ticket to Work |

Money Management Training Workshop  
Agenda  
Day 2

|               |   |
|---------------|---|
| 8:00 - 8:30   | Breakfast   |
| 8:30 - 10:30  | Money Management Training Part 4 <ul style="list-style-type: none"><li>√ ATM &amp; FIT Manual &amp; Workbooks</li><li>√ Money Management Study Forms</li><li>√ Review &amp; Questions</li></ul> |
| 10:30 - 10:15 | Break   |
| 10: 15- 12:30 | Money Management Training Part 5 <ul style="list-style-type: none"><li>√ Avoiding Money Traps</li></ul>   |
| 12:30 - 1:30  | Lunch   |
| 1:30 - 3:00   | Money Management Training Part 6 <ul style="list-style-type: none"><li>√ Understanding Credit Reports</li><li>√ Debt Management Services</li><li>√ Bankruptcy Counseling</li></ul>              |
| 3:00 - 3:30   | Break   |
| 3:30 - 4:30   | Money Management Training Part 7 <ul style="list-style-type: none"><li>√ Conclusion</li><li>√ Wrap up &amp; Review</li></ul>  |

## 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.  
Advise 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 it's 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

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### **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

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

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

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### **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

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### **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 with 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.

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**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

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

Budget all expected income to see if it covers expenses.

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

# ABC's of FIT

Anticipate all expenses,  
overestimate expenses

Budget all expected income to see if  
it covers expenses.

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.

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### **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

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### 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.

Initial Information from Clinician  
Page 1 of 2

Client Name \_\_\_\_\_ Clinician \_\_\_\_\_

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

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

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Does the patient have a history of any assaultive behaviors?

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

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What works to calm the patient down when he/she is agitated?

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Initial Information from Clinician  
Page 2 of 2

Client Name \_\_\_\_\_ Clinician \_\_\_\_\_

Clinician: Describe client's attitude towards this referral

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Clinician: Client goals for involvement in the money management program

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## Yale University Resource Administration Program Client Budget and Consent Form

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

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

| <u>Sources of Income</u>       | <u>Amount per Month</u> |
|--------------------------------|-------------------------|
| <input type="checkbox"/> SSI   | \$ _____                |
| <input type="checkbox"/> SSDI  | \$ _____                |
| <input type="checkbox"/> Other | \$ _____                |
| Total Monthly Income           | \$ _____                |

**Expenses**

| <u>Expense Type</u>                           | <u>Payee/Account #/Description</u> | <u>Amount per Month</u> |
|---|------------------------------------|-------------------------|
| <input type="checkbox"/> Rent                 | _____                              | \$ _____                |
| <input type="checkbox"/> Telephone            | _____                              | \$ _____                |
| <input type="checkbox"/> Electricity          | _____                              | \$ _____                |
| <input type="checkbox"/> Gas                  | _____                              | \$ _____                |
| <input type="checkbox"/> Credit Cards         | _____                              | \$ _____                |
| <input type="checkbox"/> Transportation       | _____                              | \$ _____                |
| <input type="checkbox"/> Other                | _____                              | \$ _____                |
| <input type="checkbox"/> Food                 | _____                              | \$ _____                |
| <input type="checkbox"/> Cable                | _____                              | \$ _____                |
| <input type="checkbox"/> Debit Card Allowance | _____                              | \$ _____                |

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:

|                                |   |
|--------------------------------|---|
| <i>Checking Account Title:</i> | Yale University Resource Administration Program |
| 9 -Digit Routing Number:       |   |
| Account Number:                |   |

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: \_\_\_\_\_



Yale University Resource Administration Program  
Notification of Ending Study Participation

Date: \_\_\_\_\_ Report Prepared by: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **ID No:** \_\_\_\_\_

Account Balance in QuickBooks:..... \$ \_\_\_\_\_

This request for reimbursement of patient funds requires two working days

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Study Therapist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PI/Designee Signature

\_\_\_\_\_  
Date

Received by DSA Business Office on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Account Verified by: \_\_\_\_\_



# 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

| Goals: | Short-term | Long-term |
|--------|------------|-----------|
|--------|------------|-----------|

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 2. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 3. _____ | _____ | _____ |
|----------|-------|-------|

Goals:

1. \_\_\_\_\_ Steps to achieve this goal:

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ Steps to achieve this goal:

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_ Steps to achieve this goal:

\_\_\_\_\_



## ATM Budget Worksheet

Client ID \_\_\_\_\_ Client Number \_\_\_\_\_

Week in study \_\_\_\_\_ Month \_\_\_\_\_

| <u>Description</u>  | A1: Expected Amount | B1: Actual Amount |
|---|---------------------|-------------------|
| 1. <u>Beginning Account Balance:</u><br>(Money from last month) |                     |                   |
| <u>Income:</u>  |                     |                   |
| 2. <u>Income from employment</u>                                |                     |                   |
| 3. <u>Benefits / Entitlements</u>                               |                     |                   |
| 4. <u>Family / Friends</u>                                      |                     |                   |
| 5. <u>Other</u>   |                     |                   |
| 6. <u>Food Stamps</u>   |                     |                   |
| 7. <u>Income total</u><br>(Sum of rows 1-6)                     |                     |                   |
| <u>Expenses</u>   |                     |                   |
| 8. <u>Rent</u>  |                     |                   |
| 9. <u>Telephone</u>   |                     |                   |
| 10. <u>Utilities</u>  |                     |                   |
| 11. <u>Health Care Products</u>                                 |                     |                   |
| 12. <u>Clothing</u>   |                     |                   |
| 13. <u>Groceries</u>  |                     |                   |
| 14. <u>Bus Fare / Gasoline for car</u>                          |                     |                   |
| 15. <u>Laundry</u>  |                     |                   |
| 16. <u>Cigarettes</u>   |                     |                   |
| 17. <u>Entertainment/Restaurants</u>                            |                     |                   |
| 18. <u>Deposit to Savings</u>                                   |                     |                   |
| 19. <u>Debt</u>   |                     |                   |
| 20. <u>Other</u>  |                     |                   |
| <b>21. Total Monthly Expenses:</b><br>(sum of rows 8-19)        |                     |                   |
| <b>22. Net Income=</b><br>(Total income)-(total expenses):      |                     |                   |
| <b>23. Ending Balance for this month:</b>                       |                     |                   |

## ATM Weekly Activities Budget

Page 1 of 2

Client ID \_\_\_\_\_ Client Number \_\_\_\_\_

Week in study \_\_\_\_\_ Date \_\_\_\_\_

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.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Education      | <input type="checkbox"/> Education      | <input type="checkbox"/> Education      |
| <input type="checkbox"/> Financial      | <input type="checkbox"/> Financial      | <input type="checkbox"/> Financial      |
| <input type="checkbox"/> Employment     | <input type="checkbox"/> Employment     | <input type="checkbox"/> Employment     |
| <input type="checkbox"/> Family         | <input type="checkbox"/> Family         | <input type="checkbox"/> Family         |
| <input type="checkbox"/> Health         | <input type="checkbox"/> Health         | <input type="checkbox"/> Health         |
| <input type="checkbox"/> Social         | <input type="checkbox"/> Social         | <input type="checkbox"/> Social         |
| Recreational                            | Recreational                            | Recreational                            |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Transportation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing        | <input type="checkbox"/> Housing        | <input type="checkbox"/> Housing        |
| <input type="checkbox"/> Legal          | <input type="checkbox"/> Legal          | <input type="checkbox"/> Legal          |
| <input type="checkbox"/> Personal       | <input type="checkbox"/> Personal       | <input type="checkbox"/> Personal       |
| Improvement                             | Improvement                             | Improvement                             |
| <input type="checkbox"/> Abstinence     | <input type="checkbox"/> Abstinence     | <input type="checkbox"/> 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 \_\_\_\_\_

ATM Weekly Activities Budget

Page 2 of 2

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

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#### **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

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#### **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.

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#### **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.