Independent Choices Program (ICP) Six-Month Budget Review Checklist

Updated: March 18, 2026

Participant's name: _____

Case manager's name: _____

Date of ICP budget review: _____

Date of next budget review (six months from current review): _____

1. ICP Budget Worksheets reviewed?

   ☐ Yes ☐ No

2. ICP checking account bank statements and checkbook register reviewed?

   ☐ Yes ☐ No

3. Do the items and amounts on the Budget Worksheet match the items and amounts in the checkbook register and/or bank statement (i.e., checks to provider(s) for wages, discretionary/contingency funds)?

   ☐ Yes ☐ No – if not, why?

4. Has the participant been paying their taxes appropriately?

   ☐ Yes ☐ No – if not, why?

5. Has the participant paid their portion of the WBF?

   ☐ Yes ☐ No – if not, why?

Notes section: (other items that are helpful to review such as bookkeeping records/statement or W-2 statement information):

_____

_____

_____

_____

_____

- Please save this checklist to the participant's electronic file.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or 503-945-5600. We accept all relay calls.

OREGON DEPARTMENT OF
Human Services

Aging and People with Disabilties
Medicaid Services and Supports
500 Summer St. NE, E-10
Salem, OR 97301-1076
503-945-5600
odhs.info@odhs.oregon.gov
www.oregon.gov/odhs