

Instructions for Completing an ICP Budget Worksheet

Updated: Feb. 10, 2026

Note: Tab through the fields and enter information in the light blue fields only.

1. Enter the name of the ICP participant in the 'Participant' field.
2. Enter the date you completed the ICP Budget Worksheet in the 'Completed date' field.
3. Enter the prime number of the ICP participant in the 'Prime' field.
4. Enter the effective date you are approving the new budget for in the 'Effective date' field.
5. Enter the date the next six-month budget review is due in the 'Next financial review' field (this is a requirement to be completed every six-months).
6. Enter the amount from the 546ic2wk form in the 'Monthly benefit' field at the bottom of the 546ic2wk in the 'Monthly cash benefit' field.
7. Enter the amount from the 'Total monthly wages' field on the 546ic2wk form in the 'Total monthly wages' field.
 - a. If any contingency and/or discretionary funds have been authorized, you need to reduce the amount available for 'Total monthly wages' by the amount authorized for contingency and/or discretionary funds. For example, the total monthly wages indicated on the 546ic2wk form is \$2,500.00, but you authorized \$100.00 for contingency funds. You must reduce the total monthly wages to \$2,400.00 to balance the budget due to the contingency fund expenditure.
8. Enter the amount from the FICA/Federal income assessment tax rate field on the 546ic2wk form in the 'FICA' field.
9. Enter the amount from the FUTA/Federal unemployment tax assessment rate field on the 546ic2wk form in the 'FUTA' field.
10. Enter the amount from the SUTA/State unemployment tax assessment rate field on the 546ic2wk form in the 'SUTA' field.
11. Enter the amount from the WBF rate field on the 546ic2wk form in the 'WBF' field.

- a. Case manager may provide copies of the '[Payment Coupon – Worker’s Benefit Fund Assessment](#)' to the participant or their ICP representative, or they may access the form online when needed.
12. Check the 'Quarterly' box when the participant intends to pay their WBF costs every quarter.
13. Check the 'Semi-annually' box when the participant intends to pay their WBF costs every six-months.
14. Check the 'Annually' box when the participant intends to pay their WBF costs once a year.
15. Enter the amount from the 'Total monthly mileage amount' field on the 546ic2wk form in the 'Monthly mileage' field.
16. Enter the amount prior authorized by the case manager allocated for contingency funds in the 'Contingency funds' field.
17. Enter the amount prior authorized by the case manager allocated for discretionary funds in the 'Discretionary funds' field.
18. The participant or the ICP representative should sign in the 'Participant or representative' field (digital signatures and verbal approvals are allowed).
19. Enter the date the participant or the ICP representative signed or gave approval to sign the ICP Budget Worksheet in the 'Date' field next to the Participant or representative signature field.
20. The case manager should sign in the 'Case manager' field (digital signatures are allowed).
21. Enter the date the case manager signed the ICP Budget Worksheet in the 'Date' field next to the Case manager signature field.

Note: The amount entered for the Monthly cash benefit (line 5) on the ICP Budget Worksheet must balance and be the same amount indicated for the Total of section 1 and 2 (line 28).

Note: If a participant doesn't understand their payroll and/or tax responsibilities as a consumer-employer they must have an ICP representative, or they must hire an accountant or fiscal intermediary to manage those responsibilities for them.

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](tel:503-945-5600). We accept all relay calls.



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