

# TYA Financial Proxy

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Do you feel the patient can manage money responsibly?

- Yes  
 No

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Does the patient manage their own money?

- Yes, they manage their own money independently  
 Yes, they manage their own money, with some assistance  
 No, they need a lot of assistance managing their own money

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Does the patient have a representative payee, or appointed guardian of property?

- Yes  
 No

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Select all that apply

- Patient has a bank account  
 Patient has a savings account  
 Patient has a debit card  
 Patient has a credit card  
 Patient has an ABLE account

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Do you feel the patient is able to reasonably budget?

- Yes  
 No

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Select all that apply

- Patient pays some or all of their own bills independently  
 Patient does not pay bills independently  
 Patient runs out of money too soon  
 Patient overdrafts/depletes accounts or accumulates debt  
 Patient saves money to buy or do special things

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Does the patient have a Special Needs Trust?

- Yes  
 No

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Do you know about the processes to get ABLE accounts, Special Needs Trusts, or other similar resources?

- Yes  
 No

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Has the patient applied to OR is the patient receiving SSI/SSDI?

- Yes
- No