NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Flex Fund Spending Log									
Date	Client Name	Purchased By	Assigned ICC	Related Waiver Service	Activity/Item	* Expenditure Category	Vendor/Location	Pymt Method cash, gift card	Total Amount

<u>* Expediture Category</u>

1. Basic (shelter, utilities, groceries, furniture, repairs)
2. Clothing (toiletries, hair care, uniforms, dry cleaning)
3. Transportation (public, car payments/repairs, bicycle)
4. Health/MH (co-pyaments, non-covered providers)
5. Education (courses, training, tutor, study aids)
6. Camp
7. Recreation(Y, Scouts, classes and lessons)
8. Hobbies (sports, pets, music, arts & crafts)
9. Social (movies, plays, amusement parks)
10. Holidays (gifts, party supplies, prom, graduation)

11. Child Care
12. Behavior Modification Program
13. Other