Staff Training/Acknowledgment

Resident's Right to Control their own Income and Resources

What is the Personal Needs Allowance (PNA)?

- Definition: The PNA is a portion of the resident's income that is set aside for their personal use and not counted toward room, board, or care services.
- Residents receiving Medicaid will have a monthly PNA of $120.
- It allows individuals to retain dignity and independence.

Examples of how residents may use their PNA:

- Haircuts, grooming items
- Snacks or special meals
- Clothing and shoes
- Stationary, postage
- Phone bills or small electronics
- Entertainment (books, outings, hobbies)

Resident Trust Fund:

- The SLP offers a Resident Trust account. This account is available to all residents who wish to participate. SLP cannot mandate a resident to use this account.
- The Resident Trust Fund account is an interest-bearing account that is only available to residents and is insured for the safety of the residents.
- If a resident chooses to participate in this account, they can see the office to set it up and sign authorizations.
- Access to the Resident Trust Fund is available Monday-Friday, 8am-4pm (excluding weekends and holidays) at the front office.
- If the resident needs assistance accessing their income or PNA, the SLP will assist as they are able. Some examples of assistance include, but not limited to, answering resident questions, providing clarification and transportation assistance.

Resident Rights- Supportive living residents have the legal right to:

- Control their own income and resources.
- Control their PNA and decide how it is spent.

- Access their PNA funds without unreasonable delays or restrictions.
- Be free from coercion or influence about spending their allowance.
- Illinois' specific asset limit for both individuals and couples is $17,500.
- It is never acceptable to:
    - Use a resident's PNA for facility expenses.
    - Deny access to their money.
    - Make purchases without consent.

I have been educated on and understand what a PNA is and Resident Rights with their PNA.

Employee Signature: _____

Employee Name: _____Date: _____