

Exhibit 10
PNA Questionnaire

**NYS OFFICE OF MENTAL HEALTH
ADULT HOME SCM RESIDENT PNA QUESTIONNAIRE
FOR RESIDENTS WHOSE ONLY INCOME IS SSI**

Adult Home Name: _____

SCM Program Name: _____

Q1: Who is the representative payee for your PNA?

- A. The home
- B. I handle my own money
- C. My Family
- D. Another Agency
- E. Someone else

Q2: How frequently do you receive your money?

- A. I ask for some of it every week
 - B. I receive it every week
 - C. I receive it twice a month
 - D. I receive it once a month
 - E. Other (please specify)
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Q3: Which one of the following statements applies to your monthly PNA. (circle one choice):

- A. I **always** have money left over until my next PNA.
- B. I **often** have money left over until my next PNA.
- C. I **rarely** have money left over until my next PNA.
- D. I **never** have money left over until my next PNA.

Q4: Does anyone help you budget your PNA?

- A. Yes
- B. No

Q4a: If Q4 = yes, who helps you budget your PNA?

Q5: If you rarely or never have money left over until your next PNA, how quickly do you spend the PNA when you receive it? (circle one choice):

- A. Immediately.
- B. Within a few days.

- C. Within two weeks after receiving it.
 - D. Other (please specify):
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Q6: Are there items or services that you need or want that you cannot afford to purchase with your PNA, i.e., clothing, transportation, entertainment, food? (Circle one choice):

- A. No
 - B. Yes (please specify):
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Q7: In a typical month, how do you spend your PNA? For example, what items do you purchase and what is the weekly cost? Please list as many items and cost as you wish. This list should not be limited to those below.

| Item Description | Weekly Cost (estimated) |
|---|-------------------------|
| Clothing | |
| Food | |
| Entertainment, i.e., movies, sporting events, concerts | |
| Transportation to entertainment venues, family, friends, appointments, etc. | |
| Cigarettes | |
| Alcohol | |
| Haircuts | |
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