

**Examples of Allowable and Non-Allowable Expenditures of Personal Needs Funds**

Allowable	Non-Allowable
<p>Personal Items</p> <ul style="list-style-type: none"> <li>● Clothing</li> <li>● Swim Wear</li> <li>● Deodorant</li> <li>● Shampoo</li> <li>● Beauty &amp; Barber Services</li> <li>● Hair Care Products (combs, brushes, hair gel, hair spray, etc.)</li> <li>● Cosmetics</li> <li>● Shaving Soaps/Razor Blades</li> <li>● Lotion (non-prescription)</li> <li>● Q-Tips</li> </ul> <p>Entertainment **</p> <ul style="list-style-type: none"> <li>● Bowling</li> <li>● Swimming</li> <li>● Movies</li> <li>● Videotape Rental</li> <li>● Dining Out</li> <li>● Admission to sports, music or similar events</li> </ul> <p>Leisure</p> <ul style="list-style-type: none"> <li>● Vacations</li> <li>● Visits to Family or Friends</li> </ul> <p>Medical</p> <ul style="list-style-type: none"> <li>● Medicaid Deductibles/Co-Pays</li> <li>● Non-Prescription Drugs</li> </ul> <p>Other</p> <ul style="list-style-type: none"> <li>● Gifts for Family or Friends</li> <li>● Cigarettes, Cigars, Pipes, Tobacco</li> <li>● Take out food (when it is client's choice over the available and planned menu)</li> <li>● Dry Cleaning</li> </ul> <p>** Entertainment, including meals, that is of the comprehensive service program are not allowable expenditures of personal needs funds.</p>	<p>Personal Items</p> <ul style="list-style-type: none"> <li>● Bath Soap</li> <li>● Denture Cleaners</li> <li>● Toothpaste/Toothbrush</li> <li>● Tampax/Sanitary Napkins</li> </ul> <p>Household Supplies</p> <ul style="list-style-type: none"> <li>● Laundry Soap/Machines</li> <li>● Toilet Paper</li> <li>● Paper Plates</li> <li>● Garbage Bags</li> </ul> <p>First Aid Supplies/Self Health Care Products</p> <ul style="list-style-type: none"> <li>● Alcohol</li> <li>● Peroxide</li> <li>● Band-Aids</li> <li>● Antacids</li> <li>● Aspirin</li> <li>● Thermometers</li> <li>● Lubricants</li> <li>● Rubbing Compounds</li> </ul> <p>Medical</p> <ul style="list-style-type: none"> <li>● Laxatives/Stool Softeners/ Enemas</li> <li>● Dental Examinations</li> <li>● Eye Examinations</li> <li>● Eyeglasses &amp; Eyeglass Repair</li> <li>● Hearing Aids &amp; Batteries/Repair</li> <li>● Special Diets</li> <li>● Food Supplements (Ensure, etc.)</li> </ul>