

BUDGET

Name: _____

Month/Year: _____

INCOME	EXPENSES	actual	projected		
Check book balance _____	Rent _____	_____			
SSI _____	Electricity _____	_____			
SSA _____	Phone _____	_____			
Paycheck _____	Cable TV _____	_____			
Food stamps _____	Misc. _____	_____			
	Laundry _____	_____			
	Medical _____	_____			
	Groceries _____	_____			
Total Income _____	- Total Exp. _____	_____			
	= _____	_____			
	Allowance _____	_____			

My field supervisor reviewed this budget with me and I agree to follow it.

Client

Field Supervisor

I understand that I am to encourage the client to follow this budget and that I will be held responsible for maintaining this budget. If the client wants to change this budget, I will call the field supervisor as soon as possible. I understand that no changes can occur outside of office hours.

Direct Care Staff