

Total expenses incurred each month by, or for, the person with the disability

Government Benefits \$ _____

(Total income from all government resources excluding family assistance. Do not include basic medical/dental care that is paid by Medicaid, Medicare, MediCal, or private medical/dental insurance.)

\$	Housing (Description)	\$	Car Assistance
\$	Rent/Month	\$	Life-In
\$	Utilities	\$	Respite
\$	Maintenance	\$	Custodial
\$	Cleaning Home	\$	Other
\$	Laundry Costs		
\$	Other		
\$	Personal Needs	\$	Employment
\$	Haircuts, Beauty Shop	\$	Transportation
\$	Telephone	\$	Workshop Fees
\$	Books, Magazines	\$	Attendant
\$	Allowance	\$	Training
\$	Other	\$	Other
\$	Education	\$	Special Equipment
\$	Transportation	\$	Environmental Control
\$	Fees	\$	Elevator
\$	Books	\$	Repair of Equipment
\$	Other	\$	Computer
		\$	Audiobooks
\$	Medical/Dental Care	\$	Ramp
\$	General Medical/Dental Visits	\$	Guide/Hearing Dog
\$	Therapy	\$	Technical Instruction
\$	Nursing Services	\$	Hearing Aids
\$	Meals of Attendants	\$	Wheelchair
\$	Evaluations	\$	Other
\$	Social/Recreational	\$	Clothing-Extra
\$	Sports		
\$	Special Olympics	\$	Food
\$	Spectator Sports	\$	Meals, Snacks - Home
\$	Vacations- Friends/Relatives	\$	Outside of Home
\$	TV/Rental	\$	Special Food/Gastric Tube
\$	Camps	\$	Other

\$	Transportation Costs		
\$	Other	\$	Automobile/Van
		\$	Payments
\$	Insurance	\$	Gas/Oil/Maintenance
\$	Medical/Dental	\$	Other
\$	Van/Automobile	\$	Miscellaneous
\$	Housing/Rental	\$	Other
\$	Other	\$	Other
		\$	Other

Total Expenses	\$
Less Government Benefits	\$
Supplementary Expenses	\$