

Month							Total
Utilities							
Telephone							
Gas							
Electricity							
Water							
Trash							
Personal							
Groceries							
Dining Out							
Entertainment							
Tobacco Products							
Medical/Dental/ Vision Insurance							
Clothing							
Laundry/Dry Cleaning							
Medical/Dental/ Vision/Hospital Exp.							
Prescriptions							
Education							
Credit Card Payments							
Loan Payments							
Pets							
Dues & Subscriptions							
Gifts							
Donations							
Travel							
Cable TV							
Personal							

Month							Total
Hobbies/Crafts							
Music							
Personal Assistant							
Assistive technology purchase, payments & maintenance							
Internet Access							
Other:							
Total							

Average Expenses per Month (Total ÷ 6 months) \$_____

Sources of Income:

<u>Source</u>	<u>Amount per Month</u>
_____	_____
_____	_____
_____	_____
_____	_____