

| Expense | Current Amount Per Month | Anticipated Amount Per Month |
|---|--------------------------|------------------------------|
| Home mortgage (includes principle, interest, taxes, and insurance [PITI]) | | |
| Rent | | |
| Renters insurance premiums | | |
| Health insurance premiums | | |
| Life insurance premiums | | |
| Natural gas or heating fuel | | |
| Electricity | | |
| Water | | |
| Phone—Landline (include local and long distance, plus any special services) | | |
| Phone—Cell (include special services such as ring tones and texting) | | |
| Computer and Internet services | | |
| Cable TV | | |
| Groceries | | |
| Meals eaten out | | |
| Transportation (public transportation, car payments, gasoline, insurance, maintenance, repairs, etc.) | | |
| Dental bills | | |
| Pet care | | |
| Union and professional organization dues | | |
| Clothing costs | | |
| Tithing or charitable donations | | |
| Loan payment | | |
| Credit card payment | | |
| Personal (toiletries, allowances, etc.) | | |
| Entertainment | | |

| | | |
|--|------|------|
| Miscellaneous (cable TV, subscriptions, magazines, classes, etc.) | | |
| Costs specifically associated with your child's disability: | | |
| Special diet for child with a disability | | |
| Medical costs (doctor bills, hospitalization, lab work paid out of pocket) | | |
| Medical costs that will be reimbursed (be sure you enter the reimbursed amounts in your "Income" form; see | | |
| Co-payment for health care benefits other than Medicaid or Medicare | | |
| Therapy (occupational, physical, etc.) | | |
| Transportation to/from special care or hospitalization | | |
| Lodging and meals during treatment away from home | | |
| Costs for disability related adaptations for a vehicle | | |
| Other assistive technology | | |
| Disability related home renovation | | |
| Child care/nursing care | | |
| Home health care to assist in day-to-day living | | |
| Legal fees | | |
| Other: | | |
| Other: | | |
| Other: | | |
| Total Expenses: | \$ - | \$ - |