

## Independent Living Monthly Budget Plan

<b>Youth's Name:</b>	<b>Date Completed:</b>
<b>Attach to PPS 7000 Self-Sufficiency Plan. Shall be reviewed, updated, and approved every case plan or when circumstances change.</b>	

A. Income & Resources		B. Expenses <i>*Only include portion that youth is responsible for paying</i>	
<b>Employment:</b>	Gross pay / month	\$	<b>Housing:</b> Renter's Insurance: \$ Rent/Mortgage: \$ Other (specify): \$ <b>Total Housing:</b> \$
	Federal & State tax and other withholdings	\$	
	<b>Net pay / month</b>	\$	
<b>Additional Income or Financial Support?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the amount received monthly: <i>(Ex. Parents/grandparents, friend)</i>	\$	<b>Living Expenses:</b> Electricity: \$ Gas / Propane: \$ Water / Sewer: \$ Cable / Internet: \$ Trash: \$ Food: \$ Cell Phone: \$ <b>Total Living Expenses:</b> \$
		\$	
<b>Child Support Assistance:</b> <input type="checkbox"/> N/A		\$	<b>Personal Care</b> <i>(Clothing, Hygiene, Diapers):</i>
<b>Food Assistance:</b> <input type="checkbox"/> N/A		\$	<b>Daycare:</b>
<b>Cash Assistance:</b> <input type="checkbox"/> N/A		\$	<b>Child Support:</b>
<b>SSI/SSDI:</b> <input type="checkbox"/> N/A		\$	<b>Transportation:</b> <i>(1/12 for annual expenses*)</i> Tags, Taxes*: \$ Repairs*: \$ Gas: \$ Car Insurance: \$ Bus Pass, Rides/Other: \$ <b>Total Transportation:</b> <i>*Annual / Planned expenses divided by 12 to get monthly budget amount.</i>
<b>Housing Assistance / Housing Voucher:</b> <i>(Section 8 or other support)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
<b>Childcare Assistance:</b> <input type="checkbox"/> N/A		\$	
<b>Total Monthly Income and Resources prior to IL financial assistance:</b>		\$	
		\$	
		\$	<b>Healthcare</b> <i>(include premiums, co-pays, prescriptions, etc.):</i>
		\$	<b>Debts</b> <i>(monthly payments):</i> Pay-Day/Title: \$ Auto: \$ School: \$ Credit Card: \$ Other (specify): \$ <b>Total Debts:</b> \$
		\$	
		\$	
		\$	
		\$	
		\$	<b>Recreation:</b>
		\$	<b>Savings:</b>
		\$	<b>Other (specify):</b>
		\$	<b>Total Monthly Expenses:</b>
		\$	\$

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Start Up Expense Requested:	Date Utilized:	Prior Amount Utilized:	
Car Repair (8126)			\$
Household Items (8122)			\$
Rent Deposit (8100)			\$
Total Start Up Expenses Used:			\$

**By signing below, I agree to:**

- Provide copies of receipts, estimates, leases, and other documentation as requested by my Independent Living Coordinator to assist in the provision of my monthly support.
- Follow my education/ employment plan. If I do not follow my plan, my monthly support provided by the DCF Independent Living Program will end and I will not be able to receive funding from this program.

<b>Signature of Youth:</b>		<b>Date:</b>	
<b>Signature of DCF IL Coordinator:</b>		<b>Date:</b>	
<b>A copy of this completed monthly budget was provided to the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		<b>Date:</b>	

*(Financial Support provided by the DCF IL Program must be documented in SSIS with receipts of purchases in the IL case file.)*

