

### Lucas County Board of MR/DD Personal Finance Checklist

Name:	Date of Completion:
Medicaid #:	Payee:
Address:	Address:

	shared self	Monthly Expenses	Paid to	\$	Income / Resources	\$
<input type="checkbox"/>	<input type="checkbox"/>	Rent	_____	_____	<input type="checkbox"/> SSI	_____
<input type="checkbox"/>	<input type="checkbox"/>	Grocery/Household Supplies/ Work Lunches	_____	_____	<input type="checkbox"/> SSDI	_____
<input type="checkbox"/>	<input type="checkbox"/>	Electric	_____	_____	<input type="checkbox"/> Railroad / VA	_____
<input type="checkbox"/>	<input type="checkbox"/>	Gas	_____	_____	<input type="checkbox"/> Subsidy for County	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cable	_____	_____	<input type="checkbox"/> HUD	_____
<input type="checkbox"/>	<input type="checkbox"/>	Telephone	_____	_____	<input type="checkbox"/> Net Wages	_____
<input type="checkbox"/>	<input type="checkbox"/>	Water/Sewer	_____	_____	<input type="checkbox"/> Food Stamps	_____
<input type="checkbox"/>	<input type="checkbox"/>	Trash removal	_____	_____	<input type="checkbox"/> Other Income: SS adjustments/ routine \$ from another person/ dividends/ \$ from another agency/ pension/ etc.	_____
<input type="checkbox"/>	<input type="checkbox"/>	Debts/Unpaid medical bills	_____	_____	<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>
<input type="checkbox"/>	<input type="checkbox"/>	Insurance premiums	_____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Public transportation	_____	_____	<b>RESOURCES:</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Personal expenses: hair/clothing Laundromat/pet care/cigarettes Toiletries/ etc.	_____	_____	<input type="checkbox"/> Savings _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Recreation: trips/dining out/ admission fees/movies/club memberships/ etc.	_____	_____	<input type="checkbox"/> Checking _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lawn care/ Snow removal	_____	_____	<input type="checkbox"/> Cash on Hand _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____	<input type="checkbox"/> Inheritance _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____	<input type="checkbox"/> Stock / Trust value _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____	<input type="checkbox"/> CD/401K _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____	<input type="checkbox"/> Revocable life insurance / burial arrangement – value	_____
<b>TOTAL MONTHLY EXPENSES</b>					<input type="checkbox"/> Other _____	_____
<b>\$ _____</b>					<input type="checkbox"/> Other _____	_____
					<b>TOTAL AMT RESOURCES: \$</b>	<b>_____</b>

SPENDING	RECEIPTS	BALANCING
<input type="checkbox"/> Allowance \$ _____ per _____ Given _____  <input type="checkbox"/> In-home monies <input type="checkbox"/> Locked <input type="checkbox"/> Accessed by: _____ _____  <input type="checkbox"/> ATM Card <input type="checkbox"/> Accessed by: _____ _____  <input type="checkbox"/> Credit Card Name: _____ <input type="checkbox"/> Accessed by: _____ _____  <input type="checkbox"/> Credit Card Name: _____ <input type="checkbox"/> Accessed by: _____ _____  <input type="checkbox"/> Other: _____ _____ _____  <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Receipts needed for: _____ _____ _____ _____  <input type="checkbox"/> Receipts turned into: _____ _____  <input type="checkbox"/> Frequency receipts turned in: _____ _____ _____  <input type="checkbox"/> Other: _____ _____ _____  <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Checkbook balancing: Balanced by: _____ _____ How often _____  <input type="checkbox"/> Home ledger / home monies: Balanced by: _____ _____ How often: _____ _____  <input type="checkbox"/> Other: _____ _____ _____  <input type="checkbox"/> Other: _____ _____ _____  <input type="checkbox"/> Day Program Account: (where /amt.) _____ _____ _____ _____