

Independent Living Monthly Budget Plan

Youth's Name:		Dates Covered by the Budget Plan:	Start:	End:
Attach to PPS 7000 Self-Sufficiency Plan. Shall be reviewed, updated, and approved every case plan or when circumstances change.				

A. Income & Resources			B. Expenses *Only include portion that youth is responsible for paying	
Employment:	Gross pay / month		Housing:	
		\$		\$
	Federal & State tax and other withholdings		Food:	
		\$		\$
	Net pay / month	\$	Utilities:	
SSI:		\$		
Additional Income or Financial Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the amount received monthly: <i>(Ex. Parents/ grandparents, friend)</i>			
Child Support Assistance: <input type="checkbox"/> N/A		\$	Healthcare (include premiums, co-pays, prescriptions, etc.):	
Cash Assistance: <input type="checkbox"/> N/A		\$		\$
Food Assistance: <input type="checkbox"/> N/A			Clothing / Personal Care / Hygiene:	
		\$		\$
Other / Miscellaneous			Transportation: (1/12 for annual expenses*)	
		\$		
		\$		
		\$		
		\$	Loans / Credit Card (Include Auto Loans / Car Payments Here):	
		\$		\$
		\$	School / Work Expenses:	
		\$		\$
		\$	Cell Phone:	
		\$		\$
		\$	Daycare / Child Support (excluding DCF daycare assistance or garnishment):	
		\$		\$
		\$	Home Maintenance:	
		\$		\$
		\$	Recreation:	
		\$		\$
		\$	Savings:	
		\$		\$
		\$	Total Monthly Expenses:	
		\$		\$
Total Monthly Income and Resources prior to IL financial assistance:		\$		
		\$		

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Total Monthly Income and Resources prior to IL financial assistance:	\$	Total Monthly Expenses:	\$
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Monthly IL Subsidy amount requested by IL coordinator: Per policy guidelines, IL monthly support should not exceed the difference between Income and Resources (A) and Expenses (B).	
<input type="checkbox"/> N/A- Youth isn't receiving IL Subsidy	\$
Monthly IL Subsidy support amount approved by IL Supervisor:	\$
Signature of IL Supervisor:	Date:

Start Up Expense Requested:	Date Utilized:	Prior Amount Utilized:
Utility Deposit (8122)		
\$		\$
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.

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

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

