

# Family Budget Worksheet

Typical Family Expenses <small>(divide by the number of family members)</small>	Monthly Estimates	Costs Per Family Member	Expenses Related to the Child's Special Needs	Monthly Estimates
<b>Monthly housing expenses</b> Mortgage/rent Maintenance			<b>Transportation to appointments</b> <small>(number of miles times the current state or federal mileage rate)</small>	
<b>Utilities</b> Heat Electric Phone Other			<b>Co-pays and other medical/mental health expenses not covered by Medicaid or private insurance</b> Medications Occupational therapy Physical therapy Speech therapy Mental health therapy <small>(individual/family/play therapy)</small> Other therapy Occupational therapy equipment Medical equipment	
<b>Vehicle expenses</b> Car payment(s) Insurance Maintenance Gas				
<b>Subtotal</b>				
<b>Child Only Expenses</b>	<b>Monthly Estimates</b>		<b>Special Education Needs</b> Computer software Adaptive learning equipment Tutors	
<b>Clothing expenses</b>			<b>Time away from work to deal with extraordinary behaviors</b> <small>(hours missed times the hourly rate)</small>	
<b>Personal items</b>			<b>Respite care</b>	
<b>Education expenses</b> Uniform School fees Books Field trips Other			<b>Socialization and behavioral activities to meet the child's needs</b> Swimming (muscular development) Ballet (motor skills/coordination) Martial arts (anger management/discipline) Other activities	
<b>Other expenses</b>			<b>Other expenses</b>	
<b>Subtotal</b>			<b>Subtotal</b>	
<b>Total costs per month</b>				