INCOME and EXPENSES WORKSHEET

Reporting Period _____ through _____

Month	Amount of Income Received (other than SSI/SSDI)	Expenses for Food and Housing	Expenses for Clothing, Medical/Dental, Personal Items, Recreation, and Misc.
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Totals for Reported Period	**$_____**	**$_____**	**$_____**

Show the total amount of any benefits you saved for the ward, including any interest earned. $_____

Please list the source(s) of any income listed above:

_____

_____

_____

_____