



**Disability Expenses Supplemental Income Worksheet**

**Income**

Government Benefits \_\_\_\_\_  
Employment \_\_\_\_\_

**Total Monthly Income** \_\_\_\_\_

**Expenses**

Housing:

Rent \_\_\_\_\_  
Utilities \_\_\_\_\_  
Maintenance \_\_\_\_\_  
Cleaning Items \_\_\_\_\_  
Laundry Costs \_\_\_\_\_  
Other \_\_\_\_\_

Care Assistance:

Live-in \_\_\_\_\_  
Respite \_\_\_\_\_  
Custodial \_\_\_\_\_  
Other \_\_\_\_\_

Personal Needs:

Haircuts, Beauty shop	_____
Telephone (basic, TT)	_____
Books, magazines, etc.	_____
Allowance	_____
Clothing	_____
Other	_____

Employment:

Transportation	_____
Workshop fees	_____
Attendant	_____
Training	_____
Other	_____

Education:

Transportation	_____
Fees	_____
Books, materials	_____
Other	_____

Special Equipment:

- Environment Control \_\_\_\_\_
- Elevator \_\_\_\_\_
- Repair of equipment \_\_\_\_\_
- Computer \_\_\_\_\_
- Audio Books \_\_\_\_\_
- Ramp \_\_\_\_\_
- Guide dog \_\_\_\_\_
- Technical instruction \_\_\_\_\_
- Hearing aids, batteries \_\_\_\_\_
- Wheelchair \_\_\_\_\_
- Other \_\_\_\_\_

Food:

- Meals, snacks at home \_\_\_\_\_
- Meals, snacks out of home \_\_\_\_\_
- Special foods \_\_\_\_\_
- Other \_\_\_\_\_

Medical/Dental care:

- Medical visits \_\_\_\_\_
- Dental visits \_\_\_\_\_
- Therapy \_\_\_\_\_
- Nursing services \_\_\_\_\_
- Meals of attendants \_\_\_\_\_
- Medications \_\_\_\_\_
- Transportation \_\_\_\_\_
- Other \_\_\_\_\_

Social/Recreational:

Sports \_\_\_\_\_  
Special Olympics \_\_\_\_\_  
Spectator sports \_\_\_\_\_  
Vacation \_\_\_\_\_  
TV/VCR or rental \_\_\_\_\_  
Camps \_\_\_\_\_  
Transportation \_\_\_\_\_  
Other \_\_\_\_\_

Automobile/Van:

Payments \_\_\_\_\_  
Fuel \_\_\_\_\_  
Maintenance \_\_\_\_\_  
Other \_\_\_\_\_

Insurance:

Medical \_\_\_\_\_  
Dental \_\_\_\_\_  
Burial \_\_\_\_\_  
Automobile/Van \_\_\_\_\_  
Housing/Rental \_\_\_\_\_  
Other \_\_\_\_\_

Miscellaneous:

Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

(Subtract)  
Monthly Income  
+ Government Benefits \_\_\_\_\_

(Equals)  
Supplementary needs \_\_\_\_\_