

Living Choice Project
Financial Planning
 Planning Work Sheet

Goal

Priorities/support needs

- | | |
|--|---|
| <input type="checkbox"/> Bank account | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Current debt/bills | <input type="checkbox"/> Obtain Medicaid card |
| <input type="checkbox"/> Determine Social Security/Disability Income | <input type="checkbox"/> Medicare eligibility |
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Obtain Medicare card |

Resources

- | | |
|--|---|
| <input type="checkbox"/> Employment income | <input type="checkbox"/> SSI/Disability |
| <input type="checkbox"/> Family support | <input type="checkbox"/> Personal savings |
| <input type="checkbox"/> Pension | <input type="checkbox"/> |

Plan

What needs to be done?	When?	Who? Short-Term?	Who? On-Going?
Obtain "Personal Earnings and Benefits Estimate Income Information" from Social Security Administration			
Develop transition budget			
Apply for food stamps			
Develop monthly budget			
Representative Payee ?			

Notes
