

Spendable Monthly Income

Current	
Name _____	Source _____ \$ _____
Name _____	Source _____ \$ _____
Name _____	Source _____ \$ _____
Other _____	Source _____ \$ _____
Total (A)	\$ _____

*Projected / In Process		Date
Source _____	\$ _____	_____
Source _____	\$ _____	_____
Source _____	\$ _____	_____
Source _____	\$ _____	_____
Total (B)	\$ _____	

4. ASSESSMENTS

Strengths

Needs

Monthly Living Expenses

Shelter:

Rent/Mortgage _____ \$ _____

Repairs / Replacements _____ \$ _____

Taxes/Insurance _____ \$ _____

Utilities (Average) _____ \$ _____

Other _____ \$ _____

Transportation:

Car Payment _____ \$ _____

2nd Car Payment _____ \$ _____

Fuel _____ \$ _____

Insurance (Monthly) _____ \$ _____

Maintenance/Repairs _____ \$ _____

Other _____ \$ _____

Personal:

Clothing/Laundry _____ \$ _____

Cell/Pager/Internet _____ \$ _____

Dependent Care _____ \$ _____

Entertainment/Cable _____ \$ _____

Food/Hygiene _____ \$ _____

Gifts _____ \$ _____

Insurance (health, life, etc.) _____ \$ _____

Medical/Prescriptions _____ \$ _____

Vacation _____ \$ _____

Other _____ \$ _____

Contributions:

Local _____ \$ _____

World Church _____ \$ _____

Other Charities _____ \$ _____

Debts/Liabilities (from list on reverse):

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Expenses (C) **\$ _____**

* Support sought from family & friends?

Support sought from State & Federal agencies?

Income / Expense Summary

Income (A) \$ _____

Income (B) \$ _____

Subtotal \$ _____

Less: _____

Expenses (C) \$ _____

NET (+ or -) \$ _____

NOTES:

Reviewed / Discussed with:

Name _____ Date _____

On extended aid cases, please send copy to World Headquarters.

5. RECOMMENDATIONS/OPTIONS/ALTERNATIVES

Signature of Minister/Title _____ Date _____

6. DECISION/PLAN (FINANCIAL, NON-FINANCIAL)

Who	What	Date

7. FOLLOW UP MINISTRY (MONITORING)

Signature of Minister/Title _____ Date _____

1st Contact _____ Signed _____

2nd Contact _____ Signed _____

3rd Contact _____ Signed _____