



EMERGENCY FOOD ASSISTANCE BUDGET WORKSHEET

Client Name:

Date:

1 TOTAL INCOME	2 MONTHLY EXPENSE ITEMS (Check <input checked="" type="checkbox"/> of each item client spends money on each month. Then →)	3 AMOUNT USUALLY SPENT EACH MONTH (This client's portions only)	4 TOTAL AMOUNT OWED THIS MONTH (Only complete for items that are different from column 3)	5 SUBTRACT COL 3 AMTS FROM COL 4 AMTS (This shows how much extra is owed outside normal budget)
\$				
	<input type="checkbox"/> Rent	\$	\$	\$
	<input type="checkbox"/> Utilities	\$	\$	\$
	<input type="checkbox"/> Phone	\$	\$	\$
	<input type="checkbox"/> Food	\$	\$	\$
	<input type="checkbox"/> Household items	\$	\$	\$
	<input type="checkbox"/> Personal hygiene	\$	\$	\$
	<input type="checkbox"/> Clothing/Laundry	\$	\$	\$
	<input type="checkbox"/> Medications	\$	\$	\$
	<input type="checkbox"/> Co-pay	\$	\$	\$
	<input type="checkbox"/> Car/Transportation	\$	\$	\$
	<input type="checkbox"/> Entertainment	\$	\$	\$
	<input type="checkbox"/> Cable TV	\$	\$	\$
OTHER (Specify)	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$
	TOTALS	\$	\$	\$

The amount in this box should be equal or more than the amount you are requesting

1. **REQUIRED-** Please explain the necessity for emergency food assistance?
2. Explain column 5. Why does the client have this extra expense? OR, if this request is made due to a drop in income, why has income dropped, is this drop permanent or temporary, and how much has it dropped? (The amount you are requesting must be less than or equal to this drop in income amount).
3. What is the plan, SPECIFICALLY, to get this client to live within his or her budget?