

Expenditure Plan for Client Trust Funds

Complete this form when the client's Current Needs Account balance(SSI) reaches \$1,500

Date of plan: _____

Expenditure plan for:

Client Name: _____ **SSN:** _____

Prepared by:

Case Manager: _____ **Unit:** _____

Child's Special Needs:

Medical: _____

Current PASS Plan in effect:

Y / N

Mental: _____

PASS plan appropriate for child:

Y / N

Educational: _____

Other: _____

Estimated Balace - 3 Month Projection:

Account Balance:	as of:	
Monthly benefit:		
For 3 Months:	x 3	
Anticipated excess for the upcoming 3 months:		-

Expenditure Plan to meet the child's needs (Formal or Informal):

Type	Description	Amount
Recurring Expenses:	Est Board Payment (if any)	

Non-recurring expenses:	_____	

Total Expenses:		-

Case Manager: _____ **Case Manager** _____ **Phone #:** _____

Approved by: _____ **Supervisor**

Trust Liasion: _____ **Dir of Finance:** _____