

Family Budget Worksheet

Typical Family Expenses (divide by the number of family members)	Monthly Estimates	Costs Per Family Member	Expenses Related to the Child's Special Needs	Monthly Estimates
Monthly housing expenses Mortgage/rent Maintenance			Transportation to appointments (number of miles times the current state or federal mileage rate)	
Utilities Heat Electric Phone Other			Co-pays and other medical/mental health expenses not covered by Medicaid or private insurance Medications Occupational therapy Physical therapy Speech therapy Mental health therapy (individual/family/play therapy) Other therapy Occupational therapy equipment Medical equipment	
Vehicle expenses Car payment(s) Insurance Maintenance Gas			Special Education Needs Computer software Adaptive learning equipment Tutors	
Subtotal			Time away from work to deal with extraordinary behaviors (hours missed times the hourly rate)	
Child Only Expenses	Monthly Estimates		Respite care	
Clothing expenses			Socialization and behavioral activities to meet the child's needs Swimming (muscular development) Ballet (motor skills/coordination) Martial arts (anger management/discipline) Other activities	
Personal items			Other expenses	
Education expenses Uniform School fees Books Field trips Other			Subtotal	
Other expenses			Subtotal	
Total costs per month				