DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Alternative Living Financial Report

CLIENT NAME	SERVICE MONTH AND YEAR	TODAY'S DATE

PROVIDER NUMBER	CASE RESOURCE MANAGER NAME

A. BASIC EXPENSES	MONTHLY	ONE TIME
1. Rent ……..	$	$
2. Utility		
Power ……	$	$
Telephone ……..	$	$
Garbage ……	$	$
Water ……	$	$
3. Subtotal Basic Expenses A ……	$	$

B. ADDITIONAL EXPENSES	MONTHLY	ONE TIME
4. Basic cable ……..	$	$
5. Rent/utility deposit (please specify): ……	$	$
6. Medical expenses ……	$	$
7. Transportation ……..	$	$
8. Clothing ……	$	$
9. Spending money ……	$	$
10. Laundry ……	$	$
11. Food ……	$	$
a. Food cost $		
b. Food stamp benefits $		
12. Personal products/cleaning supplies ……	$	$
13. Other (please specify): _____	$	$
14. Subtotal Additional Expenses B ……	$	$

C. INCOME

Sources (SSI, SSA, pensions, back payments, wages, gifts, etc.)

15. Income Amount: $ _____
16. Income Amount: $ _____
17. Income Amount: $ _____
18. Subtotal Income C $
19. Resources: $ _____
(savings or other funds)

If not receiving:

20. Food stamp application filed: _____
22. Sec 8 HUD application filed: _____
23. Utility subsidy application filed:

Comments:

Beginning Date:		Ending Date:	
Checking Account Balance	$	Checking Account Balance	$
Savings Account Balance	$	Savings Account Balance	$
Food Stamp Balance	$	Food Stamp Balance	$
Other Balance	$	Other Balance	$
TOTAL	$	TOTAL	$

SIGNATURES

CLIENT SIGNATURE	DATE	CLIENT GUARDIAN / REPRESENTATIVE SIGNATURE	DATE
CASE RESOURCE MANAGER SIGNATURE	DATE	PROVIDER SIGNATURE	DATE