

Family Caregiver Budgeting Worksheet for Year: 2011

Page 1 of 2

The following costs are incurred by our family to properly care for _____ and are **not** expected to be reimbursed by any other funding source.

This worksheet will automatically calculate your expected monthly and yearly costs once you enter the monthly quantity and price per unit. If you do not want to budget for 12 months, you can modify the formulas in the 'Expected Annual Cost' columns. At the end of the year, you can enter the actual expenses and the worksheet will autocalculate the difference for you.

| Expense Category | Item/Service Description | Monthly Quantity | Price Per Unit | Budgeted Monthly Cost | Expected Annual Cost | Actual Year Cost | (Over Budget) / Under Budget |
|---|--|------------------|----------------|-----------------------|----------------------|------------------|------------------------------|
| FAMILY CAREGIVER SUPPORT & EDUCATION | | | | | | | |
| | Adaptive Equipment and Hearing Aids/Glasses | | | \$ - | \$ - | | \$0.00 |
| | Communication Devices/Software | | | \$ - | \$ - | | \$0.00 |
| | Emergency Response Systems | | | \$ - | \$ - | | \$0.00 |
| | Exam Gloves and Cleaning Supplies | | | \$ - | \$ - | | \$0.00 |
| | Health Devices (portable oxygen, shower chairs...) | | | \$ - | \$ - | | \$0.00 |
| | Incontinence Products & Cleansers | | | \$ - | \$ - | | \$0.00 |
| | Mobility Devices | | | \$ - | \$ - | | \$0.00 |
| | Other | | | \$ - | \$ - | | \$0.00 |
| FAMILY CAREGIVER SUPPORT & EDUCATION | | | | | | | |
| | Conferences & Workshops | | | \$ - | \$ - | | \$0.00 |
| | Memberships & Subscriptions | | | \$ - | \$ - | | \$0.00 |
| | Other | | | \$ - | \$ - | | \$0.00 |
| HEALTHCARE & OTHER THERAPIES | | | | | | | |
| | Behavioral Therapy | | | \$ - | \$ - | | \$0.00 |
| | Dental care not covered by insurance | | | \$ - | \$ - | | \$0.00 |
| | Insurance Co-Pays and Deductibles | | | \$ - | \$ - | | \$0.00 |
| | Mental Health Counseling | | | \$ - | \$ - | | \$0.00 |
| | Other Therapies / Treatments | | | \$ - | \$ - | | \$0.00 |
| | Service Animals (incl. food / vet) | | | \$ - | \$ - | | \$0.00 |
| | Social Skills Instruction | | | \$ - | \$ - | | \$0.00 |
| | Therapies (Speech, OT, PT) | | | \$ - | \$ - | | \$0.00 |
| | Other | | | \$ - | \$ - | | \$0.00 |
| CAREGIVING / TUTORING | | | | | | | |
| | Camps / Social Recreation | | | \$ - | \$ - | | \$0.00 |
| | Developmental Toys | | | \$ - | \$ - | | \$0.00 |
| | Educational Supplies | | | \$ - | \$ - | | \$0.00 |
| | Other In-home care (not reimbursed by IHSS) | | | \$ - | \$ - | | \$0.00 |
| | Respite Care (Budget some time for yourself!) | | | \$ - | \$ - | | \$0.00 |
| | Specialized Daycare / Childcare | | | \$ - | \$ - | | \$0.00 |
| | Tutoring | | | \$ - | \$ - | | \$0.00 |
| | Other | | | \$ - | \$ - | | \$0.00 |
| HOME MODIFICATION & MAINTENANCE | | | | | | | |
| | Home Repairs (i.e. due to wheelchair / behaviors...) | | | \$ - | \$ - | | \$0.00 |
| | Remodeling for Home Accessibility | | | \$ - | \$ - | | \$0.00 |
| | Specialized Air conditioning / air filtering | | | \$ - | \$ - | | \$0.00 |
| | Other | | | \$ - | \$ - | | \$0.00 |
| MEDICATIONS AND SUPPLEMENTS | | | | | | | |
| | Prescription co-pays | | | \$ - | \$ - | | \$0.00 |
| | Vitamins / Supplements | | | \$ - | \$ - | | \$0.00 |
| | Other | | | \$ - | \$ - | | \$0.00 |