

This month’s care budget

Work with your parent or the person allowed to handle their money. Use bills and written prices. Mark guesses. Count each amount once.

Parent’s name	Month / year

Money set aside for care

Parent’s money left after usual bills	\$
Help others agreed to pay	\$
Help with costs approved, not counted above	\$
A. Total money for care	\$

Care costs for this month

Paid help	\$
Medicines and care supplies	\$
Rides, extra meals, and other care costs	\$
B. Total care costs	\$

B minus A = money still needed	\$
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If money is short: who I will call / next step

If the last line is \$0 or less, the money listed covers the costs listed. If money is short, call 800-677-1116 for your local office for older adults.