

Choices for Care
Flexible Choices Budget Sheet

Participant Goals for Flexible Choices

Participant information:

	Name:	0 0
	Name of surrogate (if applicable)	0 0
1)	Medicaid Number:	0
2)	ICD Code:	0
3)	Date of Birth:	1/0/1900
	Address:	0

Monthly Allowance	\$1,201.39	2.15	0	Bi-Weekly	Monthly
Bi-weekly allowance	\$558.79			Available allowance	\$443.79 \$954.14

Budget	<i>Monthly cost?</i>	<i>Bi-weekly amount</i>	<i>Category sub-totals-bi-weekly</i>	<i>Category sub-totals-monthly</i>
<i>Administrative fees</i>				
Fiscal ISO	\$55.00	y	\$27.50	
Consultant	\$175.00	y	\$87.50	
			Total Administrative Fees	\$115.00 \$230.00

<i>Personal Care</i>	<i>Hours per 2 weeks</i>	<i>Hourly wage</i>	<i>Taxes etc @13.30%</i>	<i>Cost per worker</i>
Worker #1		\$0.00	\$0.00	\$0.00
Worker #2		\$0.00	\$0.00	\$0.00
Worker #3		\$0.00	\$0.00	\$0.00
Worker #4			\$0.00	\$0.00
			Total Personnel Costs	\$0.00 \$0.00

<i>Goods</i>	<i>Cost</i>	<i>Frequency</i>	<i>2 Week Cost</i>	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			Total Goods	\$0.00 \$0.00

<i>Adult Day Services</i>	Hours Per					
Adult Day Hours	Week	Rate				
	0	\$15.76	\$0.00	Total Adult Day	\$0.00	\$0.00

<i>Services</i>	Cost	Frequency	2 Week Cost			
			\$0.00			
			\$0.00			
				Total Services	\$0.00	\$0.00

<i>Cash</i>	Cost	Frequency				
			\$0.00			
			\$0.00			
			\$0.00			
			\$0.00			
				Total cash	\$0.00	\$0.00

<i>Specified Savings</i>	<i>Item Cost</i>	<i>PP to save</i>	<i>Bi-weekly savings</i>			
	\$0.00	1	\$0.00			
	\$0.00	1	\$0.00			
	\$0.00	1	\$0.00			
				Total savings	\$0.00	\$0.00

<i>Rainy Day Savings</i>					\$0.00	\$0.00
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TOTAL BUDGET	\$115.00	\$230.00
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Signatures:	Effective Date	Next Review Date
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_____	1/0/1900	1/0/1900
Consumer/Surrogate	Date	

_____	Date
Consultant	
