## Monthly Budget Form for Youth <br> (to be completed with the youth)

Agency $\qquad$ Month/Year $\qquad$ Date Completed $\qquad$
Client Name $\qquad$ CYCIS ID \# $\qquad$
This budget form, or one containing at least the following elements, must be completed at least monthly for each ward in an ILO/TLP program.

Monthly Income Earned

| Employment Income per month | $\$$ |
| :--- | :--- |
| Allowance amount | $\$$ |
| Clothing amount | $\$$ |
| Emancipation amount | $\$$ |
| Student Loans | $\$$ |
| Miscellaneous Income | $\$$ |


| Restoration Funds | $\$$ |
| :--- | :--- |
| SNAP (Food Stamps) | $\$$ |
| Food amount | $\$$ |
| Parenting TANF amount | $\$$ |
| Interest Income | $\$$ |
| Total Monthly Income (A) | $\$$ |

** Cumulative Emancipation Amount (not part of monthly budget) \$ $\qquad$
Monthly Expenses

| Rent | \$ |
| :---: | :---: |
| Water | \$ |
| Phone | \$ |
| Food | \$ |
| Child Care | \$ |
| Laundry | \$ |
| Diapers/Baby Care | \$ |
| Clothes | \$ |
| School Expenses | \$ |
| Savings | \$ |
| Credit Payment |  |
| Credit Cards | \$ |
| School Loan | \$ |
| Other | \$ |

Monthly Income minus Monthly Expenses

Gas/Electric
Cable/Internet
Cell Phone
Transportation
Household Expenses
Personal Hygiene
Health
School Supplies
Recreation/Entertainment
Charitable Donations
Insurance
Auto
Life
Renters Insurance
Total Monthly Expenses (B) \$
\$
\$ $\qquad$
\$
$\qquad$
$\qquad$
$\$$
$\$$
\$
$\qquad$
$\$$
$\$$
\$
$\qquad$
$\$$

| Auto | $\$$ |
| :---: | :---: |
| Life | $\$$ |
| Renters Insurance | $\$$ |
| Total Monthly Expenses (B) | $\$$ |

\$
(if a budget deficit exists, use additional page to explain how the deficit will be managed)

