

## ~ Independent Choices Program Budget Worksheet ~

Participant: Paul Jones

Completed date: 6/8/21

Prime #: AB123A1B

Effective date: 7/1/21

Next financial review date: 1/1/22

### CASH BENEFIT

Monthly Benefit:	<u><b>\$3,000.60</b></u>
Client Pay-In:	<u><b>\$1,054.40</b></u>
Direct Deposit: (amount deposited into ICP acct.)	<u><b>\$1,946.20</b></u>
(* Direct deposit amount is what is entered into ONE)	
<b>Total Budget:</b>	<u><b>\$3,000.60</b></u>

### EXPENDITURES

#### Section 1

Personal Care/Employee Provider

Name: Nicky Jones	wages	<u>\$2,670.99</u>	
_____	wages	<u>\$</u>	
_____	wages	<u>\$</u>	
Total Wages:			<u><b>\$2,670.99</b></u>

Taxes:	FICA	<u>\$207.58</u>		
	FUTA	<u>\$16.28</u>		
	SUTA	<u>\$61.33</u>		
Total Taxes:				<u><b>\$285.19</b></u>

WBF: **\$1.86**

WBF payment mailed:  Quarterly  Semi-Annually  Annually

Mileage (exclude medical): Total Mileage: **\$42.56**

Other Withdraws: Total Other: **\$0.00**

**Total Section 1 (Wages + Taxes + WBF + Mileage + Other): **\$3,000.60****

#### Section 2

Other Expenditures (These expenditures must be pre-approved by case manager)

Contingency Funds: **\$0.00**

Discretionary Funds: **\$0.00**

(\* Discretionary Funds may not exceed 10% of the "Total Wages" authorized on the 5461C2WK)

**Total Section 2 (Contingency + Discretionary Funds): **\$0.00****

Total budget expenditures (Section 1 plus Section 2): **\$3,000.60**

(This amount should equal the Total Budget)

**\* I agree to follow this budget and to report any changes to the case manager.**

Participant/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 06/08/2021