JLA Special Needs Trust
Spending Plan

Name: $\qquad$
Date: $\qquad$
Age: $\qquad$

## SPENDING PLAN GOALS

The following information will be helpful in understanding how the trust will meet the needs of the Beneficiary. Please complete and return this form to a JLA Trust representative.

1. What are your primary goals for this Trust in terms of ensuring health \& safety, maximizing independence, and living a high quality of life?
2. I would like my Trust to last for $\qquad$ years.
3. I would like my annual budget to be $\qquad$ dollars.

## MONTHLY RECURRING EXPENSES - DOES NOT EFFECT BENEFITS

Please include any recurring monthly expenses that you would like the trust to pay for. Please note that some items may affect your eligibility for government benefits if paid by the trust.

| Utilities |  |
| :--- | :--- |
| Phone / Cell Phone | $\$$ |
| Cable / Internet | $\$$ |
|  |  |
| Household Expenses | $\$$ |
| Repairs | $\$$ |
| Supplies | $\$$ |
| Furnishings | $\$$ |
| Appliances | $\$$ |
| Gardening services | $\$$ |
| Housekeeping services |  |
|  |  |
| Personal / Medical Care | $\$$ |
| Medications | $\$$ |
| Personal hygiene | $\$$ |
| Other personal / medical care |  |
|  |  |
| Insurance | $\$$ |
| Life | $\$$ |
| Medical |  |

$\qquad$

MONTHLY RECURRING EXPENSES - MAY AFFECT BENEFITS IF PAID BY TRUST

| Housing | $\$$ |
| :--- | :--- |
| Rent | $\$$ |
| Mortgage | $\$$ |
| Insurance | $\$$ |
| Taxes |  |
|  |  |
| Food | $\$$ |
| Groceries | $\$$ |
| Restaurants |  |


| Utilities |  |
| :--- | :--- |
| Heating | \$ |
| Electricity | $\$$ |
| Trash/Garbage | $\$$ |
| Water | $\$$ |
| Sewer | $\$$ |

MONTHLY RECURRING EXPENSE TOTAL: \$ $\qquad$ (Housing, Utilities and Food, only)

## ANTICIPATED ONE-TIME EXPENSES

Please include any one-time expenses that you would like the trust to pay for in the near future. This list does not need to be comprehensive, but it will help us think about your cash needs over the next couple of years. We have provided a few examples below.

| One-time expenses | Amount | Anticipated date |
| :--- | :--- | :--- |
| Example: New computer | $\$ 600$ | Within the next year |
| Example: New running shoes | $\$ 120$ | March 2017 |
| Example: Stationary bike | $\$ 1000$ | Spring 2017 |
| Example: Acupuncture | $\$ 150$ | July 2016 |
| Example: Elective eye surgery | $\$ 2000$ | 2018 |
| Example: Credit Card debt |  |  |
| Example: Reimbursements to others |  |  |
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