

**JLA Special Needs Trust
Spending Plan**

Name: _____

Date: _____

Age: _____

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 _____ years.

3. I would like my annual budget to be _____ 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.

Rent /Utilities	
Rent	\$
Phone / Cell Phone	\$
Cable / Internet	\$
Food / Household Expenses	
Repairs	\$
Supplies	\$
Furnishings	\$
Appliances	\$
Gardening services	\$
Groceries	\$
Restaurants	\$
Personal / Medical Care	
Medications	\$
Personal hygiene	\$
Other personal / medical care	\$
Insurance	
Life	\$
Medical	\$

Transportation / Auto	
Gas	\$
Repairs	\$
Tolls	\$
License and registration	\$
Insurance	\$
Public transportation	\$
Taxis, etc.	\$
Loan payment	\$
Other	\$
Clothing	
Clothes	\$
Entertainment	
Movies, concerts, museums, etc.	\$
	\$
Travel	
Air, train, etc.	\$
Other	
	\$

MONTHLY DISBURSEMENT TOTAL: \$ _____

