

**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR AGING
Budget Request Form**

CLIENT INFORMATION

		Revised Budget <i>(put a "X" if Revised)</i>	
Name of Client:	<u>Lindsey Snawder</u>	Effective date:	<u>06/01/23</u> <i>(mm/dd/yy)</i>
Name of Placement:	<u>with family</u>	Phone#:	<u></u>
Address:	<u>1511 Aletha Drive</u>	<u>Louisville</u>	<u>KY</u> <u>40219</u>
	<i>(Street)</i>	<i>(City)</i>	<i>(State) (zip)</i>
Type of Placement:	<u>Self</u>	<u>Private Pay</u>	<u>N/A</u> <u>Other:</u> <u></u>

INCOME

	<u>Monthly</u>		<u>Monthly</u>
SSA:	<u></u>	VA:	<u></u>
SSI:	<u>914.00</u>	Pension:	<u></u>
PA:	<u></u>	Other (Specify):	<u></u> <i>(Railroad, Black Lung, Retirement)</i>
		Estimated Wages:	<u></u>
		Total Income:	\$ <u>914.00</u>

EXPENSES

	Weekly	Biweekly	Monthly	Summary
Facility/Rent: <u>Edna Montgomery</u>			\$ 400.00	400.00
Address: <u>1511 Aletha Drive</u>				
<u>Louisville, Kentucky 40219</u>				
Personal Needs: <u>Edna Montgomery for Lindsey Snawder</u>			\$ 200.00	200.00
Address: <u>1511 Aletha Drive</u>				
<u>Louisville, Kentucky 40219</u>				
Grocery Funds: <u>Edna Montgomery for Lindsey Snawder</u>			200	200.00
Address: <u>1511 Aletha Drive</u>				
<u>Louisville, Kentucky 40219</u>				
Average Utilities:				-
Address:				
Wage Allowance:				-
Address:				
Insurance Premiums:				-
Address:				
Pharmacy Co-pays				-
Address:				
Restitution:				-
Address:				
Other (Specify):				-
Address:				
Other (Specify):				-
Address:				
Other (Specify):				-
Address:				

Brief Notes: *(Text will automatically wrap within the given space)*

Total Expenses: \$ 800.00

Net Gain \$ 114.00

GSSW	<u>Tara Coffing (electronic signature)</u>	<u>5/26/2023</u> <i>(Date)</i>
FSOS:	<u>Paul Webster</u>	<u>5/26/2023</u> <i>(Date)</i>