

MONTHLY BUDGET

YEAR _____

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
INCOME												
Room & Board (Client #1)												
Caregiving (Client #1)												
Room & Board (Client #2)												
Caregiving (Client #2)												
Room & Board (Client #3)												
Caregiving (Client #3)												
Other Household Income												
TOTAL INCOME												
EXPENSES												
Automobile												
Automobile Insurance												
Cable TV												
Clothes/Personal expenses												
Entertainment/Recreation												
Groceries/Dining Out												
Home Repairs												
Household												
Mortgage Payment / Rent												
Telephone/Cell Phone												
Utilities												
Other:												
TOTAL EXPENSES												

This monthly budget does not have to be kept if copies of bank statements is made available to CTA during reviews and as requested.

CCFFHs do not have to use samples/examples provided by CTA. However, any CCFFH may use this sample policy/form to comply with current regulations. CCFFHs are not required by CTA to utilize this specific form and may develop their own. CCFFHs may develop their own policies, make their own forms or alter any CTA sample in order to meet their individual business needs.

CTA samples are not written to comply with any legal requirements as they pertain to liability or any other required Federal or State laws or regulations. They are written only to comply with current Hawaii Administrative Rules (HAR) under HAR §11-800 as of October 01, 2021.

CTA provided samples are not inclusive to any other legal needs a CCFFH may have in their operations. It is suggested CCFFHs seek legal consultation for any specific need, particular to their circumstance, to ensure any item is legal and binding and does not violate any federal or state laws.