



MASTER TRUST EXPENDITURE PLAN

Client Name _____ Counselor _____ (primary)

Comment [CGI1]: Child Name prefilled

Social Security Number _____ Unit _____

Comment [CGI2]: Primary worker completing the plan

Birth Date _____

Comment [CGI3]: Child SSN

Trust Balance as of _____ Date _____ \$0.00

Comment [CGI4]: Unit of Primary Worker completing the plan

Excess Accumulation _____ \$0.00

Comment [CGI5]: Child's Birthday

Monthly excess \$0.00 X 3 _____ \$0.00

Comment [CGI6]: Calculated by the system. The Balance of the Current Needs and Long Term Needs sub accounts in the General Trust Account

Total excess for upcoming three months _____ \$0.00

Comment [CGI7]: ALL Remaining fields are User Entered fields

SPECIAL NEEDS:
Medical Condition: _____

Mental Condition: _____

PASS plan in effect: YES/NO PASS plan appropriate for Child: YES/NO

PLAN TO MEET NEEDS OF THE CLIENT (FORMAL OR INFORMAL)

DESCRIPTION:

MONTHLY EXPENSES	Text field	Amount Fields
	_____	\$0.00
	_____	\$0.00
	_____	\$0.00
	_____	\$0.00
<i>ANTICIPATED EXPENSE:</i>	_____	\$0.00
	_____	\$0.00
	_____	\$0.00
	_____	\$0.00
Total Expenses	_____	\$0.00

Comment [K18]: All of the lines below need to be user entered fields. Both the Text field column (DO NOT ADD THE WORDS TEXT FIELD and the amount fields.

Date Plan Prepared _____ Date Plan Completed _____

Counselor's Signature

Supervisor's Signature

Coordinator/Program Manager's Signature

CBC Administrator's Signature



Approved _____ Amended _____

Send to Fiscal

