

WORKSHEET 17 BUDGETING

Visit www.LLS.org/CaregiverWorkbook to access all chapters and worksheets.

Step 1. Anticipate Monthly Expenses

Month: _____

Fill in the following chart to prepare a monthly budget. Fill in the actual amounts as you pay bills.

| Monthly Expenses | Expected | Actual |
|---|----------|--------|
| Health Insurance Premium and Other Anticipated Medical Expenses | | |
| Rent/Mortgage | | |
| Utilities (Electric, Gas, Water) | | |
| Groceries/Food | | |
| Phone/Cell Phone | | |
| Cable/Internet/Streaming Services | | |
| Transportation (Car Payment, Gas, Bus Fare) | | |
| Debt Payments (Credit Cards/Loans) | | |
| Insurance Premiums (Car/Life) | | |
| Housecleaning/Landscaping | | |
| Childcare | | |
| Other Expenses | | |
| | | |
| Total Monthly Expenses | | |

Expense Changes to Consider

- Transportation and lodging for caregiver and the patient if the treatment center is far from home
- Additional medical expenses such as nutritional supplements, over-the-counter medications, hygiene products, wig, etc.
- Childcare and/or pet sitter for when you are away for treatment or at appointments.

Tips to Reduce Expenses

- Shop around for a different phone/cable plan or home insurance quote.
- Reach out to family members and friends to help with childcare or pet care.
- Use coupons when grocery shopping and eat at home instead of in restaurants.
- Apply for financial assistance programs offered by government or nonprofit organizations.
 - Supplemental Nutrition Assistance Program (SNAP) (food stamps (www.fns.usda.gov/snap/))
 - Low Income Heating Energy Assistance Program (LIHEAP) (www.liheap.org)

- Prescription assistance programs
- Co-pay assistance programs
- Food pantries or food banks
- Medical rates at hotels or hospitality houses
- Travel assistance or ride-share programs.



To learn more about available financial assistance programs, contact one of The Leukemia & Lymphoma Society's Information Specialists at **(800) 955-4572** or visit www.LLS.org/finances.

Step 2. Determine Income

| Sources of Monthly Income | Expected | Actual |
|---|----------|--------|
| Salary (net income*) | | |
| SSI (Supplemental Security Income)/SSDI (Social Security Disability Insurance) Supplemental Security Income | | |
| Employment Benefits: Disability (Short- or Long-Term) | | |
| Retirement (Private or Social Security Administration (SSA)) | | |
| Financial Assistance | | |
| Other Forms of Income | | |
| Total Monthly Income | | |

*Net income is your take-home pay after taxes and other payroll deductions.

Income Changes to Consider. When determining income, remember to take into account lost wages from time away from work for treatment.

Tips to Supplement Income. If the patient is unable to work due to treatment, consider applying for Social Security Disability Insurance or other disability insurance options to replace lost income.

Step 3. Final

| | Expected | Actual |
|--|----------|--------|
| Total Monthly Income | | |
| Total Monthly Expenses | | |
| After Expenses (Total Income – Total Expenses = After Expenses) | | |