

WORKSHEET 19 BUDGETING

Step 1. Anticipate Monthly Expenses

Month: _____

Fill in the following worksheet to prepare a monthly budget. Fill in the actual amounts as bills are paid.

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 you and your child 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 from home 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/))
 - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (www.fns.usda.gov/wic/)
 - 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, visit www.LLS.org/finances or contact one of The Leukemia & Lymphoma Society’s Information Specialists at **(800) 955-4572**.

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 taking your child to treatment and appointments.

Step 3. Final

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