Lifetime Care – Funding Needs Assessment

Estimating Your Loved One's Future Monthly Income & Expenses

Purpose

This worksheet is designed to estimate your loved one's future monthly income and expenses based on their anticipated living arrangement and support needs. While many essential services may be covered through Medicaid, Medicare, SSI, SSDI, or other public benefits, additional expenses may need to be funded through a Third-Party Special Needs Trust. Understanding the difference between available income and future expenses helps determine the level of financial resources that may be needed to support your loved one's future.

BASIC INFORMATION

Child's Name:	_____
Child's Date of Birth:	_____
Diagnosis:	_____
Can they drive?	☐ Yes ☐ No
Can they grocery shop?	☐ Yes ☐ No
Are they legally blind?	☐ Yes ☐ No

PART 1 — FUTURE MONTHLY INCOME

Income Source	Monthly Amount
SSI	$ _____
SSDI	$ _____
Disabled Adult Child Benefits	$ _____
Employment Income	$ _____
Pension	$ _____
VA Benefits	$ _____
Other	$ _____

Total Monthly Income: $ _____

PART 2 — FUTURE LIVING ARRANGEMENT

☐ Living with Family
☐ Supported Apartment
☐ Shared Group Home
☐ Host Home
☐ Independent Apartment
☐ Institution
☐ Other _____

Level of Supervision Required

☐ Minimal supervision
☐ Moderate supervision
☐ Cannot be left unattended

PART 3 — MONTHLY LIVING EXPENSES

Housing

Expense	Monthly
Rent	$ _____
Utilities	$ _____
Internet	$ _____
Household Supplies	$ _____
Household Supplies / Furniture Replacement	$ _____
Other	$ _____
Total	**$ _____**

Food

Expense	Monthly
Groceries	$ _____
Dining Out / Fast Food	$ _____
Coffee / Snacks	$ _____
Meal Delivery	$ _____
Special Diets	$ _____
Other	$ _____
Total	**$ _____**

Medical

Expense	Monthly
Medical Co-Pays	$ _____
Dental	$ _____
Vision	$ _____
Prescriptions	$ _____
OT / PT / Speech	$ _____
Behavior Therapy	$ _____
Counseling	$ _____
Medical Supplies	$ _____
Adaptive Equipment	$ _____
Other	$ _____
Total	**$ _____**

Personal Needs

Expense	Monthly
Haircuts	$ _____
Clothing	$ _____
Shoes	$ _____
Toiletries	$ _____
Laundry	$ _____
Cell Phone	$ _____
Personal Spending Money	$ _____
Other	$ _____
Total	**$ _____**

Transportation

Expense	Monthly
Gas	$ _____
Vehicle Payment	$ _____
Vehicle Maintenance	$ _____
Car Insurance	$ _____
Registration	$ _____
Ride Share	$ _____
Public Transportation	$ _____
Mobility Transportation	$ _____
Other	$ _____
Total	**$ _____**

Technology

Expense	Monthly
Computer / Tablet	$ _____
Cell Phone	$ _____
Streaming Services	$ _____
Internet	$ _____
Adaptive Technology	$ _____
Apps	$ _____
Other	$ _____
Total	**$ _____**

Recreation & Community Life

Expense	Monthly
Movies	$ _____
Sporting Events	$ _____
Hobbies	$ _____
Gym Membership	$ _____
Special Olympics	$ _____
Classes &/or Lessons	$ _____
Church Activities	$ _____
Vacations	$ _____
Camps	$ _____
Entertainment	$ _____
Other	$ _____
Total	**$ _____**

Additional Supports

Expense	Monthly
Private Caregiver	$ _____
Companion Services	$ _____
Care Manager	$ _____
Housekeeping	$ _____
Meal Preparation	$ _____
Private Therapies	$ _____
Legal / Advocacy	$ _____
Care Coordination	$ _____
Other	$ _____
Total	**$ _____**

PART 4 — QUALITY OF LIFE & ONE-TIME / PERIODIC EXPENSES

These aren't necessities—they're the things that make life meaningful, along with the periodic or one-time costs to anticipate. Estimate how much you would like your loved one to have available for each item.

Quality of Life (Monthly)

Movies & Entertainment	$ _____
Vacations	$ _____
Hobbies	$ _____
Restaurants	$ _____
Birthday Gifts	$ _____
Holiday Gifts	$ _____
Shopping	$ _____
Special Events	$ _____
Other	$ _____

One-Time or Periodic Expenses

Vehicle Replacement	$ _____
Furniture	$ _____
Electronics	$ _____
Phone Replacement	$ _____
Adaptive Equipment	$ _____
Wheelchair	$ _____
Hearing Aids	$ _____
Glasses	$ _____
Dental Work	$ _____
Travel	$ _____
Legal Fees	$ _____
Other	$ _____

PLANNER SUMMARY

Estimated Monthly Income	$ _____
Estimated Monthly Expenses	$ _____
Monthly Shortfall	$ _____