Community Living Services

Self-Directed Budget Summary Worksheet

Member Name: _____ _____
Last First

Medicaid ID: _____

Service Begin Date: _____
MM/DD/YYYY

Service End Date: _____
MM/DD/YYYY

Service Type Employee Name(s)	Units per week	Hours per week	Units per Year	Annual Program Cost	Desired Hourly Wage	Annual Wage	Annual FICA, FUTA/SUTA	FMS Admin Deduction	Annual Difference
PCAs					$0.00	$0.00	$0.00	$0.00	$0.00
1									
2									
3									
4									
ASRs					$0.00	$0.00	$0.00	$0.00	$0.00
1									
2									
3									
4									
Totals	0	0	0	$ 0.00					

Average Unit Cost (Enter these amounts on the members Service Plan)

	Units per Year	Unit Rate	Total Amount
PCA - S5125			$ 0.00
ASR - S5125 TF			$ 0.00
Goods and Services – T1999			$ 0.00

Goods and Services Estimated Expense	
Classified Advertising	$
Hepatitis B Vaccination/TB Test	$
Transportation	$
Mileage	$
Postage	$
Copying/Faxing	$
Office Supplies	$
Other	$
Total Goods and Services Estimated Expenses	$ $ 0.00