

## **Disability Resource Hub Disclaimer**

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# My Annual Budget

Name:			
Address:			
CIS No.		TRIM No.	
Creation Date:		Review Date:	
Review Date:		Review Date:	

FORTNIGHTLY INCOME	
	Disability Support Pension
	Rent Assistance
	Pension Supplement
	Clean Energy Supplement
	Mobility Allowance
	Other: (indicate source)
	<b>Total Fortnightly Income</b>
FORTNIGHTLY EXPENDITURE	
	71% of Disability Support Pension
	100% of Rent Assistance
	36% of Pension Supplement
	<b>Total ADHC Residency Charge</b>
Fees	Mobility Allowance Fee
	Day Program fee
	Membership fee
	Bank fees
	Other: (specify)
Outings	Breakfast out
	Lunch out
	Dinner out
	Transport
	Wellbeing e.g. massage
	Other: (specify)

<b>Recreation</b>	Movies	
	Sporting activities	
	Cultural activities (specify)	
	Leisure activities (specify)	
	Entertainment (specify)	
	Other: (specify)	
<b>Toiletries</b>	Shampoo / Conditioner	
	Deodorant	
	Soap / Body wash	
	Razors	
	Toothbrushes	
	Toothpaste	
	Sanitary items	
	Face creams / moisturisers	
	Body creams / Sunscreen	
	Hair products	
	Miscellaneous - spontaneous purchases e.g: \$20.00	
	Other: (specify)	

<b>Subtotal Fortnightly Expenditure</b>	
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<b>ANNUAL EXPENDITURE</b>		
<b>Health</b>	Medication	
	Medication packaging (webster pak)	
	Dressings	
	Enteral nutrition	
	Enteral nutrition supplies (specify)	
	Other: (specify)	
	Dentist	
	Specialist	
	Allied Health Practitioner	
	Complementary Health e.g. herbalist, naturopath	
	Optometrist	
	Other: (specify)	

<b>Support Aids</b>	AESA Contribution
	Hearing Aids
	Visual Aids
	Mobility Aids
	Communication Aids
	Therapy Aids
	Bathing Aids
	Continence Aids
	Seating Aids
	Other: (specify)
<b>Grooming</b>	Haircuts (approx. 6 weekly)
	Podiatry
	Other: (specify)
	Other: (specify)
<b>Clothes</b>	Underwear
	Bras
	Socks
	Tops
	Pants
	Skirts
	Shorts
	Dresses
	Jumpers
	Hats
	Coats
	Other: (specify)
<b>Footwear</b>	Sneakers
	Shoes
	Sandals
	Slippers
	Other: (specify)

<b>Manchester</b>	Sheets	
	Quilt Covers / Pillowslips	
	Pillows	
	Blankets	
	Bedding protectors	
	Towels	
	Face Washers	
	Other: (specify)	
<b>Bedroom</b>	Bed	
	Bedside Table	
	Dressing Table	
	Chest of Drawers	
	Wardrobe	
	Entertainment Unit	
	Bookcase	
	Pictures/posters/art	
	Other: (specify)	
<b>Entertainment</b>	Stereo	
	CDs	
	iPod	
	iPad	
	Laptop / PC	
	Television	
	DVD Player	
	DVDs	
	Games	
	Other: (specify)	
<b>Personal</b>	Hobbies	
	Birthday Presents	
	Christmas Presents	
	Pet	
	Pet Supplies	
	Other: (specify)	

<b>Lifestyle Plan</b>	(specify)	
<b>Development</b>	Education	
	Training	
	Workshop attendance	
	Skills development	
	Other: (specify)	
<b>Sub Total Annual Expenditure</b>		

<b>Total fortnightly expenditure per annum</b>	
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<b>ENDORSEMENT</b>			
The Person: (if able to sign)			
<b>People who supported me to develop My Annual Budget</b>			
Role:	Name:	Signature:	Date:
Support Worker:			
Team Leader:			
Financial Manager:			
Line Manager:			
Other:			

<b>MY FINANCIAL PLAN VERSION CONTROL</b>	
YEAR OF PLAN:	VERSION NO.

Each time the person's budget is updated during the year, the version no. must be updated sequentially. e.g. 2017/1, 2017/2

File the My Annual Budget with the person's My Personal Belongings Register in the white financial folder.