



This page will help you adjust your spending plan for next month if you have a change in your cash assistance or employment arrangement.

- 1. Determine when there will be a decrease or loss of eligibility for the cash assistance program.
- 2. Record the change in the box on this page.
- 3. Use *Action Page 4-3: Smart Changes to Save Dollars* for some ideas on how to make changes in your spending plan.

| Item | Amount/ Cost of Item | Assistance Program | Amount of Assistance/ Hours/ Pay | My Share This Month | My Share Next Month |
|--------------------------|----------------------------|---------------------------|----------------------------------------|---------------------------|---------------------------|
| INCOME: | | | | | |
| Cash Assistance: | | | | | |
| | | SSI | | | |
| | | TANF/MFIP | | | |
| | | Other: | | | |
| Employment | | | | | |
| Employment: | | | | | |
| -Reduced/Increased hours | | | | | |
| -Reduced/Increased pay | | | | | |
| EXPENSE: | | | | | |
| Food: | | | | | |
| | | Food Support | | | |
| | | WIC | | | |
| | | School Lunch | | | |
| | | Other: | | | |
| Housing: | | | | | |
| | | Rent | | | |
| | | Fuel Assistance | | | |
| | | Other: | | | |
| Child Care: | | | | | |
| | | Child Care Assistance | | | |
| Education/Training: | | | | | |
| | | Educational Assistance | | | |
| | | Other: | | | |
| Other: | | | | | |
| Otilei. | | | | | |
| TOTAL: | | | | | |