



KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

Building Better Lives

MASTER TRUST EXPENDITURE PLAN

Client Name: _____ Family Care Manager: _____

SSN: _____

DOB: _____ Unit: _____

Trust Balance as of: _____ = \$ _____

+ Monthly Accumulation: _____ Date _____ X 3 = _____

Total excess for upcoming 3 months (sum of the above): \$ _____

CHILD'S SPECIAL NEEDS:

Medical:	_____
Mental:	_____
Educational:	_____

PASS plan in effect: Yes No

PASS pla appropriate for child: Yes No

PLAN TO MEET NEEDS OF CHILD (FORMAL OR INFORMAL)

Monthly expenses: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Anticipated Expenses: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Date Plan Prepared _____

Family Care Manager's Signature

Date

FCM Supervisor's Signature

Date

Kids Central, Inc. Master Trust Client Representative

Date