

My budget plan



Complete the following form to determine what your budget needs will be.

A) Support needs

For the totals please refer to your completed My Support Needs form in Section 1 of the toolkit.

Grand total of hours required (both paid and unpaid): _____

Unpaid/Natural support hours per week: _____

Funded support hours needed per week: _____ (transfer this number to part D on page 2)

B) Funding

What funded support requirements can be (or are already) met by other sources? (LHIN, Current MCSS funded supports, etc.):

Activity	Funding source	Confirmed or possible?

Funded support hours needed per week minus confirmed funded hours = _____ total number of hours of funded support still required.

Additional possible funding to research:

Funding source	Person responsible	Target date	Result

C) Housing supports

One time expenses:

Expense	Details	Amount required
Renovations to physical environment		
Technology requirements		
Start up furnishings		
First and last month rent or down payment		
Utility connection fees		
Other		
How much of the above expenses can be covered by savings, family, fundraising, etc.?		- \$
	Total one time expense requirement	\$

D) Hourly support costs

Number of weekly hours required: _____ (from part A on page 1)

Who will provide the supports?

Source	# of hours	Hourly rate	Total cost
Independently hired contractors			
Worker employed directly by plan holder			
Worker employed directly by plan holder family			
Worker agency employed			
Incorporated microboard/Aroha/Community circle employed			
Other (be specific)			
Grand totals			\$

Total hourly support costs x 4.33 = _____ monthly hourly support costs (transfer this number to part F on page 3)

E) Financial resources available

Resource	Monthly amount
Ontario Disability Support Program (ODSP)	
Old Age Security (OAS)	
Income from employment	
Registered Disability Savings Account (RDSA)	
Insurance	
Passport funding	
Direct funding program (MoH)	
Individualized funding (MCCSS)	
Funds held in trust	
Other	
Grand total resource dollars	\$

F) Expense report (amount required)

Type of housing chosen for plan	
Rationale	

Expenses for housing	Amount
Rent/Mortgage/etc.	
Heat	
Electricity	
Phone/Internet/Cable TV	
Water/Sewer	
Cell phone	
Food/Grocery	
Insurance	
Technology subscriptions	
Monthly hourly support costs (from part D on page 2)	
Other (include entertainment, clothing, gifts, hair, courses, etc.)	
Grand total expenses	\$

F) Financial summary

Grand total resource dollars (from part E)	\$
Grand total expenses (from part F)	\$
Remaining amount/or shortage (E minus F)	\$

One time expenses required (from part C)	\$
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